



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	6 July 2021
<b>Report Title</b>	Health and Care Experience Survey 2020
<b>Report Number</b>	HSCP.21.080
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
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<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	A. Health and Care Experience (HACE) 2019/20 Summary Comparison Results

### 1. Purpose of the Report

The purpose of this report is to present to the Integration Joint Board (IJB) for information, the summary comparison results from the Health and Care Experience (HACE) Survey undertaken in 2019/20.

### 2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Notes the Summary Comparison Results from the HACE Survey undertaken in 2019/2020.
- b) Instructs the Chief Officer to bring a report on the 2021/22 HACE Survey in July 2022 comparing these with the 2019/20 results i.e., pre- and post-Covid.
- c) Instructs the Chief Officer to bring a report on the results of the Local Survey 2022 to the December 2022 meeting of the IJB.



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### 3. Summary of Key Information

- 3.1. In November 2019, the IJB instructed the Chief Officer to bring forward a report detailing the results of the 2019/20 HACE Survey which was underway at the time. The results were expected in April 2020 however the response to the Covid 19 pandemic significantly delayed the publication of these. This report is fulfilling that instruction however it is important to note not only that the results are now out of date but also that they relate to a period pre Covid.
- 3.2. The HACE Survey will be repeated towards the end of 2021 with the results expected April 2022. It is proposed that a further report is brought to the July 2022 IJB meeting which will provide more up to date results that will have more meaningful application to service improvement activity. It will also allow for an assessment of the impact of Covid by allowing comparison between the 2019/20 and the 2021/22 results.
- 3.3. The HACE is a national survey that is undertaken every two years using a random sample of individuals registered with GP practices across Scotland. The survey is issued around October every two years and asks about people's experiences during the previous 12 months of accessing and using their GP practice and other local healthcare services; receiving care, support and help with everyday living; and any caring responsibilities. The deadline for responses is the end of January of the following year and the results are normally published in April of the year following when the survey was undertaken.
- 3.4. In November 2019, the IJB received a report on the Local Survey that was undertaken in August/September of that year, at which point it was noted that work on the national survey had just begun. The IJB instructed the Chief Officer to bring forward a further report following publication of the results of the national survey which, at that point, were expected in April 2020, along with details of actions undertaken to address those areas of the survey which would benefit from improvement.
- 3.5. The HACE Survey was undertaken in January 2020 but due to Covid, Public Health staff were diverted to other work, and the publication of the results was delayed. This also delayed the point at which the requested



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report was able to be brought back to the IJB. The Local Survey is due to be repeated in July/August 2022 to demonstrate the difference the Strategic Plan has made. The results of this will be reported to the IJB in December 2022.

- 3.6.** The full results of the survey can be accessed via Public Health Scotland's website, [Health and Care Experience Survey - gov.scot \(www.gov.scot\)](https://www.gov.scot/health-and-care-experience-survey). This website gives access to all the surveys undertaken since 2010 and uses an interactive dashboard which allows side by side comparison of Aberdeen City Health and Social Care Partnership's (ACHSCP's) results with the Scottish results. Results are also available by Health Board, by GP Cluster and by GP Practice.
- 3.7.** 160,372 people responded to the 2019/20 survey which was a national response rate of 26%. This was a 4% increase on the 2017/18 response rate of 22%. The response rate for ACHSCP in 2020, was slightly higher than the Scottish figure at 28% which represents 4,594 people. This was an increase of 5% from the 23% response rate for ACHSCP in 2017/18.
- 3.8.** Appendix A is a comparison of some of the key, high level results for ACHSCP in 2019/20, compared to the 2019/20 Scottish average, and to the 2017/18 results where this is possible. The survey questions have changed slightly over the years, incorporating more aspects of social care, and direct comparisons are not available for all questions. The questions asked within the survey offer a variety of options for response. The percentages shown indicate the proportion of responses that indicated a positive experience, for example a shorter waiting time for an appointment with a GP is deemed to be more positive than a longer one.
- 3.9.** A Red/Amber/Green assessment has been made on the results of the national survey shown in Appendix A. The assessment is based on comparison with both the previous rating in 2017/18, if there is one, and against the Scottish average. The results are now somewhat outdated. Not only was the survey undertaken over 18 months ago, but it was also undertaken prior to the Covid pandemic which has changed the landscape for service delivery along with client and patient expectations.



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- 3.10.** The results of the HACE Survey are available to services for use in considering areas for improvement. The information is normally triangulated with other local intelligence, due to the relatively low response rate in terms of overall population. It is most relevant for GP Practices as the sampling is taken from practice lists and the results can be displayed down to GP Cluster and Practice level.
- 3.11.** Although the 2019/20 responses to most of the GP related questions are indicating negative trends, the situation will have changed dramatically over Covid and more up to date information is needed to understand any specific actions that are required to improve. The results will be used as a basis for discussion when working with GP practices as part of the wider Primary Care Review however it is likely more localised and targeted engagement with patients will be required to inform this work.
- 3.12.** Results from the social care related questions are all positive but it should be noted that the only comparison made is with the Scottish average. Again, Covid will have had an impact on service delivery in the interim, and the results we get today could differ as a result. Work is ongoing across a number of social care services – residential care, care at home, day opportunities and respite, mental health and learning disabilities etc. The aim of this is to improve client experience and outcomes and we hope that this will positively impact on the results of the 2021/22 survey which is due to be undertaken towards the end of this year.
- 3.13.** The results from the Caring Responsibilities section are all in line with, or better than the Scottish average but the same or worse than 2017/18 results. This gives an overall status of Amber which is not where we would like to be. Covid has also impacted negatively on the role of unpaid carers which we recognised in the Lessons Learned report considered by IJB at its April meeting. Some of the social care commissioning work noted above, particularly day opportunities and respite, will have a positive impact on unpaid carers as will the community asset-based approach, we are undertaking within the Stay Well Stay Connected programme.
- 3.14.** Our Adult Carers Support Service was recommissioned in December 2020 with a new provider and although the initial transition phase paused some



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support, the enthusiasm of the new provider is now making a very positive impact on Carer Support. Our Carers Strategy was due to be refreshed last year but we were unable to undertake this work due to the impact of Covid not only on staff but also on Carers themselves.

- 3.15.** Details of the proposals in relation to refreshing the Carers Strategy are the subject of a specific report, also due to be considered at this IJB meeting. Our plans to refresh the strategy and reinvigorate work on the associated Action Plan, involving our new provider and carers themselves should have the impact of improving our results in future HACE surveys.

### **4. Implications for IJB**

#### **4.1. Equalities, Fairer Scotland and Health Inequality**

The Health and Care Experience Survey provides information on respondents age, gender, ethnicity and religion as well as details on long terms conditions and work status where this information has been provided. In 2020, 57% of respondents were aged 45 to 74, 57% female, 94% were White and only 4% noted a minority religion. 51% had no long-term condition, 46% were in full or part time employment and 34% were retired. Whilst selection of the sample is managed nationally and is random, it is suggested work could be undertaken through the Locality Empowerment Groups and other networks to promote the survey locally, particularly to encourage underrepresented groups to participate should they have the opportunity to do so.

#### **4.2. Financial**

There is no specific financial implication as a result of this report. The survey is undertaken, and the results collated and reported by national teams. Any actions in response to analysis of the results will be undertaken within existing resources or, if additional resources are required, will be the subject of a specific report to IJB.



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### 4.3. Workforce

There is no specific workforce implication as a result of this report. The survey is undertaken, and the results collated and reported by national teams. Any actions in response to analysis of the results will be undertaken by our existing workforce. If there are any implications for the workforce in relation to this a specific report will be submitted.

### 4.4. Legal

There are no anticipated legal implications in relation to this report.

### 4.5. Covid

Improvement activity in response to the survey results will be carried out taking cognisance of the official guidance in relation to Covid prevailing at the time.

### 4.6. Carers

The Caring Responsibilities section of the survey results has implications for Carers. Our actions in response to these are noted in paragraph 3.10 of this report.

### 4.7. Other - None.

## 5. Links to the Aberdeen City Health and Social Care Partnership Strategic Plan.

- 5.1. Analysing the results of the national survey assists us to deliver on the commitment of providing the right care, in the right place at the right time which is part of the Personalisation aim within the Strategic Plan. The experiences of people using our services help inform the decisions we make in relation to service delivery and improvement.



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### 6. Management of risk

#### 6.1. Identified risk(s)



There is a risk if we do not take cognisance of survey results that we are not delivering services that meet the needs of people in our communities.

#### 6.2. Link to risks on strategic and operational risk register:

The recommendations in this report links to Risk 5 on the Strategic Risk Register “There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people”.

#### 6.3. How might the content of this report impact or mitigate these risks:

Taking cognisance of the survey results and taking appropriate action will help improve patient and client experiences.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)





Aberdeen City Health & Social Care Partnership

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### Health and Care Experience Survey –2020

### Summary Comparison Results

### Appendix A

	Aberdeen City 2020	Scotland 2020	Aberdeen City 2018	Comments
<b>The GP Practice</b>				
Ease of contacting GP Practice in the way that you want	91%	85%	92%	Well above Scottish average
If you ask to make an appointment with a doctor 3 or more working days in advance, does your GP practice allow you to?	67%	64%	71%	Although above Scottish average, reduced from 2018
The last time you needed to see or speak to a doctor or nurse from your GP practice quite urgently, how long did you wait?	84%	86%	86%	Below Scottish average and reduced from 2018
Overall, how would you rate the arrangements for getting to see a doctor at your GP Practice?	64%	67%	68%	Below Scottish average and reduced from 2018
Overall, how would you rate the care provided by your GP practice?	77%	79%	82%	Below Scottish average and reduced from 2018
<b>Treatment or advice from the GP Practice</b>				
I was listened to	91%	93%	93%	Below Scottish average and reduced from 2018
I was given enough time	87%	89%	88%	Below Scottish average and reduced from 2018
I was given the opportunity to involve the people that matter to me	54%	58%	58%	Below Scottish average and reduced from 2018
I knew the healthcare professional well	38%	46%	43%	Below Scottish average and reduced from 2018
My treatment/care was well coordinated	73%	75%	77%	Below Scottish average and reduced from 2018



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	Aberdeen City 2020	Scotland 2020	Aberdeen City 2018	Comments
<b>Care, support and help with everyday living (social care)</b>				
I had a say in how my help, care or support was provided	67%	63%		Above Scottish Average, not compared to 2018
People took account of the things that mattered to me	72%	69%		Above Scottish Average, not compared to 2018
I felt safe	76%	73%		Above Scottish Average, not compared to 2018
I was supported to live as independently as possible	73%	70%		Above Scottish Average, not compared to 2018
The help, care or support improved or maintained my quality of life	72%	67%		Above Scottish Average, not compared to 2018
<b>Caring Responsibilities</b>				
I have a good balance between caring and other things in my life	64%	64%	69%	Scottish Average but below 2018
I have a say in services provided for the person(s) I look after	45%	45%	48%	Scottish Average but below 2018
Local services are well coordinated for the person(s) I look after	40%	38%	40%	Above Scottish Average, static from 2018
I feel supported to continue caring	34%	34%	40%	Scottish Average but below 2018