

# Health and Community Care: Patient Experience

## Better Together: Scotland's Patient Experience Programme

### Building on the Experience of NHS Patients and Users

Report No. 2/2008



**BETTER TOGETHER: SCOTLAND'S PATIENT  
EXPERIENCE PROGRAMME**

**BUILDING ON THE EXPERIENCES OF NHS  
PATIENTS AND USERS**

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# EXECUTIVE SUMMARY

## Introduction

1. This research was commissioned to inform the development of a new programme - Better Together, Scotland's Patient Experience Programme - which will systematically collect patient experience information across NHS Scotland and use this information to drive forward service improvements.

2. This report qualitatively examines the aspects of their health care that Scottish patients view as being important. The research includes the views of hospital inpatients, people with a long-term health condition and the views of people about general practice services. The results of this research will be used to help design a range of instruments which will gather patient's experiences of healthcare as inpatients, users of GP services and people with long-term conditions.

## Methods

3. Eight focus groups and four in-depth interviews were carried out between November 2007 and February 2008. Three focus groups covered hospital inpatients; three covered long-term conditions; and two focus groups plus four in-depth interviews covered general practice services. The research was designed to cover Health Boards throughout Scotland and be representative of rural, urban and remote populations and areas of high and low deprivation.

4. An additional two focus groups were carried out in June and July 2008 to cover people from Black and Minority Ethnic Groups and people from particular religion and faith groups. Six interviews were also completed with lesbian, gay, bisexual and transgender people. A total of 82 patients/service users were included in the research.

## Main Findings

5. In general terms, patients hold the NHS in Scotland in very high regard. They are thankful to have the NHS, appreciate that they don't have to pay directly for their care and treatment and see more positives than negatives about the services provided. However, patients who have had a negative experience tend to remember that over and above their positive experiences. The results of the groups fell into 5 main themes: access to systems and staff; environment and facilities; good communication and information; expert clinical care; and continuity and coordination<sup>1</sup>.

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<sup>1</sup> It is interesting to note that these themes are similar to the five patient experience dimensions used by the Department of Health in England (access and waiting; safe, high quality coordinated care; building closer relationships; better information, more choice and clean, friendly and comfortable place to be) and resonate with the wider international literature on patient experience.

### *Access to systems and staff*

6. Regarding **GP Services**, most patients had experienced their appointment being delayed. Some happily accept a wait of any length; some accept a short wait and others find that waiting is unacceptable, because of the implication of having to wait on their other plans.

7. Patients appreciated their practices being open later in the evenings and on weekends if possible. The option of a telephone consultation was viewed positively.

8. Most of the GP practices offered same-day appointment systems. However, it was important that people could get through to their practice by telephone to book an appointment and some patients did have trouble with this and found it difficult to get a convenient appointment. For practices offering same-day appointments, some also allowed people to book in advance. For practices that only booked appointments in advance some patients had to wait up to 3 weeks for an appointment.

9. For **inpatients**, it was important for people that they were assessed and treated quickly in an emergency. Patients appreciated knowing which doctor was in charge of their care and being able to see that doctor. They were particularly perturbed if they didn't see their doctor or surgeon before an operation.

10. People with a long-term condition felt reassured to have details of a healthcare professional that they could contact at any time about their care or treatment.

11. Access to specialist services could be problematic and costly for patients from more remote and rural areas.

### *Environment and facilities*

12. Patients appreciated their **GP practice** being close to home and easy to reach. Some liked the fact that they had a big practice that provided a wide range of services whilst others liked to have a small and more personal GP practice.

13. For most **hospital inpatients**, the hospital was in a convenient location for them, although those travelling by public transport sometimes faced long journeys. Getting NHS transport was sometimes difficult. Some patients found car-parking was limited at particular times of the day and the cost of parking at some sites was seen as high.

14. Cleanliness was of concern to most patients, with variation being seen between hospitals and within hospitals. Poor cleanliness was linked by some patients to infection control which was a major worry to them. Hand washing by staff was not always evident.

15. Patient had low expectations of hospital food, and the quality of food varied between hospitals. Some patients were worried that no-one checked whether patients had eaten any food.

16. Some of the women patients were concerned about having to share mixed-sex wards and bathroom facilities.

17. Some patients had difficulty in sleeping at night through noise from patients or staff and a few patients complained about a lack of privacy on the ward when discussing their condition with staff.

18. Entertainment facilities were important for patients but these varied between hospitals from nothing being provided at some hospitals to full entertainment systems at others. Some of the systems were seen as an expensive luxury.

19. Some patients from particular religions or faiths found it difficult to find a neutral (non Christian) place to pray and were sometimes unable to get copies of their prayer books.

### ***Good communication and information***

20. Patient saw good communication with staff as being an essential part of their care and treatment.

21. It was seen as important that doctors and other staff should be good at listening explaining things, should use plain, everyday language and have a good bed-side manner. Patients had difficulty in communicating with some staff, and there were particular problems for some patients with staff that had poor spoken English.

22. The amount of information was also very important to patients, many of whom received the right amount of information, although some had difficulty in getting the information they needed, and at the times that they needed it.

23. The format of information was also important for some people, for example people who have a visual impairment and require information in Braille.

### ***Expert clinical care***

24. Fundamental for all of the patients was that they were given the best quality care and treatment for their condition or illness. Some patients gave specific examples of where the skills and knowledge of NHS staff kept them alive. However, other patients also gave examples of where they were wrongly diagnosed or where they didn't have confidence in the NHS staff.
25. Patients expected staff to be well trained and kept up-to-date with new developments.
26. For some patients, clinical skills of staff were seen as much more important than communication skills.

### ***Continuity and coordination of care***

27. Patients wanted continuity of care and for their care to be well coordinated by the NHS staff treating them.
28. Patients wanted to see the same healthcare professionals as often as possible throughout their care and treatment and to know that staff communicated with each other to coordinate their care. Patients noted that they lost confidence in their care if staff gave them conflicting information.
29. For hospital inpatients, discharge planning was particularly important.

### ***Equality issues***

30. In general terms, the issues raised from the equality groups were very similar to the general groups, with a few specific additional concerns in each case. For example, access to a "neutral" place of prayer and access to representatives of their own religion or faith was an issue for some people in the religion group. Patients from BME/ethnicity group found access to suitable food to be particularly difficult on occasions. Some of the LGBT patients we interviewed felt that they were not well understood and that there was a lack of specific information available to them.

### **Conclusions**

31. This research identified what patients and users of the NHS see as the most important issues for them about their condition and treatment.
32. Although patients were largely very positive towards the NHS they also described specific instances where improvements could be made.

33. The issues identified fall into 5 broad themes:

- Access to systems and staff
- Environment and facilities
- Good communication
- Expert clinical care
- Well coordinated care and treatment

34. The issues identified as being important and the subsequent themes are similar to themes identified from similar research elsewhere. For example, the Department of Health in England has 5 themes for their Public Service Agreement target on patient experience for both inpatient and primary care – Access and waiting, safe high quality co-ordinated care, better information more choice, building closer relationships and clean friendly and comfortable place to be.

35. While this research has described the issues that are important, this is only from the viewpoint of a relatively small group of people. This report doesn't set out to assess the relative importance to patients and users of each of the issues. The next step of this programme is to design questionnaires that will allow large numbers of patients to assess the importance of each issue to them, the results of which will be published separately.



## **CHAPTER ONE: INTRODUCTION**

1.1 The Scottish Executive is developing a new programme of work to collect systematic information about NHS patients' experiences and to use this to improve services across Scotland – Better Together, Scotland's Patient Experience Programme.

1.2 As part of this programme, researchers from Patient Perspective were commissioned to carry out research to collect the views of Scottish patients and carers on the relative importance of different aspects of health care. The research includes the views of hospital inpatients, people with a long-term health condition and the views of people about general practice services.

1.3 The objective of this research project is to identify the types of issues that are important to patients, although not to quantify the relative importance of the issues to the population. This research will feed into other research where large numbers of patients will be asked to rank the importance of each of the issues identified here. This, in turn, will be used to design instruments such as questionnaires to gather patients experiences of healthcare.



## CHAPTER TWO: METHOD

2.1 This research used focus groups, supplemented by a small number of in-depth telephone interviews to gather information on what was important to patients in Scotland about the care they received. Focus groups were the preferred method as they allowed interaction between participants and a relatively large number of patients to be involved in the study. It was however difficult to organise a focus group on GP services in Stornoway, due to the remote nature of participant's locations, therefore in-depth telephone interviews were carried out.

### Focus group coverage

2.2 The groups were designed to cover rural and urban populations, areas of high and low deprivation, have roughly half men and women and be broadly representative of age (see table 2.1). The groups looking at long term conditions also contained people who were registered as being disabled. Groups were held in mornings, afternoons and evenings to allow for participation by working and non working members of the population.

*Table 2.1* General focus group location and topics

Health Board	Location	Topic	Population and Deprivation
Lothian	Edinburgh	Inpatients	Urban deprived
Lothian	Edinburgh	Long-term conditions	Urban deprived
Lanarkshire	Motherwell	Long-term conditions	Accessible rural, least deprived
Borders	Melrose	Long-term conditions	Accessible rural, least deprived
Glasgow	Glasgow	General Practice	Urban deprived
Forth Valley	Falkirk	Inpatients	Accessible rural, least deprived
Forth Valley	Falkirk	General Practice	Accessible rural, most deprived
Western Isles	Stornoway	Inpatients	Remote rural, least deprived
Western Isles	Stornoway/Benbecula	General Practice	Remote rural, most deprived

2.3 An additional two focus groups were carried out in June and July 2008 to cover people of Black and Minority Ethnic Groups and people from particular religion and faith groups.

2.4 For the faith and religion group, carried out in Inverness, the group included patients with the following religions/faiths: Baha'i Faith, Buddhism, Christianity (Catholic and Protestant), Hinduism, Islam, Jehovah's Witnesses, Judaism, Mormonism, Paganism, and Sikhism.

2.5 The BME/ethnicity group, carried out in Glasgow included people from the following backgrounds Indian, Pakistani, Bangladeshi, Sudanese and Turkish.

2.6 We also carried out six interviews in Edinburgh with people who were either lesbian, gay, bisexual or transgender.

### **Recruiting patients**

2.7 Patients were recruited for the groups using a variety of methods. The recruitment methods we used aimed to include as many people as possible that were not already involved with patient and public involvement activities. Patients were recruited principally using posters and leaflets distributed in local communities e.g. in libraries and shops. Where the response to the leaflets and posters was slow, information sheets were also sent to patient groups. Priority was given to patients who were not, for example, on patient and public involvement committees. Examples of the posters used for inpatients, long-term conditions and primary care are shown in Annex I.

2.8 The religion and faith focus group was organised through contacts at the Scottish Inter Faith Council and the BME/ethnicity group through REACH Community Health Project in Glasgow.

2.9 Before taking part in the focus groups, patients were given an information sheet explaining the nature and purpose of the group and then asked to sign a consent form, shown in Annex II. The consent form covered the following: that patients had read the information sheet and had the opportunity to ask questions, that participation was voluntary, that the group could be audio-taped, that photographs could be taken and that that they could be contacted in the future about carrying out a videotaped interview.

## **Participants**

2.9 Three focus groups were carried out with people that had recently been in hospital as **inpatients**. A total of 20 people attended the groups, which were held in Edinburgh, Motherwell and Stornoway, with 12 women and 8 men included. The participants were aged from 34 to 75 years. The reasons for people being admitted to hospital as an inpatient included: meningitis, Crohn's disease, road traffic accident, broken bones, breast and bone cancer, hip-replacement and various cardiac conditions including having a pacemaker fitted.

2.10 Three focus groups were run for people with **long term conditions**. A total of 24 people attended the groups, which were held in Edinburgh, Motherwell and Melrose. The participants were aged from 26 to 83, and included people with the following conditions: osteoporosis, diabetes, asthma, angina, COPD, vasculitis, Dystonia, macular degeneration, Crohn's disease. All of the groups included people who were registered as being disabled.

2.11 Two focus groups were carried out with people about their experiences of **General Practice Services**, in Glasgow and Stirling. An additional four telephone interviews were carried out with people in remote Western Isles locations. A total of 18 people were included, 13 women and 5 men. The participants were aged from 24 to 75 years. An additional 20 participants were included in the equality strand groups and interviews.

## **Focus group methods**

2.12 Focus Groups were facilitated by an experienced researcher from Patient Perspective. The groups each followed a topic guide, with a separate guide for inpatients, long-term conditions and general practice services. The topic guides that were used for the research are shown in Annexes III – VIII.

## **Analysis**

2.13 The focus groups and interviews were transcribed. Each discrete comment was identified and manually coded and the coded comments then sorted into related themes.



## CHAPTER THREE: RESULTS

### Introduction

3.1 This chapter describes the results in terms of the 5 key themes that have been identified – access to systems and staff, environment and facilities, good communication and information, expert clinical care and continuity and coordination. Other smaller issues are also described. Within each theme, the results are described for GP services, inpatients and long-term conditions. Verbatim comments from participants are used to illustrate each theme.

### Access to systems and staff

3.2 Across all of the focus groups, people reported how important it was for them to be seen by the right service / healthcare professionals when needed. For some patients, particularly a number from BME/ethnicity group, easy access to services was a theme, with people being unsure why you needed to access particular services through other ones.

*I really don't understand why I have to go to the GP if I know that I need to go to hospital. It makes no sense. [BME/ethnicity G]*

*I had a farcical situation when I went the A&E department. I had a recurrence of a problem that previously NHS24 had referred me to A&E where I was treated. When it recurred I went straight to A&E but they wouldn't see me unless I phoned NHS24 from the hospital. So they made me phone NHS24 and they referred me to A&E and then they agreed to see me! [BME/ethnicity G]*

### GP Services

3.3 Access to general practice services was seen as particularly important to people. Although, the person that patients turned to first depended to some extent on the nature of their health problem and the time of the day, it was normally the GP or, for minor concerns, a pharmacist. One person however reported using the website *netdoctor.com* as a first point of call.

*You decide depending on what it is. Sometimes you sweat it out, others you go the doctor and get an appointment. [GP G]*

*Minor illness, a cold or that you deal with it yourself. If there's something that's not quite right you're going to call your doctor, depending on what time. If it's during the night you call NHS24, if it's the morning you'll phone up and get an appointment. [GP G]*

3.4 For those that wanted to see a GP about their condition, some patients were happy to see any GP, whilst others felt that seeing a particular GP was more important. For example for some women, seeing a female GP was preferred. Others talked about particular GP's they did not want to see due to previous negative experiences or other peoples opinions.

*Choices – I can't get this choice thing into my head. All I want to know is when I go to see someone they won't kill me and they have a passing medical knowledge. I don't want to choose, how could I? [GP F]*

*I prefer to see a female doctor, I don't mind the male ones, I just prefer the female ones. [GP F]*

*It depends, if you want to see a doctor urgently it could be any doctor. But I have to say, for me any doctor is OK, except this one doctor who I don't have confidence in. I know different people and they don't think well of him. [GP S]*

3.5 Most people had experienced having to **wait** beyond their appointment time to see their GP. For most people short waits were acceptable however longer waits were seen by some as unacceptable, principally because of the implications of this e.g. around missing public transport.

*Ten minutes late yesterday and that's absolutely fine. They didn't tell me but that was fine. It's not nearly as bad as it used to be, used to be normally an hour and they had all the excuses but it's never like that now. [GP G]*

*15 minutes is OK but longer than that I think it's unacceptable. [GP F]*

3.6 All of the people attending the focus group were happy with their GP practice **opening hours**, despite most of the practices only being open during the daytime on working days. However, those that had practices that opened later found that to be useful on occasions.

*Mine is open some nighttimes and on Saturday mornings. [GP G]*

3.7 Many people found that it could be very useful to have a **telephone consultation** with a GP or nurse, although not all knew whether this was an option. This service was particularly appreciated as it provided reassurance on conditions that were of immediate concern.

*For me, for the kids, it more about getting reassured so I like to be able to speak to someone on the phone straight away. You're worried about things like meningitis. [GP G]*

*I didn't know you could have a telephone appointment, that's really good, I don't like going to the GP practice at all. [GP F]*

3.8 Being able to easily **organise an appointment** either urgently or a few days in advance was important for all of the people who attended the focus groups. For most, their GP practice operated a system where patients had to phone up in the morning or early afternoon to get an appointment that day. For some patients, this system suited them well. However, for other patients the system didn't work well for them and their families. Although most of the patients were happy to phone up the same day for an appointment, some of them wanted to be able to book a routine appointment several days ahead and this wasn't always possible.

*My doctor opens at 8 and then you phone before 9 and you've got a pretty good chance of getting an appointment that day. You've also a good chance of seeing a doctor you want as there's a couple of doctors I really don't like and a couple I really do like. It's quite straightforward. [GP G]*

*Can get same day, but you have to phone at half past eight. Problem is that when you phone at half past eight it's very busy and you can't get through. By the time you get through you're left with a rotten time to see the doctor. I've got 4 children and you have to fit these appointments in with all the other things you do and you end up seeing a doctor you don't want to see.. They have 7 doctors and only one lady doctor and it's quite difficult to get to see her [GP F]*

3.9 A few patients were registered with GP practices where all appointments were booked in advance, and the wait to see a GP varied from a few days to several weeks.

*Depends when you phone, it's always busy in the morning. And they'll say the first appointment I have is three weeks. This week I was lucky I got an appointment in 3 days. [GP G]*

3.10 Getting through to the practice by telephone to arrange an appointment was a frustration for some patients, and had potentially harmful consequences for others.

*Phones –they're just engaged. They've got 11 lines and there constantly busy. [GP G]*

*My husband had a heart attack, I didn't know at the time. It took me from 9.30 in the morning to 3 to get through to the practice, and they said bring him in. I said no and they eventually came round and called an ambulance straight away – had a very lucky escape there. [GP G]*

3.11 Several of the patients had required **home visits** from doctors during the past year. For most of them this was accommodated without any problem. Although for one participant the home visit was not made as had been agreed.

*Yes, when I had major surgery and was at home, they visited me no problem [GP G]*

*House calls – it depends on which practice sometimes, it's inconsistent. We had one booked, but nobody turned up. Heads rolled that day. [GP F]*

3.12 Many of the patients had phoned **NHS24** when their GP practice was closed. Although most patients had low expectations of the service, having heard *horror stories* the experiences related were all very positive.

*Phoned up the 24, and they told me to go up to Easterhouse, and they referred me to emergency ENT and it was all brilliant. All done within 2 hours start to finish. [GP G]*

*So it's a good service, you phone them and they then phone you back, and they give you advice, or go to the out-of-hours practice or they'll arrange a house call. [GP F]*

### ***Inpatients***

3.13 For those that had been a hospital inpatient, there were also concerns about accessing services and staff when they needed. When admitted to hospital as an emergency, one person was particularly worried about how long he had to wait to be assessed and the potential implications. Similarly, for elective admissions, several who had people waited for surgery were worried about how long they would have to wait for their operation and the potential risks to their health during their wait. Several people were also concerned about where they were sent for procedures and whether this was fair e.g. some patients being sent to private hospitals.

*It took me 2 hours to be assessed with a head injury. [IP E]*

*Because of having cancer I was wanted to get admitted for my surgery as soon as possible and I had to wait nearly 2 months, which worried me. [LTC E]*

*Some people get to go to the private hospital at Murrayfield, but I had to go to the Royal, and this seems unfair to me. [LGBT E]*

3.14 Once admitted to hospital, people were aware that there was one **doctor in charge** of their care, and most felt reassured and confident as a result of seeing that doctor. However, several people were disconcerted about not seeing their consultant at all during their stay, or worried by the fact that they has not spoken with their surgeon before an operation. They often attributed their problems in seeing a doctor to a lack of time available to the doctors.

*They came to see me twice a day the surgeons and I couldn't fault them and when I went to see them again, they were there and I saw them again and that's what you want. [IP E]*

*No, I never met the surgeon until I went into the theatre, and I would have preferred to speak to him before. [IP S]*

3.15 Although people preferred to see the doctor in charge of their care, most agreed that they could arrange see a more junior doctor if their consultant was not available.

3.16 **Access to nursing staff** was also highlighted as an issue for several of the patients. Although nurses were generally available in sufficient numbers, a few patients expressed concern at the shortages of nurses on particular occasions or at particular times of day or night.

*I felt that there was a shortage of nursing staff at particular times, not at all times, particularly for help with washing and things like that. [IP E]*

3.17 Some patients, particularly in the BME/ethnicity and religion/faith focus groups, were concerned that it was sometimes difficult to be examined or treated by a doctor or nurse of their gender. Some women found this to be particularly distressing, although it was noted as a problem for some men as well. However, for most patients this was seen as something that was less important in an emergency.

*For me there's a real problem with getting to see a lady doctor and there can be a real fuss about this. Particularly for gynaecology and things like that it causes a lot of embarrassment, and the thing is that there's lots of lady doctors around so it should always be possible [Religion I]*

*Well it's more of a preference really, I would always prefer to see a woman if at all possible. If there's no option then I would see a male doctor. [Religion I]*

3.18 Access to representatives from their own faith or religion was a problem for many of the patients in the religion/faith group. Normally access to a chaplain was offered, but patients were unsure about their role. For some religions/ faith groups systems were not in place to allow them to contact someone of their own religion/ faith, and for others the systems made contacting someone rather difficult.

*I was asked whether I wanted to see a chaplain at some point, but I knew they wouldn't see things from my perspective so I didn't bother. [Religion I]*

*Well you can tick a form to say that you want to be visited by a chaplain, but the problem is if you move wards they won't tell the chaplain because of the data-protection act. [Religion I]*

### ***Long-term conditions***

3.19 For people with a long-term condition, access to staff was also important. For the majority, the most important thing for them was that they were able to contact someone about their condition quickly if needed – whether they used this facility or not. This was seen as offering great reassurance. Most of the patients had the name and telephone number of someone to contact, and had used the number. Even those patients who had not used the number appreciated the security of having it available. On the other hand, people who hadn't been given contact details, described the anxiety that had caused them.

*I have a direct contact at the hospital and phone them up directly if I needed, and I have done that and that's fine. [LTC B]*

*If you can phone your consultant makes an awful difference to you, but if you've got no-one you can phone you can get very anxious. [LTC E]*

### ***Access to staff for people in rural area problems***

3.20 For some of the patients in rural areas, the specialist care or facilities that they needed were not available locally. For these people they felt that, if possible, these services should be available closer to where they lived.

*However, the specialist treatment I need is not available locally – only in Ninewells Dundee and there is a dispute about costs. This stops me from working. [LTC B]*

*It's not like a big city where many services are available locally. [LTC B]*

## Environment and facilities

3.21 Although not directly linked to their clinical care, many aspects of the healthcare setting were important to people.

### *GP Services*

3.22 For all of the participants, the most important thing was that their GP practice was close to their home.

*It's essential that it's close by. [GP F]*

3.23 People talked about two types of GP practices. Some liked the fact that their practice provided a wider range of services than just a GP practice, whilst others liked the fact that they had a small practice who they felt were a bit more personal.

*My practice has got everything, and that's really good - lots of different services in my practice, cardiographs, lots of tests, they have diabetic clinics, nurses, doctors all sorts of people. Sisters, nursing staff, District Nurses, Phlebotomist. [GP G]*

*My practice is only a doctor and a chiropodist every 6 weeks, but it's small and they really care about you and know who you are. [GP G]*

### *Inpatients*

3.24 For most people, particularly those that had their own transport, the **location of their hospital** was convenient for them and relatively easy to get to. However, some people who relied on public transport, even those living in a city centre or relatively close to their hospital, had long journeys to the hospital. One person lived quite close to the hospital but found that because of the bus route, they had a long journey.

*Public transport from Grangemouth is useless. One bus to Falkirk and then another to Stirling. It takes a very long time, although it's no distance. [IP F]*

3.25 All of the people who had been inpatients on Stornoway had also been treated on the mainland in Glasgow, Inverness or Edinburgh. The systems and support available for getting to and from the mainland hospitals by plane or ferry were highly rated, with travel tickets and hotels for visitors being organised for them.

*Transport – there's a travel office in town, and they organise the flight and everything – well you pay the first £10, but it's a brilliant service, you don't have to worry about anything. [IP S]*

3.26 Several people had needed help with getting to and from the hospital and it had sometimes been difficult to organise this. It was felt by one participant that the criteria for being able to get transport could be too stringent.

*They have transport but they have criteria and it's quite difficult to get that. [IP F]*

3.27 Several patients found that once they had reached the hospital, there was still a long way to go to reach the actual clinic. For one person this was a particular problem.

*One thing is the distance from the car-park to the clinics. If you've got a stick or something or a wheelchair, it's a ½ hour walk from the bus-stop to even where the clinics start. [IP E]*

3.28 Most of the patients that have their own transport had concerns about the **car parking** - either the availability of parking spaces or the cost. For most patients, the availability of car-parking spaces was limited and at peak times it could be very difficult to find a space. Even the patients that had disabled (blue badge) parking permits sometimes found it difficult to park. At some of the hospitals, the car parking was free for patients and visitors, and at others payment was required, and several patients complained about car parking charges as a matter of principle. For others, a small parking charge was seen as quite acceptable. Some patients felt the costs were very high, particularly for visitors if they were in hospital for a long stay. For one person who lived in the Borders but whose husband had been in hospital in Edinburgh for specialist treatment not available locally, this had proved to be very expensive.

*We've got a blue badge but you can never get in them spaces. [LTC B]*

*The only problem I have ....is the parking fee which I think it's a disgrace – it's taking advantage of people that are unwell, it's legalised theft in my opinion - that seems terribly unfair from my point of view. [IP E]*

*Husband was in for 2 weeks, and had to spend about 50 quid on parking. It's not just being able to afford it; it's the principle of the thing. [LTC B]*

3.29 **Cleanliness** was an issue that concerned a large majority of the focus group participants. People described significant variations in the level of cleanliness they experienced. Some described very good levels of cleanliness and, on the contrary, some patients described dirty conditions. Several people who were transferred between different wards or hospitals noted variations in the levels of cleanliness. Problems with cleanliness were attributed by some to poor supervision rather than the cleaners themselves.

*Cleanliness – this is the cleanest hospital I’ve ever seen. [IP S]*

*Some of the other hospitals are caked in muck. [IP S]*

*It depends which ward. The ITU and CCU were spotless, both unbelievable. The general ward absolutely shocking, like a different class of cleaner. [IP E]*

3.30 A number of people related the cleanliness of the hospital to **infection control** and particularly to MRSA infection. Several were worried about catching MRSA to such an extent that one was considering not attending for her planned operation. As well as cleanliness, some people highlighted the behaviour of staff in relation to infection control. This mainly centred around **hand-washing**, with examples of good and bad practice being given.

*I’m very worried because I have to go into hospital and I may catch MRSA – it’s a killer. [LTC B]*

*We sat outside the ward and when the nurse came out she washed her hands before going in. [IP S]*

*Had a doctor that came along, and he went in and held on to a patients hand and spoke to them and then went to the next patient and held their hand and no hand washing and I think that’s wrong these days. [IP F]*

3.31 Most people had quite low expectations for the quality of the **food**, with their expectations being that the food should be of adequate quality. Comments on the quality and amount of food varied considerably depending on the hospital from the very positive to the very negative. Patients who had been to different hospitals (within and outside the same Health Board) noticed the variations between hospitals and some linked the variation in food quality to whether it was prepared at the hospital or off-site.

*I think the food quality was acceptable and that’s all you can expect. [IP S]*

*You get an awful lot here. Food in the Western Isles hospital is as good as you'll get anywhere. [IP S]*

*Disgusting. [IP E]*

3.32 People preferred to have a choice of food and this was generally offered, but not always made available. Of more concern to a number of people was that staff did not monitor the amount of food eaten by patients. One person noted the special care that she felt that she received and really appreciated.

*My only observation is that no-one monitors what people eat or don't eat. [IP S]*

*Well after my operation I couldn't eat anything, but late at night I was really hungry and one of the nurses asked them to make an omelette for me. They also made toast for people sometimes. [Religion I]*

3.33 For some from the BME/ethnicity or religion/faith focus groups, getting the correct food was sometimes difficult.

*Well they can provide Halal meat but it has to be brought in specially. Not many people here know about Halal food, and fish for example is perfectly OK, but they don't always know that. [Religion I]*

*Kosher food is not available but there are so few Jewish people here that this is understandable. In Glasgow hospitals it's no problem, but not here in Inverness. [Religion I]*

3.33 All of the women in the groups had concerns about being **mixed-sex facilities**. They were all accommodated in a single-sex bay within a mixed-sex ward but most were uncomfortable about the ward itself. However, it was accepted that people may have to be in a mixed-sex high dependency or emergency wards.

*...can't bear [mixed-sex wards] [IP F]*

*I've had to rush to the loo and there's a naked man standing there. [IP E]*

3.34 Several people had difficulty in sleeping at night because of the **noise** of other patients or staff. Some felt that the noise was generally avoidable. Others felt that all possible was done to avoid noise.

*Everything was OK, but the first night with a head injury and they put me in a ward with all elderly ladies and they were making noise all night long, and my head really really hurt and I needed some quiet at that time. [IP E]*

*Noise at night, and it's avoidable, is a problem. [IP S]*

3.35 A number of people complained about the lack of **privacy** on the ward, with their condition or treatment being discussed so that other people on the ward could hear. On the same theme of privacy, several people were concerned in particular about the gowns they were given before and after surgery and how embarrassing they found them.

*A bit more privacy, when a doctor or nurse is talking through your medical history, would be appreciated as everyone on the ward can hear it. [IP E]*

*These gowns, post or pre operation it's just totally acceptable. This overrides religion. It just adds to your vulnerability. [Religion I]*

3.36 Patients talked about the availability and cost of **TVs, telephones and radios** at their bedside. Availability varied between hospitals and wards and in some cases nothing was provided. In others, facilities were provided but they were not always adequate. Others had entertainment systems at each bedside but such systems were seen as luxury rather than a necessity by most patients. However, where available the cost of the systems (up to £3.90 a day) was thought to be expensive by some of the patients, particularly for people on low incomes.

*...at St Johns I had absolutely nothing, there was a pair of headphones hanging on the bed, but that didn't work, there was nothing. [IP E]*

*The TV system, it's alright, it's expensive but good. It's not a necessity, but if you're sitting there bored it's ideal. There's nothing to do. There is a TV room if you can get around. [IP E]*

*If you're on benefits, £11 a week is a lot of money. Most people think it's a bit of a rip off really. [IP E]*

3.37. There was debate in the inpatient groups about the use of **mobile phones** in hospital. Most patients would have liked to use their mobile phone and saw it as a good way of keeping in touch with friends and relatives. Some hospitals were noted as allowing the use of mobile phones, but not all, and patients commented on the apparent inconsistency.

*Most people texting their families, helps to pass the time, very exciting if you get a text back. [IP E]*

*We couldn't use mobiles and that was a pain. You're not allowed to and last time they confiscated it until I left. It's a load of nonsense because the pagers use the same system. [IP F]*

3.38 For a number of patients from particular religions, the provision of **prayer facilities** was very important to them. Although there was normally a designated area available it was generally the “chapel” which for some had Christian connotations. Additionally, prayer books and holy books were not always available, something that some patients should be quite easy to remedy.

*It needs a place of worship that is neutral, not with a Christian name and not with Christian things, more for everyone. Although the one here may not officially be Christian, it's definitely not Muslim. [Religion I]*

*Also in hospital place of worship it needs to have the prayer books and holy books for all of the religions, that's not available at the moment. [Religion I]*

### ***Long-term conditions***

3.39 Most of the patients had regular appointments for their condition or treatment with specialist doctors or nurses, so the location of the appointment was important to them. For some of them, getting to the hospital was relatively quick and simple but for other patients, particularly in rural areas, getting to the hospital was difficult or expensive. Cost, for some patients, was an issue and although they were able to reclaim the costs of their travel, it did still prove to be expensive for some, particularly where many hospital visits were required. Volunteer drives were seen as absolutely essential for some patients.

*Transport is a huge problem for this part of the world, particularly on a Sunday. [LTC B]*

*I can claim transport costs back – by bus or train entire amount. I can't travel by bus, so have to use the car. I get 8 pence a mile for the car, about a quarter of the actual cost. [LTC B]*

3.40 Some patients appreciated being able to be treated at home as often as possible. Going to a local clinic was also seen by some as a better option than having to go to hospital.

*I'd rather be treated at home in comfort than being in hospital and also blocking a bed for someone that's really ill. [LTC B]*

*I have a nurse that comes round to the house, or I go to see her at the local clinic. That, for me without doubt is better than going up to the hospital. [LTC B]*

## **Good communication and information**

3.41 Respondents identified the way that staff communicate with them and the amount and type of information they were given as being important to them. All participants across all the focus groups, saw clear **verbal communication** with the staff as being an essential part of their care and treatment. The most important aspects of good communication was doctors and nurses being good at **listening** to their patients, if they were to understand their patients' problems. Most people who attended the focus groups felt that staff were good at listening. However, some patients were concerned when they felt that the staff didn't listen to them and of the potential consequences.

*It's most important that they take time to listen, can talk to you, examine you thoroughly. [GP F]*

*I had severe problems and he just jumped to conclusions - wasn't prepared to listen to me, wouldn't look at my notes to see my medical history. [IP S]*

3.42 It was also felt that staff should be good at **explaining** things. When doing this participants talked about how staff should also try to use **plain, everyday language**, free of jargon wherever possible. Some people said that they had problems in understanding doctors who had poor spoken English.

*They need to explain why they're doing it, I just don't take it. They're usually pretty good at that, they don't mind. [IP E]*

*I've no complaints about the doctor, she explains everything to you and you come out feeling good. I've been to other doctors and you come out feeling frustrated. [GP G]*

*We have lots of foreign doctors here, and I just find them really quite difficult to understand. They're friendly enough. [IP S]*

3.43 A **good bed-side manner** for doctors, and other staff, was also seen as important. Again, although most patients felt that this was the case for most staff, for some patients there were difficulties with the manner of some staff. Several patients found the **form of communication** used by the staff to be rather too informal.

*When they speak to you nicely, it makes you relax and that's important. [IP E]*

*Should certainly have a bedside manner, but unfortunately there's one or two here that just don't have that at all. I'll have to see one again. It's his attitude - he sits behind his desk looking down, twiddling his pen, avoiding eye contact and there was a bad atmosphere – didn't ask me how I was, made me feel uncomfortable. [IP S]*

3.44 People also identified the **amount of information** given to them as being important. This was particularly important for people with a long-term condition to manage. For most patients, the amount of information was about right. However, some found it difficult to get the information they needed. One patient preparing for a sex-change found great difficulty in getting suitable information. A few patients, though, described being given too much information.

*My doctors had a team and they were marvellous at explaining what was going on and what was not going on. [IP E]*

*They are often reluctant to tell people everything. Doctors sometimes think that they know best, but it's my body and I insisted on getting information but people are reluctant to ask the doctor questions. [LTC E]*

3.45 For people with a long-term condition, they spoke about the importance of information when they were **first told their diagnosis**. They referred to the shock of being told of their condition and that sometimes insufficient information and support was available to them.

*No, not enough it's a shock and you don't know who to turn to. [LTC M]*

*... sent home with no information, no after care, no follow up, nowhere to turn to, sent home and basically dumped. [LTC B]*

3.46 The **format** of information was also identified as being important to several patients. Two patients gave examples of how the information that they needed was not available in the format they needed, one patient being blind and another who has a poor memory because of her condition.

*[Blind person]Received a couple of letters yesterday, and my husband said repeatedly why don't they send it on tape, he's very good but he won't be around for ever. Also you don't always want someone reading your mail. As many times as you tell people to put in on tape, the letter comes again. I've got not help at all from the NHS for being blind. [LTC B]*

## **Expert clinical care**

3.47 Fundamental for all of the patients we spoke to was that they were given the **best quality care and treatment** for their condition or illness. A number of people reported how they had been kept alive by NHS staff.

*The main thing for me is they took me from an ambulance and kept me alive when I could have died. [IP E]*

*I was unconscious with Meningitis and my family said they were brilliant in ITU. [IP E]*

*I had a bad experience in that the op was due to last a couple of hours. When I came round I couldn't breathe and I was in recovery for 7 hours. The staff kept me alive and kept my wife informed and they came to see me afterwards and told me what happened and that was reassuring. [IP F]*

3.48 Patients expected their doctors and other staff to have had the training they needed and be kept up-to-date with new developments.

*It's a question of trust. You hope they read the journals and keep up to date, but you never know. [IP F]*

*Most important, is that they are medically qualified. [IP S]*

3.49 Although good communication had been identified as being important, a number of people stated that it was more important for them that the medical staff that treated them should have sound clinical skills and experience over good communication skill. However, some patients gave examples where clinical care, or staff did not appear to have the knowledge or skills required.

*As long as they're competent I don't care about anything else. [IP E]*

*Gave me a whole body scan for a problem with my foot which I thought was the idea of an absolute madman, just ridiculous and what a waste of NHS funds. [LTC E]*

3.50 People also identified the diagnosis of a condition as being crucial and how reliant they were on medical staff to use their expertise to make the right diagnosis. Several people were quite upset to experience delays or errors in being given their diagnosis. For most patients, getting their diagnosis was quite upsetting for them and their family.

*I got treated for sciatica for a couple of years and it turned out to be cancer. It was a secondary from breast cancer I had 11 years before. If I could find out that this is common from the internet, how come the doctors didn't know? [LTC E]*

*Nightmare – diagnosed in Nottingham, referred to Guy's and Thomas's and then when I moved here they refused to accept that diagnosis. Now after 3 years, they have accepted the diagnosis. [LTC B]*

3.51 The issue of pain management was highlighted by a number of people as being a clinical area where improvements could be made.

*The doctor didn't indicate whether they could give me stronger painkillers, so all night long I was in pain until the doctors came back next day. [IP E]*

*I was meant to see the pain management team and I'm still waiting. [IP F]*

3.52 Although most of the people felt that they were receiving the best available care and treatment, several people with long-term conditions were concerned that the most up-to-date care and treatment was not always available for them.

*Concerns – you read leaflets about advances and when you bring it up they say oh we don't use that even though it's thought to have a much better effect, so not sure I'm getting the best treatment. [LTC M]*

## Continuity and coordination of care

3.53 Many of the concerns that patients had about their care and treatment were related to continuity of care and the coordination of care at different times of their hospital stay and between different staff. All of the people who attend focus groups stated a preference for **seeing the same doctors and nurses** about their care and treatment throughout for that condition or illness if possible. This was the case for patients seeing their GP, those in hospital as an inpatient, patients going back for a follow-up appointment and particularly for patients that have been admitted to hospital often for their condition. Seeing the same person was seen as important, both because of their understanding of the condition and also for the personal relationships that could be built up. Some patients had seen the same professional for a long period and this was much appreciated. However, some patients have been frustrated to see different members of staff at different visits, who they didn't think had the same understanding of their condition and who they didn't have the same personal relationship with. It was seen as less important to see the same nurses, although continuity of staff was highlighted by several patients.

*All the main doctors I have seen since my childhood and I still see them which is great. [LTC E]*

*I've been to the diabetic clinic and every time I go I see a different doctor, some that I've never seen before. Some are that are absolutely excellent and some that simply don't understand what I'm saying to them and I find that quite frustrating as they're not understanding.. But the past 2 times I've had the same lovely doctor and he has understood and it's been very nice. [LTC E]*

*At the moment I've not seen the same person twice at hospital. [IP E]*

3.54 Seeing different doctors, for some people was puzzling, others saw it as only being for the benefit of the staff and not the patients and several noted that a lot of time had to be spent with new doctors in explaining details of their medical history.

*I couldn't understand that you go to see a total stranger. Saw same consultants for years, surgeon did my operation a years ago and I've never seen him since. [LTC E]*

*I see this process of seeing a different person every time a pain to be honest. Seeing a different person every time is not to my benefit it's to the benefit of the hospital really. [IP S]*

3.55 A number of people expressed their frustration at the lack of communication between staff with key information not being passed on or recorded in the medical records. Poor coordination was a particular worry for some of the hospital inpatients. Two patients gave examples of where poor coordination could have resulted in medical mistakes being made.

*I'm allergic to some of the medication and find I had to say it to the nurses every time and they said it's not on your medical records, but I know that it is on the records because I've told them every time. [IP E]*

*I was admitted as an emergency. The doctor was attending me and taking a lot of tests but when I arrived to the ward they changed the doctor and he didn't take any further action, there was no sequence and the attitude was very different. I wanted to see the same doctor again. I was very worried because it was a head injury and I thought I might die. [IP E]*

3.56 Because of their condition and treatment, a number of the patients received care from different hospitals and different healthcare professionals at different times. Several of them became frustrated and concerned at the lack of communication and coordination between different professionals, sometimes as a result of poor IT systems. Patients also highlighted that communication between hospitals in the same Health Board was sometimes poor. Several patients noted that the staff were not helped by the fact that the computer systems at different hospitals do not communicate with each other.

*Co-ordination from different places is rubbish. [IP F]*

*Couldn't get blood result – went to the GP, nothing from the hospital in about 6 months - the GPs haven't received anything, not from the last check-up or the one before it. [LTC B]*

*It's non-existent. There are sometimes arguments between Hairmyres and the Beatson. [LTC M]*

3.57 People were also concerned that information also took a long time to get from the hospital to their GP. Another wondered why electronic methods are not used more. However, one patient from a rural area particularly appreciated the efforts of staff to organise all his appointments for the same day.

*There's a discharge letter that goes to the GP. I left hospital three weeks ago and yesterday the GP hadn't received that – it goes out by ordinary post. [LTC B]*

*We need joined-up medicine and they don't talk to each other. I don't understand why when you leave hospital, things are sent to the GP by post and get caught up with the Christmas post rather than sending electronically. [IP S]*

3.58 People that had a lot of contact with NHS services sometimes became tired of having to explain over and over again to staff about their condition and possible side-effects of medications.

*Taking warfarin for 22 years, can't tell you how often I have to tell people that I shouldn't be given aspirin as well. [LTC E]*

*Also reading the notes – they don't read notes, no central base of data. Explain to ambulance people what my allergies are, then the A&E people, then the ward staff. [LTC B]*

3.59 A particular problem noted by several of the patients was that the medical records or test results were sometimes mislaid.

*BDG lost my notes in August. [LTC B]*

*When I go to hospital they haven't got my notes so they write it up on post-it notes to add on later. [LTC B]*

3.60 Being given **inaccurate or conflicting information** undermined some of the patients' confidence in the care they received. One participant was very concerned that they had mistaken her for another patient, and another became so concerned over a number of mistakes being made over her medication that she arranged for emergency care to be carried out by her GP at home. Another lost confidence in their care and treatment as a result of conflicting advice. One patient noted that his confidence had been shaken by the staff saying different things.

*In May I was told I wasn't monitoring my diabetes very well. Well I don't have diabetes and they then discovered that it was someone else's blood results. It was a guy called James, my name is Jane. Their communication is appalling. That was at the Western. [LTC E]*

*Now I remain at home if I have an episode, and my GP looks after me so I don't get the wrong medications even if I'm housebound for 6 weeks that's safer. [LTC B]*

*They don't always sing from the same hymn book – I was prescribed pain killers by one doctor and then another one phoned me up to ask if I knew they were highly addictive and did I really want to be taking them? [LTC M]*

3.61 Some of the people that were admitted to hospital from the waiting list found that the information they had been given on what would happen when they arrived at the hospital was inaccurate. For example someone advised to arrive at the hospital early one morning wasn't seen as soon as they were told, this causing then some difficulties later in the day because of their diabetes. Another patient who was told they would have to wait a long time for their bed was seen much sooner than expected.

*When I got to the admissions lounge they said there wasn't a bed, I was still there at 1.30 (5 hours) and I had to be in theatre at 2 o'clock. If it was planned there should have been a bed available. I was rather annoyed as I had to get someone to bring me through, that really did annoy me. I had nothing to eat between 9 am and as a diabetic that caused me some problems. [IP F]*

*When the bed was available it was all a bit of a rush and I wasn't really ready to be honest with you. [IP S]*

3.62 Several patients were given too little warning of when they would be admitted, with one patient from Stornoway given too little notice of her appointment. Several patients also were frustrated about the **lack of planning** that went into their care. One patient felt that the staff were not active enough in treating him.

*I never ever felt that there was a plan. I would like to have been told what's happening and what's expected and that every day or two. [IP E]*

*When I had chronic pain, it was never clear to me who should be the lead in that – the consultant, my GP or me? [IP S]*

3.63 The views on **shared-decision** making were split between those that wanted to leave the decisions to the medical staff and those that wanted to be more involved in their own decisions.

*It's all well and good but sometimes I just don't feel well enough to look after myself and that's when I need help. [IP E]*

*My husband completely goes along with the medical people, but I won't stand for that. [LTC B]*

3.64 For patients that had been a hospital inpatient, the smooth coordination of their **discharge from hospital** was particularly important to them. For most patients, their discharge from hospital was relatively well organised, with several patients describing being given a care package. However, for some it wasn't as seamless. Some patients had difficulty getting the transport they needed to get home. One patient from Stornoway was irritated to be asked to go to Glasgow for what appeared to be an unnecessary follow-up appointment.

*They did a care package for me to do with the pacemaker. That was brilliant. [IP S]*

*...try to get you out as quick as possible, and then all the follow up was organised for me back home. [IP E]*

*Discharge – communication is dreadful, don't get information sent to GPs, social workers, etc. [IP S]*

### **Other issues**

3.65 One theme that emerged from the inpatient and long-term conditions groups was the concern that some patients had over **private sector involvement in healthcare**.

*From a political point of view, I'm very much against attempts to privatise the NHS, totally opposed to that. NHS has to be an entity, has to sit together. [IP E]*

*Deterioration in cleanliness came when they brought in private contractors. Used to be spotless, not now. [IP E]*

3.66 One patient related the high costs of buying toiletries at the hospital to the hospital being owned by a private company.

*Even the price of things in that hospital, it's ridiculous. Just like personal things from the shop, it's ridiculous. I had to wait 3 days for someone to bring me in some cleaning products and stuff, and added to the parking it's just too much and then you're bored and you want to watch television and that's more money. [IP E]*

3.67 Outside of the NHS, patient support groups were very important for many of the patients.

*Once a month I go to a group and they tell me about new drugs on the market. [LTC B]*

*The surgeon suggested I looked at the Dystonia Website from there found local support groups. There was a specialist nurse who was brilliant. [LTC M]*

*The Haven - have never left, amazing care place, everything I needed, nurse, counselling, therapy, it's wonderful. It's for anyone with a life limiting illness, MS, MND, and PD. See same people going in, all meet up and discuss problem, or not. Open to anyone. [LTC M]*

3.68 Although the focus groups and interviews focused on the issues that patients and users of the NHS felt could improved, most of the patients were also very keen to express the high regard that they felt for the NHS. Several of the patients described that they were *thankful* or *fortunate* to have an NHS, and one that *we'd be in a fine predicament without the NHS*. Two patients gave examples of how grateful they were that NHS staff had kept them alive in an emergency. Several patients made comparisons to how they perceived the NHS in relation to healthcare provided in other countries. There was also agreement that there were more good things than bad about the NHS. Many of the patients noted that the NHS being free at the point of delivery was something that was important to them. However, one patient commented that although they saw a lot more pluses than minuses, it was the one minus that people remember.

*The main thing for me is they took me from an ambulance and kept me alive when I could have died. [IPE]*

*I was unconscious with Meningitis and my family said they were brilliant in ITU. [IPE]*

*We get a health service that is free, a person in Chile and the poor people in Chile have no NHS, there is no provision for NHS at all. We're really really lucky with what we've got. We're complaining, we don't know how fortunate we are. [LTC1]*

3.69 Several patients welcomed the idea of having an opportunity to feedback the good and bad things about their care when they leave hospital. Another supported the idea but sounded a note of caution.

*A questionnaire at the end of your stay would be good, like a consumer feedback as it were. I think that's a great idea and that's your opportunity to say what's good and what's needing improved. [LTC M].*

*They need feedback, but whether they act on it, well that's another thing. [LTC M]*

## Ranking Issues Exercise

3.70 As part of each focus-group we asked patients to take part in a card-sort exercise. On each of 25-30 cards was an issue that had been highlighted in previous research as being important to patients. We asked patients to organise the cards into three groups – 1 very important, 2 fairly important and 3 least important.

We have analysed the results of the card-sort and have identified the highest and lowest 5 ranked items for inpatients, long-term conditions and GP services. Although only a relatively small number of patients participated in the card-sort the results do compare with similar published ranking exercises.

In general terms, inpatients rate aspects related to their immediate clinical care as more important than issues related to the environment, so the most important issues included doctors knowing enough about the patient's condition and treatment, staff cleaning hands, confidence in doctors, being given the best treatment and being told risks and benefits of treatment. Items ranked as least important including car-parking, noise at night, choice of hospital, travelling time to hospital, use of mobile phones in hospital. See table 3.1.

For people with a long-term condition items ranked as most important were similarly related to clinical care – getting a diagnosis as soon as possible, having as much information as needed, seeing doctors who are experts, having the best available treatment. Items ranked as least important were about emotional support, healthy lifestyle advice, support for friends and family and being seen on time. See table 3.2.

For people using GP services, again, items ranked as most important were generally related to medical care, including – the doctor giving clear explanations of treatment, being open with patients, confidence in doctors, getting the best treatment available. Lower ranked items were mainly about health advice – on contraception, safer sex, healthy alcohol intake and smoking cessation. See table 3.3.

**Table 3.1** Most important and least important items for inpatients

<b>Most important</b>
Doctors knowing enough about my condition and treatment
Staff cleaning their hands between touching patients
Feeling confident in the doctors
Being told the risks and benefits of any treatment in a way I can understand
Getting the best treatment for my condition
<b>Least important</b>
Low noise levels
Being able to park easily
Having a choice about which hospital I go to
Not having to travel a long way to get to hospital
Being allowed to use my mobile phone

**Table 3.2** Most important and least important items for people with a long-term condition

<b>Most important</b>
Getting a diagnosis as quickly as possible
Having as much information as about my condition as I need
Seeing doctors who are experts in my condition
Having the best available treatment
Being able to get an appointment quickly when I need one
<b>Least important</b>
Getting emotional support when I need it
Having help to live a healthy lifestyle
Support for my friends and family
Being seen on time when I go for appointments
Having a support group with similar people

**Table 3.3** Most important and least important items regarding GP services

<b>Most important</b>
The doctor giving me clear explanations of my condition or treatment
The doctor being open with me about my condition and treatment
Getting the best treatment for my condition
Being treated with dignity and respect
Feeling confident in the doctor
<b>Least important</b>
The health centre being open at the weekend
Being given advice on contraception
Being given advice on safer sex
Being given advice on healthy alcohol intake
Being given advice on stopping smoking

## CHAPTER FOUR: CONCLUSIONS

4.1 This research into the issues that patients see as important about the NHS in Scotland has highlighted a great deal of good will towards and support for the NHS. Patients are generally thankful to have an NHS and compare the free provision of services at the point of contact to what they see as a much worse service in other countries. Some patients gave examples of where the NHS had kept them alive in an emergency.

4.2 In addition to the positive aspects of their care, patients also highlighted a number of themes which they saw as important and in which room for improvement was possible. The themes identified by patients were:

- Access to systems and staff
- Environment and facilities
- Good communication
- Expert clinical care
- Well coordinated care and treatment

4.3 The issues identified as being important and the subsequent themes are similar to themes identified from similar research elsewhere. For example, the Department of Health in England has 5 themes for their Public Service Agreement (PSA) target on patient experience for both inpatient and primary care – Access and waiting, safe high quality co-ordinated care, better information more choice, building closer relationships and clean friendly and comfortable place to be.

4.4 While this research has described the issues that are important, this is only from the viewpoint of a relatively small group of people. The report doesn't set out to reliably assess the relative importance to patients and users of each of the issues. However, a preliminary rating exercise using card-sorts has shown that issues related to patients' clinical care, for example getting the best available treatment, doctors knowing enough about the patients care and treatment and a quick diagnosis were rated as more important than issues around the environment such as car parking, noise at night, travelling time to hospital and choice of hospital as well as healthcare advice. This is in line with similar research carried out elsewhere. For example 4 of the top ranked items in the inpatient card-sort were also ranked in the top 10 most important items in similar research carried out by Picker Institute Europe in 2006<sup>2</sup> in England - doctors knowing enough about my condition and treatment, staff cleaning their hands between touching patients, feeling confident in the doctors, being told the risks and benefits of any treatment in a way I can understand.

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<sup>2</sup> Boyd J. *The 2006 inpatients importance study*. Picker Institute Europe. 2007. [http://www.nhssurveys.org/docs/Findings\\_and\\_development\\_of\\_the\\_2006\\_Inpatients\\_Importance\\_study\\_final.pdf](http://www.nhssurveys.org/docs/Findings_and_development_of_the_2006_Inpatients_Importance_study_final.pdf) accessed 07/08/2007.

4.5 The next stage of this project is to mail out a questionnaire to large number of patients asking them to rate the importance of the issues highlighted in this report. The results from the survey will, in turn, inform the coverage of the main patient survey questionnaires used by NHS Scotland from 2009.

## **ANNEX I: POSTERS USED TO RECRUIT PATIENTS**

### **Have you recently been admitted to hospital?**

We are carrying out research on behalf of the Scottish Government to find out what matters most to patients.

If you have been in hospital as an inpatient in the last two years, we would like to hear from you. In a small, friendly group, you would talk about your experiences of being a patient and what is important to you. The group session will last about 2 hours.

The group will take place on 31st January at the Conference Centre at Stirling Royal Infirmary.

As a thank you for taking part in the group, you will receive a **£20 gift-voucher** and you can re-claim your travel expenses.

For more details of the group, please call Patient Perspective free on:

**0800 013 2064**

We look forward to hearing from you.

Patient Perspective is an independent research organisation working for the Scottish Government.

## **Are you being treated for a long-term condition or illness?**

We are carrying out research on behalf of the Scottish Government to find out what matters most to patients.

If you are being treated for a long-term condition or chronic disease we would like to hear from you. In a small, friendly group, you would talk about your experiences of being a patient and what is important to you. The group session will last about 2 hours.

The group will take place between 2pm and 4pm on 5<sup>th</sup> December at Burts Hotel in Melrose.

As a thank you for taking part in the group, you will receive a **£20 gift-voucher** and you can reclaim your travel expenses.

To book a place, please call Patient Perspective free on:

**0800 013 2064**

We look forward to hearing from you.

Patient Perspective is an independent research organisation working for the Scottish Government.

## **Are you registered with a GP or family doctor?**

We are carrying out research on behalf of the Scottish Government to find out what matters most to patients about the NHS.

If you are registered with a GP, we would like to hear from you. In a small, friendly group, you would talk about your experiences of the NHS and what is important to you. The group session will last about 2 hours.

The group will take place on 29th January 2008 at the Eastbank Conference and Training Centre in Shettleston.

As a thank you for taking part in the group, you will receive a **£20 gift-voucher** and you can re-claim your travel expenses.

For more details of the group, please call Patient Perspective free on:

**0800 013 2064**

We look forward to hearing from you.

Patient Perspective is an independent research organisation working for the Scottish Government.

## ANNEX II: CONSENT FORM

**Project title:** Building on Experience

### CONSENT FORM

**Title of Project:** Building on Experience, Patient Focus Groups

**Name of Researcher:** \_\_\_\_\_

**Please  
initial  
box**

1. I confirm that I have read and understand the information sheet version V2 for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.
3. I agree that the group can be audio-taped and any words I may say during the discussion can be used, anonymously, in the presentation of the research.
4. I agree that the researchers can take photographs of the group discussion which can be used in publications and websites about the project.
5. I agree that the Scottish Government can contact me at a later date about carrying out another interview that will be videotaped and used on the Scottish Patient Experience Programmes website and in future DVD material.
6. I would like to be invited to an event where the findings of the research will be launched in April or May of 2008
7. I agree to take part in the above study.

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person taking consent  
(if different from researcher)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

2 copies. 1 for patient; 1 for researcher

## ANNEX III: TOPIC GUIDE, INPATIENTS

### INPATIENT FOCUS GROUP TOPIC GUIDE

#### Admission to hospital

Planned admissions

Was your admission a planned (waiting list) or an emergency?

How long did you wait?

Did you think the waiting time was about right? Too long? Shorter than you expected?

Were you given an accurate waiting time when you were first told you would have to go into hospital?

Was the waiting list system fair?

Was your admission cancelled, why was that?

Were you given a choice of admission times, would you have liked a choice?

Information before admission

What information were you given before admission?

Was the information accurate?

Was there anything else you would have liked to know?

Anything else

Are there any other issues about your admission that were important?

Emergency admissions

Ambulance

If you came by ambulance how were you treated by the ambulance crew?

Organisation

How organised was the Emergency Department?

Waiting in A&E

How long did you wait before you were assessed by a doctor or nurse (triaged)? How long did you wait to be treated by a doctor or nurse?

Did you think the waiting time was about right? Too long? Shorter than you expected?

Was the system for seeing patients fair?

Were you told accurately how long you would have to wait?

Were you given enough/the right information in the Emergency Department?

Did you feel threatened or bothered by other patients while in the emergency department?

Anything else

Are there any other issues about the Emergency Department that were important to you?

#### The Hospital and Ward

Location

How far did you have to travel?

Transport/Parking

How did you get to the hospital?

If you used public transport how good was it?

Is car parking available? Was it convenient, free/reasonably priced/expensive?

The Room/Ward

How many rooms or wards did you stay in?  
Was it a single or mixed sex ward? If mixed sex, did you mind?  
Did you have to share toilets and bathrooms with the opposite sex? If yes, did you mind?  
Did you have enough privacy?  
Was the ward noisy – during the day and the night?

#### Cleanliness

How clean was the hospital?  
Did you notice the doctors and nurses washing their hands?  
Was there anything about cleanliness or infection that particularly worried you?

#### Facilities

Was there a telephone you could use? How much did it cost? How convenient was it?  
Did patients/relatives have to pay (much) to call in?  
Could you use your mobile phone if you wanted?  
Was there a TV? Did you have to pay?

#### Food and drinks

How good was the food?  
Was there enough?  
Was the food hot enough?  
Were you given drinks often enough?  
Were you helped to eat/drink if you needed it?

### **Staff**

#### Doctors

##### Overall

How would you describe the doctors that you had contact with?  
Was there one doctor in charge, did you see that doctor?  
Did you have confidence and trust in the doctors? What is it that would give you confidence?  
Did doctors spend enough time with you?

##### Skills and experience

Did doctors have a good knowledge of your medical history and how to treat your condition?

##### Communication

Did doctors listen to you?  
Did they answer your questions?  
Did they use language you could understand?  
Did they talk in front of you as if you were not there?  
Did you feel comfortable talking to them?  
Anything else  
Are there any other issues about doctors that are important?

#### Nurses

##### Overall

Did you have confidence and trust in the nurses? What is it that would give you confidence?  
Were there enough nurses on duty?

Would you like the choice of seeing male or female nurses?

Skills and experience

Did they know enough about your illness and treatment to give you the best care?

Communication

Do the nurses listen to you?

Did nurses answer your questions?

Did they use language you can understand?

Did they talk in front of you as if you are not there?

Other healthcare professionals

Which other members of staff did you have contact with regarding your care and treatment, for example Physiotherapists, Speech and Language Therapists?

[Follow same topics covered above for doctors and nurses where appropriate]

### **Care and treatment**

Involvement in decisions

Were you involved in decisions about your care?

Did you want to be involved? If so, in what aspects: all or just some?

Information

Were you given enough information on your treatment and how it was progressing?

How much information were you given verbally?

How much information were you given in writing?

Tests

Were you told why you needed a test?

Were you told what would happen during the test?

Have you had the test results? How long did that take?

Surgery

Before the operation

Beforehand, were you given enough information about the purpose of the operation?

Were any alternatives to surgery discussed?

Were you told of about the risks of having the operation?

Did you meet the surgeon before the operation?

Did someone answer your questions about the operation?

Were you told accurately how you would feel after the operation?

After the operation

Did a doctor tell you how the operation had gone?

Anything else

Are there any other issues about surgery that are important?

Pain

How much pain did you experience?

Did staff do everything they could to relieve the pain?

Are there any other issues about pain management that were important?

Worries and fears

Were there any particular things that you were worried about when in hospital?

Were you able to discuss your worries and fears with anyone?

### **Medicines**

Were you given any new medicines?

Did someone explain what the new medicines were for?

Did someone tell you how to take the medicines?

Did someone explain any side effects?

Were you given enough medicine?

## **Leaving Hospital**

Timing of discharge

Was the discharge too soon, at the right time or too late?

Were you ready to be discharged?

Was the discharge well planned?

Were you told in advance when you would be discharged?

Were the necessary arrangements made to support you at home?

Was the discharge delayed at all, if so why?

Information on discharge

Were you given enough information about what you should or should not do at home?

Was your family given enough information to help you recover?

Were you told who to contact if you had worries or questions?

Were you told when you could resume your normal activities? (Driving, work, housework, etc.)

Transport

Did you need transport to take you home? If so, was it organised by the hospital?

## **Anything else?**

Are there things that we haven't discussed that are important?

Was there anything particularly good about your hospital care?

If there was one thing that needs to be improved the most what was it?

## **ANNEX IV: TOPIC GUIDE, LONG TERM CONDITIONS**

### **FOCUS GROUP TOPIC GUIDE: LONG TERM CONDITIONS**

#### ***Background***

General discussion about when they first had their long term condition and how it affects their every day life

#### ***Their diagnosis***

How did you first discover you had the condition?

Was this diagnosis given quickly enough?

Did you get the support they needed at this stage – physical, emotional, social?

#### ***Information about your condition***

Do you feel that you understand enough about your condition?

Do you feel that any options for treatment have been explained to you?

Do you have all the information you need to keep yourself as healthy as possible?

Are there questions and concerns about you condition that you would like answered?

#### ***Main person for healthcare***

Who is the main person that you see about their condition?

Where do you see that person and how often?

Can you get to see that person whenever you need to?

Does that person have the expertise you need?

Apart from the main person you see, which other healthcare professionals do you see about their condition?

#### ***Main place for healthcare***

Do you receive most of their care locally – in the community or at a hospital?

Is this important to you?

Do you mind travelling further to see people with greater expertise?

#### ***Routine Appointments***

Do you have routine, planned appointments about your condition?

Who is this with, and where?

Is this often enough, or too often?

#### ***Co-ordination of care***

Do you feel that the care is organised and co-ordinated for you?

Is there a care plan that you follow? Is this something that you helped to develop?

Do you have/need regular reviews of the condition? Is this carried out often enough?

#### ***Involvement in decisions***

Do you want to be involved in decisions, or leave that to the healthcare professionals?

Are you involved as much as you want to be?

Are there things that you would like to be more involved in?

### ***Self Management***

Do you feel that you want to manage your care yourself, as much as you can?  
If so, do you have enough information, enough support to do this?  
What else do you need to help you manage your own condition?

### ***Your care and treatment***

Do you feel that you are getting the best care and treatment for your condition?  
Are there any treatments that you haven't had that you think you should have had?  
Is there any additional support or help from the NHS that you are not getting that you would like?  
Is there additional social support that you are not getting that you would like?

### ***Medicines***

Are they using any medicines to help with you condition?  
Do you know enough about what the medicines are for?  
Do the medications cause any side-effects? Does someone help you to manage those side-effects?  
Are the medications reviewed regularly?

### ***Health Promotion***

Have you wanted advice or help with up smoking, healthy eating or exercise?  
Has it been possible to get help?

### ***Emergency Care***

Do you ever need to see someone urgently about the condition?  
Who do you contact?  
Are you able to see someone as soon as you need to?

### ***Support Groups/ Patient Groups***

Have you been put in touch with someone else who has the same condition as you?  
Have you been given any information about support groups for people with your condition?  
Are you in contact with a support group?

### ***Anything else?***

- Are there things that we haven't discussed that are important?
- Is there anything particularly good about the NHS services you receive?
- Is there anything that needs to be improved?

## ANNEX V : TOPIC GUIDE, GP SERVICES

### FOCUS GROUP TOPIC GUIDE: GP SERVICES

#### *Where do you usually go first when you feel unwell?*

- General discussion about what people do when they need to speak to someone about their health - include GP practice, Out of hours, NHS24, pharmacist, A&E department.

#### *What is important to you about your GP practice itself?*

Prompt on

- location
- accessibility
- transport
- building/ facilities
- receptionists

#### *What is important to you about contacting or making an appointment at your GP practice?*

Prompt on:

- getting through on phone
- telephone manner
- getting same day appointments
- making future appointments
- choice of times
- opening hours
- choice of doctor
- option of phone consultation

#### *What is important about your GP/family doctor?*

Prompt on:

- e.g. skills and knowledge
- familiar with your medical history
- confidence & trust
- friendliness
- honesty
- respectfulness
- interest in you as an individual
- listening
- explains things properly
- sympathetic
- thoroughness
- takes you seriously
- tactful

***Out of the things that you've mentioned, what do you think is most important about your GP/family doctor?***

***Are there different characteristics that you would find important in a nurse or other healthcare professional?***

Prompt on:

- e.g. skills and knowledge
- familiar with your medical history
- confidence & trust
- friendliness
- honesty
- respectfulness
- interest in you as an individual
- listening
- explains things properly
- sympathetic
- thoroughness
- takes you seriously
- tactful

***Out of the things that you've mentioned, what do you think is most important about nurses and/or other healthcare professionals?***

***What is important when you visit your GP practice for a consultation?***

Prompt on:

- being seen on time
- the GP spends enough time with you
- the nurse or other health professional spends enough time with you
- involvement in decisions about your care/ treatment
- given options where appropriate
- enough information to make decisions
- information about what to do after you leave
- details of who to contact for more information
- getting medicines
- explanation about medicines / possible side effects
- know how to get test results and when they will be ready
- choice about any outpatient referrals
- information about referrals
- advice and help with health matters such as diet or smoking

***Are the things that are important when you need to see someone or get advice out-of-hours different from what's important about your own doctor?***

Prompt on:

- how easy it is to get an appointment
- location

- transport  
being seen on time
- being seen quickly
- whether seen by doctor or nurse
- how much time they spend with you

***What is important to you about Home Visits?***

Prompt on:

- how easy it is to get a home visit
- the person arrives at pre-arranged time
- whether seen by doctor or nurse
- how much time they spend with you
- demeanour of the person
- how they communicate with other services

***What is important after your appointment?***

Prompt on:

- can easily pick up medicines
- that the pharmacist explains about your medicines
- that repeat prescriptions are managed well
- can order repeats without going in
- that you get test results quickly
- the way test results are communicated from the surgery
- outpatient appointments – timing, results, information, etc.
- followup appointments
- Doctor shares important information with others e.g. carers, social work

***Have you ever decided not to go to your GP when you thought you needed to? What reasons?***

***Anything else?***

- Are there things that we haven't discussed that are important?
- Was there anything particularly good about your GP services care?
- If there was one thing that needs to be improved the most what was it?

## **ANNEX VI: TOPIC GUIDE, RELIGION/FAITH**

### **Admission to hospital**

From the viewpoint of your religion or faith, were there any issues about admission to hospital that were particularly important?

Consider:

Choice of hospital

Choice of consultant

Choice of care and treatment both for planned or emergency admissions

Are you aware of any particular systems or procedures setup for planned or emergency care so that staff are aware of any specific requirements

### **The Hospital and Ward**

From the viewpoint of your religion or faith, were there any issues about the Hospital and Ward that were particularly important?

Consider:

Single or mixed sex wards

Shared toilets and bathrooms

Respect for privacy and dignity

Cleanliness

Prayer facilities and suitable books

Food and drinks

### **Staff**

From the viewpoint of your religion or faith, were there any issues about the Hospital Staff that were particularly important?

Consider:

Seeing male or female staff as a preference

Seeing a representative of your faith of religion when in hospital

Understanding from staff of any particular needs or requirements because of your faith or religion

**Care and treatment**

From the viewpoint of your religion or faith, were there any issues about your Care and Treatment that were particularly important?

Consider:

Any particular treatments or drugs that would not be allowed because of your religion or faith.

Staff knowledge of such issues, respect for such issues

Consent procedures for medicines or treatment

**Information**

From the viewpoint of your religion or faith, were there any issues about Information or communication that were particularly important?

Consider:

Any printed or written information specifically for people from your religion/faith

Availability of information in suitable languages

Information about local or national support organisations

**Leaving Hospital**

From the viewpoint of your religion or faith, were there any issues about Leaving Hospital that were particularly important?

**Anything else**

From the viewpoint of your religion or faith, were there any other issues that were important?

Consider:

Procedures for handling patients that have died

Respect for your beliefs, being taken seriously

Are there things that we haven't discussed that are important?

Is there anything particularly good about the NHS?

If there is one thing that needs to be improved the most what is it?

## **ANNEX VII : TOPIC GUIDE, GP SERVICES (BME/ETHNICITY GROUP)**

### ***Where do you usually go first when you feel unwell?***

- General discussion about what people do when they need to speak to someone about their health - include GP practice, Out of hours, NHS24, pharmacist, A&E department.

### ***Thinking about GP services and people from your ethnic group, are there any particular concerns that you have?***

Prompt on

- Languages spoken by local staff in GP Practices, NHS24
- Communication with staff
- Availability and cost of interpreters
- Printed information in different languages
- Equal access to the system

### ***What is important to you about your GP practice itself?***

Prompt on

- location
- accessibility
- transport
- building/ facilities
- receptionists

### ***What is important to you about contacting or making an appointment at your GP practice?***

Prompt on:

- getting through on phone
- telephone manner
- getting same day appointments
- making future appointments
- choice of times
- opening hours
- choice of doctor
- option of phone consultation

### ***What is important about your GP/family doctor?***

Prompt on:

- e.g. skills and knowledge
- familiar with your medical history
- confidence & trust

- friendliness
- honesty
- respectfulness
- interest in you as an individual
- listening
- explains things properly
- sympathetic
- thoroughness
- takes you seriously
- tactful

***Out of the things that you've mentioned, what do you think is most important about your GP/family doctor?***

***Are there different characteristics that you would find important in a nurse or other healthcare professional?***

Prompt on:

- e.g. skills and knowledge
- familiar with your medical history
- confidence & trust
- friendliness
- honesty
- respectfulness
- interest in you as an individual
- listening
- explains things properly
- sympathetic
- thoroughness
- takes you seriously
- tactful

***Out of the things that you've mentioned, what do you think is most important about nurses and/or other healthcare professionals?***

***What is important when you visit your GP practice for a consultation?***

Prompt on:

- being seen on time
- the GP spends enough time with you
- the nurse or other health professional spends enough time with you
- involvement in decisions about your care/ treatment
- given options where appropriate
- enough information to make decisions
- information about what to do after you leave
- details of who to contact for more information
- getting medicines
- explanation about medicines / possible side effects
- know how to get test results and when they will be ready

- choice about any outpatient referrals
- information about referrals
- advice and help with health matters such as diet or smoking

***Are the things that are important when you need to see someone or get advice out-of-hours different from what's important about your own doctor?***

Prompt on:

- how easy it is to get an appointment
- location
- transport
- being seen on time
- being seen quickly
- whether seen by doctor or nurse
- how much time they spend with you

***What is important to you about Home Visits?***

Prompt on:

- how easy it is to get a home visit
- the person arrives at pre-arranged time
- whether seen by doctor or nurse
- how much time they spend with you
- demeanour of the person
- how they communicate with other services

***What is important after your appointment?***

Prompt on:

- can easily pick up medicines
- that the pharmacist explains about your medicines
- that repeat prescriptions are managed well
- can order repeats without going in
- that you get test results quickly
- the way test results are communicated from the surgery
- outpatient appointments – timing, results, information, etc.
- followup appointments
- Doctor shares important information with others e.g. carers, social work

***Have you ever decided not to go to your GP when you thought you needed to? What reasons?***

***Anything else?***

- Are there things that we haven't discussed that are important?
- Was there anything particularly good about your GP services care?
- If there was one thing that needs to be improved the most what was it?

## **ANNEX VIII: TOPIC GUIDE, LGBT INTERVIEWS**

**Overall, are there any issues or concerns that you have about the NHS in Scotland in particular because of your sexuality?**

- Discrimination - specific, systematic
- Access to services, treatments, drugs
- Availability of verbal or printed information
- Attitudes of doctors, nurses, other healthcare staff
- Being taken seriously

Also, think of this in terms of the following aspects of inpatient and GP services:

### **Hospital inpatient services**

- Access to inpatient services, planned or emergency
- The Hospital and Ward
- Staff
- Care and treatment
- Medicines
- Information
- Support
- Leaving Hospital
- Anything else

### **General Practice services**

- Access to GP services – appointments, telephone access, out of hours
- Import issues about the GP practice itself
- Important characteristics of a good GP/family doctor
- Important characteristics about practice nurses or other healthcare professional
- Important issues about the consultation
- Home visits
- Ever decided not to go to your GP when you thought you needed to? What reasons?

### **Anything else**

- Are there things that we haven't discussed that are important?
- Is there anything particularly good about the NHS?
- If there is one thing that needs to be improved the most what is it?



## RESEARCH - PUBLICATIONS LIST FROM 2006

**Broadband for Scotland – 2003 Pre-Campaign Evaluation:** MRUK Research. (2006) (Web only)  
Summary available (Web only)

**Drugs and Alcohol Parent Guide - 2004 Pre- and Post-Campaign Evaluation:** Scottish Opinion. (2006) (Web only)  
Summary available (Web only)

**Review of Interactive Digital Television Pilot:** Colin Smith (School of Computing, Napier University), C William, R Webster (Department of Management and Organisation, University of Stirling). (2006) (Web only)  
Summary available: Local Government Research Findings No.3/2006.

**Gypsies/Travellers in Scotland The Twice-Yearly Count – No.8: July 2005:** Research Consultancy Services. (Free) (2006)

**Scottish Executive Stakeholder Survey 2005.** (2006) (Web only)

**Translating, Interpreting and Communication Support: A Review of Provision in Public Services in Scotland:** Isabelle A. Perez and Christine W. L. Wilson with Catherine King and Celine Pagnier (Centre for Translation and Interpreting Studies in Scotland, Heriot-Watt University). (2006) (£5.00)  
Summary available: Social Justice Research Findings No.23/2006

**Know the Score – Heroin 2005 Pre- and Post-Campaign Evaluation:** TNS System Three (2006) (Web only)  
Summary available: (Web only)

**A Review of National Transport Strategies Across Developed Countries in Europe and Elsewhere:** Atkins and MacLean Hazel (2006) (Web only)

**Review of Regional Transport Strategies in the UK:** Atkins. (2006) (Web Only)

**Sexual Orientation Research Phase 3 – A Stocktake of Local Authority Policy and Practice:** Andrew Fyfe, Russell Fleming, Steven Reid (ODS). (2006) (£5.00)  
Summary available: Social Justice Research Findings No.24/2006

**Improving Policy and Practice for LGBT People: Guidance for Local Authorities:** ODS. (2006) (£5.00)

**Advice for All: Publicly Funded Legal Assistance in Scotland – The Way Forward: Analysis of Written Consultation Responses:** Linda Nicholson (The Research Shop). (2006) (Web only)

**Advice for All: Publicly Funded Legal Assistance in Scotland – The Way Forward: Qualitative Consultation Report:** Mruk Research Ltd. (2006) (Web only)  
Summary available: Legal Studies Research Findings No.59/2006

**Cycling in Scotland 2005:** TNS Travel Tourism. (2006) (Web only)  
Summary available: Development Department Research Findings No.215/2006

**Uniquely Placed: Evaluation of the In-Court Advice Pilots (Phase 1):** Sue Morris, Patsy Richards and Eddie Richards (MorrisRichards Ltd) and Claire Lightowler (Scottish Executive Social Research). (2006) (Web only)  
Summary available: Legal Studies Research Findings No.58/2006

**Case Studies in the Development and Implementation of Common Housing Registers in Scotland:** John Scott and Katy MacMillan (ODS Consulting). (2006) (Free)  
Summary only available: Development Department Research Findings No.217/2006

**Violence Against Public-Facing Workers Wave 3: Post Campaign Evaluation:** TNS System Three. (2006) (Web only)  
Summary available: (Web only)

**Looking to Learn: Investigating the Motivations to Learn and the Barriers Faced by Adults Wishing to Undertake Part-Time Study:** Ralf St Clair (Centre for Research and Development in Adult and Lifelong Learning). (2006) (Web only)  
Summary available: Enterprise and Lifelong Learning Research Findings No.36/2006 (Web only)

**A Scoping Study on the Needs of, and Services to, Younger Disabled People Including Those with Early Onset Dementia in Scotland:** Kirsten Stalker, Jacqueline Davidson, Charlotte Macdonald and Anthea Innes. (2006) (Web only)  
Summary available: Health and Community Care Research Findings No.48/2006

**Evaluation of the Scottish Adult Literacy and Numeracy (ALN) Strategy:** Lyn Tett, Stuart Hall, Kathy Maclachlan, Graham Thorpe, Linda Garside (University of Glasgow) and Vivien Edwards (University of Edinburgh). (2006) (Web only)

Summary available: Enterprise and Lifelong Learning Research Findings No.38/2006

**Review of Local Compacts in Scotland:** Dr Brian Henderson (Reid-Howie Associates). (2006) (Web only)  
Summary available: Social Justice Research Findings No.25/2006 (Web only)

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