

Moray Community Health and Social Care Partnership

CUSTOMER BASELINE STUDY OF OLDER PEOPLE

Final Report

by

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1. INTRODUCTION

Background

- 1.1. The Moray Health and Social Care Partnership (referred to throughout this report as 'the Partnership') is leading the introduction of the Scottish Executive's Joint Future agenda which seeks to ensure the provision of quality integrated care for those who need it based on the principles of joint planning, assessment and service provision by both the health and social work sectors.
- 1.2. Older people are the largest users of health and social work services. The Moray Council area has a population of 87,000, 16% of whom are aged 65 and over. Over the next 15 years this older population is projected to increase at a rate above the national average; in particular the number and proportion of those over 75.
- 1.3. In December 2004, the Partnership commissioned Craigforth to undertake this Customer Baseline Study of Older People although because of delays relating to client confidentiality and data protection, the study did not get fully underway until March 2005.

Study Aim and Objectives

Aim

- 1.4. The aim of this research is to establish the public/customer/patient/client perspective on the quality and effectiveness of health and social care services during the early stages of change under the Joint Future agenda. This includes services provided both directly by NHS Grampian and The Moray Council as well as those commissioned by the Partnership from the voluntary and private sectors.
- 1.5. To help plan and improve services effectively, the Partnership commissioned this research to examine people's views and experiences of existing health and care services in Moray as well as exploring their priorities for the future. The research findings are intended to provide a baseline of service user satisfaction levels from which the success or otherwise of future changes to service delivery can be measured. They are also intended to identify older people's priorities for service improvement to help inform the development of future strategies, policies and practice.
- 1.6. As the Partnership was keen to capture the views of future service users as well as those currently using services, the research included people over 50 as well as those aged over 65.

Objectives

- 1.7. The research objectives were to:
 - Establish the public's views on how services are currently provided
 - Identify areas of improvement to public access and service provision

- Identify the public interest in the planning of services
- Make recommendations for the methods of communicating and involving customers in the future
- Establish outcome measures that can be compared in 2 years time.

The target groups

1.8. As older people are the main users of health and social care services, the target groups for the study were:

- Older people identified through NHS and social care services, with varying levels of dependency that currently use health and/or social care services¹
- Carers of older people, identified from the Moray Carers register.
- People aged 50 and over who are not in receipt of any specialist health or care services. This group was targeted to capture their views on what services they think will be available to them in the future as well as the service quality and standards they will expect to receive.
- Providers of health and social care services in Moray. Operational staff in particular can provide a good insight into problems and issues experienced by them and their service users as well as being able to identify areas for service improvement.

Services included in the study

1.9. Services provided by both the health and care sectors were included in the study. This encompassed directly provided health and social care services as well as those services commissioned by the NHS and Council from the voluntary and private sectors. The types of services included were:

- GP services
- personal and homecare services
- domiciliary care
- home adaptations
- day care
- transport
- community health services
- acute health services
- rehabilitation and respite services
- support services for carers.

1.10. The views of older people were captured in relation to the following aspects of the services:

- information about services
- access to services (including physical access and transport)
- assessment for services, including eligibility criteria

¹ This is intended to include older people who have a learning or physical disability known to the old age psychiatry team (although this aspect of the research has yet to be undertaken).

- service provision
- waiting times for services
- charges for services
- problems experienced by service users/carers
- gaps in service provision
- consumers views
- quality of component parts of the service
- satisfaction with various aspects of services.

Study Method

- 1.11. In order to meet the study's aim and objectives, a mix of both quantitative and qualitative research methods were used.

Quantitative Research

- 1.12. The initial quantitative stage of the research involved the use of postal self completion questionnaire surveys for 3 of the 4 target groups – service users, carers and those aged 50 and over. This method was not considered appropriate for older people known to the old age psychiatry team.
- 1.13. While questionnaires were specifically tailored for each group, they had a common core set of questions which allow comparisons to be made across groups. For example all 3 surveys included questions on people's views on health and GP services. For those aged 50 and over, many questions were similar to those asked of service users and carers but were intended to explore their awareness of services rather than their views on using them. The carer's survey asked for views on services provided to the people for whom they care and also included questions about services for them as carers. A copy of each questionnaire used in the survey is appended.
- 1.14. Just over 2000 surveys were issued across the 3 groups. The survey sample used and the response rate achieved are shown in the table below. Over 800 responses were achieved.

Survey Sample and Response Rates

Group	Sample	Response		Analysable	
		No	%	No	%
Service users	1000	437	43%	360	36%
Carers	399	128	32%	121	30%
50 and over	615	263	43%	260	42%
Total/overall	2014	828	41%	741	37%

- 1.15. The overall response rate achieved was 41%, although this reduces to 37% when only analysable responses are considered. This overall response rate was lower than anticipated at the outset of the research (50% was anticipated). There were a range of factors contributing to this.

- 1.16. Client confidentiality and data protection became important issues which resulted in substantial delays in the research and reduced control by the research team over the sample selection and the survey issue. This compromised both the quality of survey tracking and reminder issue systems. The difficulties encountered and the issues raised are discussed further below.

Service Users

- 1.17. The service user sample was drawn randomly from the Partnership's community care service user database. The database provided included those with various levels of need, including high need (e.g. care home residents and others with severe disabilities) and some clients with high levels of need were drawn in the sample. The original intention had been that these more vulnerable service users would be withdrawn beforehand by the Partnership in recognition that a postal questionnaire was not an appropriate way to gather their views.
- 1.18. In terms of geography, the sample was drawn and structured in a way that was in proportion to the distribution of service users across Moray based on the 6 sub areas. In the case of those areas with lower numbers of service users – Lossiemouth, Keith and Aberlour – a minimum sample of 100 was drawn in order to maximise the possibility of analysing survey results at a sub area level. However in the case of Aberlour this proved impossible as there were only 92 service users on the register; all on the register were therefore surveyed. The area profile of service users and the samples drawn are shown in the table below.

Service Users and Sample by Sub-Area

Area	Service User Population		Survey Sample	
	No	%	No	%
Elgin	725	36%	340	34%
Lossiemouth	171	9%	100	10%
Forres	356	18%	170	17%
Keith	241	12%	100	10%
Aberlour	92	5%	92	9%
Buckie	416	21%	198	20%
Total	2001	100%	1000	100%

Percentages may not sum to 100 due to rounding

Carers

- 1.19. The Moray Carers Trust (MCT) issued the carers' survey to all those listed on its register (100% sample of all 399 people on the register).
- 1.20. It became clear from enquiries to Craigforth and through the analysis of responses received, that some of those issued with a questionnaire did not consider themselves to be active members of the Trust or indeed active carers.

- 1.21. This is likely to have contributed to the lower than anticipated response. A response rate of 32% was achieved, around half of what was originally envisaged.

50 and over (non service users)

- 1.22. This sample was drawn from GP records and targeted at those aged 50 or over who had recently visited their practice, whether to see a GP, the practice nurse or to attend a clinic.
- 1.23. The intention had been to capture those who were not users of care and support users. This would have been achieved by cross checking the drawn sample against the database of service users. This was not however possible since Craigforth was not given access to the names and addresses of those who were issued with a questionnaire.
- 1.24. In terms of geography the sample size was again drawn proportionately by the number of people registered at each practice. This related to the size of each GP practice's patient register to the overall practice population in Moray. However a minimum of 10 questionnaires were sent to each practice. A comparison of the sample drawn and the GP practice population is shown in the table below.

Population and Sample of 50 and Over by GP practice

GP Practice	Practice Population		Survey Sample	
	No	%	No	%
Aberlour	3014	3%	20	3%
Ballindalloch	664	1%	10	3%
Buckie 1	9941	12%	65	11%
Buckie 2	2023	2%	15	2%
Cullen	2729	3%	20	3%
Dufftown	2424	3%	20	3%
Elgin 1	14700	17%	100	16%
Elgin 2	3276	4%	25	4%
Elgin 3	10778	12%	75	12%
Fochabers	4179	5%	30	5%
Forres 1	7582	9%	55	9%
Forres 2	7315	8%	50	8%
Keith	7292	8%	50	8%
Lossiemouth	8368	10%	60	10%
Roths	1491	2%	10	2%
Tomintoul	518	1%	10	2%
Total	86294	100%	615	100%

- 1.25. While Craigforth specified the sample, it was drawn and issued by GP practices – again due to confidentiality concerns. One GP practice declined to participate, but some questionnaires were distributed to patients from this GP practice whilst attending a hospital based clinic.
- 1.26. Notwithstanding these issues the response rate achieved within this group was higher than anticipated (43% compared to the 35% originally envisaged).

Qualitative Research

- 1.27. The 3 surveys were used to recruit people from each group (service users, carers and 50 and over) who had indicated an interest in further research using in-depth interviews and focus groups exploring in more depth the issues arising from the questionnaire survey. The profile of prospective participants was largely dependent on who was willing to take part.
- 1.28. It was also intended to carry out qualitative research with older people who have a learning or physical disability and who are known to the old age psychiatry team. However there were sufficient difficulties in arranging access that it was decided to drop this aspect of the research.
- 1.29. Finally, focus groups with commissioners and service providers were held at two different locations in Moray.

Service Users

- 1.30. While it was originally intended to use face to face interviews with this group, this did not prove practical for 2 main reasons. Firstly, due to high levels of health and care needs amongst many service users they were unable to travel to venues at a pre-arranged date and time. Secondly, many of those who stated they were willing to take part in further research said they had mistakenly completed this section or had changed their mind when contacted about this.
- 1.31. As an alternative, in depth interviews by telephone at a pre-arranged, convenient time were used with this group and a total of 12 interviews were achieved. The telephone interviews with service users explored in more depth the themes and issues arising from the questionnaire survey results. The topic guide used for the in-depth interviews is appended.
- 1.32. Any follow research should aim to increase the number of interviews with service users than proved possible within this initial baseline.

Carers

- 1.33. Two focus groups with carers in different locations in Moray were originally proposed. Ultimately it only proved practical to set up one of these in Elgin as many carers were unable to travel to venues at pre-arranged times due to care commitments. The focus group was attended by 8 carers.
- 1.34. As an alternative to the second focus group with carers, telephone interviews were carried out and a total of 13 were achieved, meaning a total of 21 carers were involved in the qualitative aspects of the research. The topic guide for both the interviews and the focus group again focused on themes and issues emerging from the questionnaire survey results.

50 and over (non service users)

- 1.35. Two focus groups were held with those aged 50 and over - one in Elgin and one in Dufftown and were attended by a total of 17 people. The topic guide for discussion focused on themes and issues arising from the questionnaire survey results as well as exploring awareness of existing services and what they, as potential service users, would like to see in the future.

Service providers

- 1.36. Two focus groups were also held with operational staff and managers from a range of health and care service providers. Providers (including voluntary and private organisations) were identified from the Council's website and the Grampian Caredata website. A list of these was then sent to key health and social care staff to ascertain if all relevant services were covered.
- 1.37. From this, key members of staff were contacted and given details of the research and snowball sampling was then used with staff in both health and social care informing Craigforth of other relevant people to invite. For example, occupational therapists would inform us of district nurses with whom they work and so on. Senior managers were also asked to identify staff they thought would be interested/suitable to attend the groups.
- 1.38. One group was held in Elgin and one in Dufftown to allow for both urban and rural issues to be covered. A total of 36 service representatives attended the focus groups from health, housing and social care services as well as staff from voluntary sector organisations. Representatives from private care providers, however, could not attend due to other commitments at the time.

Issues of Client Confidentiality and Data Protection

- 1.39. The programming and completion of this research suffered considerably as a result of client confidentiality and data protection issues. It became clear that the support of key services and data holders had not been obtained sufficiently by the Partnership to allow the research to proceed on the basis proposed. This delayed the start of the research, required changes to the preferred research methods, response rates and the ability to recruit participants for the qualitative stages of the research.
- 1.40. As this study is intended to form a baseline for future research into health and care services, it is important that before embarking on a follow up study the Partnership clarifies all relevant client confidentiality and data protection issues. It also needs to ensure that all key services to be involved in such research are briefed on its purpose, their roles clearly explained and agreement sought to participate when required. Ways of maximising researcher control over sample selection and survey management should be pursued.

Structure of the Report

- 1.41. The remainder of this report is structured as follows.
- Section 2 explains the profile of those who took part in the research.

- Section 3 examines the views of older people who use services.
- Section 4 examines the views of the carers of older people
- Section 5 examines the views of people aged 50 and over who largely do not receive specialist health or care services.
- Section 6 brings together the common themes and issues to emerge from all 3 groups included in the research.
- Section 7 details the conclusions and recommendations.

2. THE PROFILE OF PARTICIPANTS

- 2.1. This section identifies the profile of those who took part in both in the quantitative questionnaire surveys as well as the qualitative elements of the study and identifies characteristics such as gender, age, disability, socio-economic profiles and housing circumstances.

Gender

- 2.2. Among those taking part in the questionnaire survey, 722 respondents (97% of the total) provided information about their gender. The table below shows that overall 69% were female and 31% male.

Survey Respondents by Gender

Research Group	Male		Female		Total	
	No	%	No	%	No	%
Service users	104	30%	248	70%	352	100%
Carers	23	19%	98	81%	121	100%
50 and over	97	39%	152	61%	249	100%
Total	244	31%	498	69%	722	100%

- 2.3. The proportion of female respondents was highest among the carers group (81%), followed by the service user group (70%) and was lowest among the 50s and over (61%). It is not possible to compare whether this gender split is representative of each group as Craigforth did not have access to the relevant information for comparison.

Age

- 2.4. 706 respondents (95%) provided information on their age. Taking all 3 research groups together, over half were over 75 (52% of the total), over one in five (22%) were between 65 and 74 and a similar proportion were between 50 and 64 (23%). Only around 3% were under 50 and were mostly carers.

Survey Respondents by Age

Age	Service users		Carers		50s and over		Total	
	No	%	No	%	No	%	No	%
18-24	-	-	1	1%	-	-	1	<1%
25-34	1	<1%	1	1%	-	-	2	<1%
35-49	3	1%	15	12%	-	-	18	2%
50-64	10	3%	49	40%	61	41%	162	23%
65-74	60	16%	27	22%	86	34%	153	22%
75-84	170	48%	26	22%	52	21%	248	35%
85+	111	31%	2	2%	9	4%	122	17%
Total	355	100%	121	100%	250	100%	706	100%

- 2.5. There were some important differences in age profile between the 3 research groups and these can be summarised as follows:
- Service users were generally to be found in older age groups with 79% over 75 (including as many as 31% over 85); less than 5% were under 60
 - On the whole carers had a younger profile than service users but even in this group almost 1 in 4 (24%) were over 75, although few were over 85; a further 22% were between 65 and 74; this age profile suggests that some carers are likely to have care and health needs of their own; only 14% of carers were under 50
 - Respondents from the 50s and over were spread across all older age groups , with 69% being over 65 and 41% being between 50 and 64; few over 85s responded (4%) as part of this group.
 - The proportion of carers aged 85 and over (only 2%) falls sharply from those aged 75-84 with a caring role (22%), with a fairly even distribution amongst the other age groups of carers.
- 2.6. The following additional table shows the age profile of those who took part in the qualitative interviews and focus group research.

Qualitative Research Participants by Age

Age	Service Users	Carers	50s and over	All
50-59		8	5	13
60-64		2	2	4
65-74	3	4	9	16
75-84	6	7	1	14
85+	3			3
Total	12	21	17	50

- 2.7. Those taking part in the qualitative research were more likely to be 50-59 and 65-74 than those taking part in the surveys. Relatively fewer over 85s took part in the qualitative element of the research compared with those who returned a questionnaire and it was this group that tended to change their mind when contacted about further participation.

Disabilities

- 2.8. Overall 2 in 3 (66%) respondents report having mobility problems, almost 1 in 3 (31%) hearing impairment and 1 in 4 (25%) visual impairment. Around 1 in 5 report having no disability.
- 2.9. Not surprisingly levels of disability were much lower among the 50s and over group although even here 38% report having mobility problems, 21% hearing impairment and 15% visual impairment.

Survey Respondents by Type of Disability

Disability	Service users		Who Carers care for		50s and over		Total	
	No	%	No	%	No	%	No	%
None	29	9%	6	5%	95	43%	130	19%
Mobility	261	78%	102	84%	84	38%	447	66%
Hearing impairment	112	34%	49	41%	45	21%	206	31%
Visual impairment	101	30%	34	28%	32	15%	167	25%
Other	34	10%	29	24%	12	5%	87	13%
Total	333		121		220		674	

- 2.10. Among service users and those who are cared for disability levels were high with around 80% or more reporting mobility problems, 30-40% reporting hearing impairment and around 30% visual impairment.
- 2.11. 13% of people across all groups reported having 'other' types of disability; this rose to 24% in the case of those who are cared for. Service users who noted 'other' tended to have a mix of health related problems that included diabetes, respiratory type illness and urinary tract problems. 'Other' also included health related problems following an illness or stay in hospital and this was more common amongst 50s and over.
- 2.12. For the 'other' category amongst those who are cared for there was a much higher instance of dementia and mental health type care needs reported by this group. Of the 29 carers who noted 'other', 18 of these reported dementia.
- 2.13. The table below outlines the range and type of disabilities identified amongst those taking part in the interviewees and focus group elements of the research. As well as information on carers, information on those they care for was also sought and this is also included in the table below: As this data records multiple disabilities the figures do not sum to the number of participants.

Qualitative Research by Type of Disability

Tenure	Service Users	Carers	Who Carers care for	50s and over	All
None	-	2	-	11	13
Mobility	9	3	12	6	30
Hearing impairment	5	-	4	-	9
Visual impairment	5	1	3	-	9
Other	3	6	5	-	14
Total*	12	21	17	17	50

* Number of participants

- 2.14. 14 of the participants reported having 'other' types of disability. This category included people with health needs following an illness or medical procedure; heart or lung conditions and dermatological problems.

- 2.15. Respondents with a disability were asked to identify from a range of pre-defined answers the main impacts of their disability on their day to day life in and around their home.

Respondents by Impact of Disability

Impact of disability	Service users		Who Carers care for		50+		Total	
	No	%	No	%	No	%	No	%
Moving around the home	78	31%	49	52%	6	7%	133	31%
Getting up/down stairs	82	33%	35	37%	25	31%	142	33%
Using the kitchen	54	21%	32	34%	6	7%	95	22%
Using the bathroom	83	33%	47	50%	4	5%	134	31%
Maintaining garden	180	71%	70	75%	32	40%	282	66%
Heating/lighting	12	5%	11	12%	1	1%	24	6%
General disrepair of house	36	14%	25	26%	8	10%	69	16%
Location of house	9	4%	8	9%	6	7%	23	5%
Other	19	8%	8	9%	1	1%	28	7%
Total	252		94		81		427	

- 2.16. By far the most common impact was having difficulty maintaining gardens reported by 2 in 3 across all groups; this rose to over 70 % in the case of both service users and those who are cared for.
- 2.17. Around 1 in 3 (31-33%) of all respondents had difficulty:
- Getting up and down stairs
 - Moving around the home
 - Using the bathroom.
- 2.18. However among those who are cared for, difficulty moving around the home and using the bathroom increased to 50% or more. Among the 50s and over around 1 in 3 (31%) had difficulties going up and down stairs – not too dissimilar to the rate of the other 2 higher needs groups.

Housing Circumstances

Housing tenure

- 2.19. The housing tenure in which someone lives can be important when health and/or care needs develop or change. For example this can determine the ability to address needs in situ, the sources and levels of funding available or indeed the necessity to move to more suitable housing. Overall in Moray around 60% of households are owner occupiers, around 23% rent from social landlords and 13% rent privately.
- 2.20. 718 survey respondents (97%) provided information on housing tenure (carers were asked this question in relation to those they care for rather than their own circumstances). Across all groups, 62% were owner occupiers, 29% rented from social landlords and 9% rented privately or lived in other arrangements. This is similar to the overall tenure profile of Moray with the higher level of social renting likely to reflect the fact that older people are more likely to live in this sector than other age groups.

Survey Respondents by Housing Tenure

Tenure	Service users		Who carers care for		50s and over		Total	
	No	%	No	%	No	%	No	%
Owned outright	157	45%	77	64%	158	64%	392	55%
Owned with a mortgage	9	3%	12	10%	31	13%	52	7%
Rent (Council)	105	29%	16	13%	34	14%	155	22%
Rent (HA or co-op)	41	11%	4	3%	9	4%	49	7%
Rent (private)	16	5%	6	5%	8	3%	30	4%
Living with friends/ relatives	16	5%	4	3%	4	1%	24	3%
Other	7	2%	2	2%	2	1%	11	2%
Total	351	100	121	100	246	100	718	100

2.21. Other key points to note are as follows:

- Service users were more likely to be living in the social rented sector and less likely to be owner occupiers than those for whom people care for or the 50s and over; this is again likely to be linked to the older age profile of this group
- Over 70% of carers and 50s and over were owner occupiers, and the vast majority owned their property outright with only a minority having a mortgage
- The slightly higher proportion of service users living with friends/ relatives compared to other groups may reflect caring arrangements.

2.22. Generally speaking those taking part in the qualitative were less likely to be social rented sector tenants than those taking part in the surveys. On the other hand those living in the private rented sector were well represented in relative terms, although number of interviewees was small.

Property Type

2.23. The type of housing older people live in can be very significant in determining their need for support and for service planning purposes, given the increase in providing care at home.

2.24. Overall 88% of respondents live in a house while only 12% of respondents live in a flat of one type or another.

2.25. The proportion of service users living in flatted accommodation is higher than in other groups. This is likely to reflect that this group is more likely to live in social rented housing and may also reflect some people living in flatted sheltered/older people's housing.

2.26. While around 80% of service users live in houses rather than flats, only 21% live in bungalows meaning that 59% are likely to be living in 2 storey housing, with important implications for getting around the home.

Survey Respondents by Property Type

Type	Service users		Who Carers care for		50s and over		Total	
	No	%	No	%	No	%	No	%
House detached	57	16	26	22	77	30	160	22
House semi	93	27	28	23	66	25	187	26
House terraced	59	17	14	12	36	14	109	15
Bungalow	74	21	42	35	65	25	181	25
Four in block flat	25	7	2	2	4	2	31	4
Flat – low rise	25	7	5	4	6	2	36	5
Flat - high rise	6	2	1	1	1	1	8	1
Maisonette flat	9	3	1	1	3	1	13	2
Total	348	100	119	100	258	100	725	100

- 2.27. The property type profile of those who took part in the qualitative interviews was in line with profile of the survey respondents.

Employment and income

Employment

- 2.28. Overall 89% of respondents were not in employment, 6% worked full time and 5% part time. Almost all service users did not work, 17% of carers and 23% of 50s and over worked either full or part time.

Survey Respondents by Employment Status

Employment Status	Service users		Carers		50s and over		Total	
	No	%	No	%	No	%	No	%
Full time	1	<1	9	8	34	14	44	6
Part time		-	11	9	23	9	34	5
None	331	100	99	83	189	77	619	89
Total	332	100	119	100	246	100	697	100

- 2.29. The majority of carers were aged 60 and over (4 in 5 of all carers) and this is clearly reflected in their employment status.

Income

- 2.30. Across all 3 groups, people most commonly relied on a state pension, accounting for 81% of all respondents but rising to 95% among service users. Over 70% of 50s and over were also on a state pension as were 64% of carers.

Survey Respondents by Source of Income

Source of Income	Service users		Carers		50s and over		Total	
	No	%	No	%	No	%	No	%
Interest savings/investments	114	33%	40	34%	91	39%	245	35%
State pension	329	95%	75	64%	166	71%	570	81%
Private pension	135	39%	36	31%	109	46%	281	40%
Employment related benefits (e.g. income support, tax credits etc)	47	14%	11	9%	22	9%	80	11%
Attendance allowance	160	46%	30	26%	12	5%	202	29%
DLA Care	44	13%	15	13%	11	5%	70	10%
DLA Mobility	53	15%	15	13%	14	6%	82	12%
Incapacity benefit	10	3%	7	6%	8	3%	25	4%
Other	26	8%	10	9%	20	9%	32	5%
None	1	<1%	16	14%	22	9%	39	6%
Base	347		117		235		699	

Based on multiple responses

2.31. The next most common source of income was from private pensions with 2 in every 5 overall (40%) receiving income from this source but rising to almost half of 50s and over. Around 1 in 3 overall had income from savings and investments, although this rose to almost 2 in 5 (39%) amongst 50s and over. Other key points to note are:

- almost half of service users received attendance allowance (46%) and 1 in 4 carers (26%) also quote this as an income source
- Around 1 in 8 service users and carers received DLA
- Overall just over 1 in 10 (11%) received employment related benefits such as income support or tax credits, rising to 1 in 7 (14%) of service users.

3. VIEWS OF OLDER PEOPLE WHO USE SERVICES

3.1. This section examines in detail the views of older people who use services based on the findings from the survey questionnaire, the interviews with older people and the focus groups with service providers and commissioners.

Finding out about services

3.2. The table below shows that the most common way people find out about service provision in Moray is through the health service. GP practice was mentioned by 38% of respondents, with 33% finding out from hospital staff and 12% finding out about services from 'someone else' in the NHS.

3.3. Interviews with service users also highlighted the important role played by health services as routes to services they may require. GPs and hospital staff were mentioned often in the context of a particular incident, such as a stay in hospital or an illness. Staff from health, social services and housing attending the focus groups recognised the key role of health in providing information and advice and as a route into accessing any further services required.

Finding Out about Services *

	%
GP/doctor in practice	38%
Hospital staff	33%
Social worker	16%
Relative	13%
Some else – NHS	12%
Other	9%
Friend/neighbour	7%
Someone else – Council	6%
Voluntary organisation	5%
Leaflet or council information	2%
Newspaper, radio, TV	1%
Base	306

Note: based on multiple responses

3.4. Health services also featured in the 'other' category (9%) in the table above. District and community nurses were specifically mentioned by some respondents as a source of information about services. Service users also noted the role community nurses played in referring them to services, particularly home care services.

3.5. Social workers were significantly less important as an initial route into services. At 16% they were the third most commonly mentioned, but the survey responses suggest that they are much less important than GPs or hospital based staff.

3.6. Whilst mentioned less frequently than the statutory agencies, it is clear from the research overall that older peoples informal network of contacts plays an important role, with survey respondents mentioning relatives (13%), friends/neighbours (7%) and voluntary organisations (5%).

3.7. The low responses in relation to 'newspaper, radio, TV' (1%) and 'leaflet or council information' (2%) are important because they emphasise the point made by older people interviewed – that they prefer to get information and advice from someone known to them such as carers, district/community nurses, social work or a relative, friend or neighbour. For those with no current contact with any services, most stated they would contact someone who had provided support or assisted them in the past.

3.8. Participants in the focus groups expressed concern about how older people who have had no or very little contact with services find out about them. Examples were given whereby staff had visited someone following a trigger only to identify much higher levels of need and people having struggled to cope for lengthy periods. This was a particular issue in rural communities:

Some people will cope for years and years and it's not until something happens that we (health) find out. An elderly gentleman has a bad fall and needed to go into hospital and there was a long rehab period. Simple things like grab rails and walking aids could have prevented this happening in the first place

3.9. When asked how they thought information and advice on services could be improved, those attending the focus groups suggested;

- Leaflets or a comprehensive booklet, similar to that recently produced by the Princes Carers Trust
- Telephone helpline – staff felt that most older people are now comfortable using the phone but that it should be kept simple and avoid automated filters
- Use of local media, such as radio and local newspapers
- IT and the internet were suggested but there was concern that many older people do not have access to PCs and some find new technology intimidating. IT, the internet and intranet systems were suggested as ways of keeping staff up to date on services

3.10. Interestingly, the sources of information and advice that appear the least popular with service users, namely leaflets and the media were ones that providers and commissioners suggested may be a good way of keeping older people up to date on what services are available and how to access these.

3.11. Focus group participants were also aware of the importance of identifying health and care needs and accessing services sooner so as to avoid crisis response and to help plan appropriate care and support.

3.12. It was felt that service providers tend to build up a base of knowledge on service provision through experience and contact with other services but that this can be limited as it tends to be informal rather than systematic. As stated at one group:

It depends much more on personality rather than design – you build up contacts over time.

- 3.13. Keeping information on what is currently available up to date was raised as a problem. Some staff noted that when budgets are cut, information and advice is usually the first area to experience a reduction in funding and this can lead to an increase in time spent by staff trying to obtain relevant information. As noted at one group:

I feel I always have to ask someone else for information, it's not directly accessible, even for service providers – you can waste a lot of time phoning round different people trying to get the information you require

- 3.14. Clearly health and to a lesser extent community care are key agencies for providing information and as a route into services but there are issues around how well informed service providers themselves are on what is available. While older people tended not to think of this as a problem as such, some of those attending the focus groups were concerned about unmet need going undetected and felt that information and advice should be provided in a much more structured way to older people. This, it was stated would help plan services more appropriately and help avoid crisis response.

Services Used

- 3.15. The table below shows the range of services that older people who responded to the questionnaire currently receive.

Service Users by Services Received

Services received	%
Alarm service	68%
Practical home care	62%
Adaptation or equipment	49%
Personal care – day	37%
Visits to day centre/hospital	15%
District/community nursing	13%
Occupational therapy	12%
Visits to social/leisure activities or groups	10%
Respite care/short breaks	4%
Personal care – night	4%
Rehab when leaving hospital	4%
Night sitting service	1%
Speech therapy	1%
District/community nursing – night	1%
Visits to a dementia clinic	<1%
Other	8%
Base	347

Note: based on multiple responses

- 3.16. The alarm service and practical home care services were by far the most commonly reported services amongst survey respondents with both used by around two thirds (68% and 62%).
- 3.17. Almost all service users interviewed had an alarm fitted and while most had either not used the alarm, or only used it on a few occasions, knowing it was there gave them 'peace of mind'.

- 3.18. Most interviewees were also in receipt of some form of practical home care. This included help in preparing meals, assistance with household chores, and gardening with carers coming in once or more per day. Private arrangements amongst those interviewed were common with older people stating they felt they had more control over the standard of work and were willing to pay the extra for this reason.
- 3.19. Just under half of respondents (49%) reported use of equipment and adaptations services. Types of equipment and/or adaptations frequently reported by interviewees were grab rails, banisters and handrails fitted throughout the home. Others had walking aids, such as sticks, or rotators and one interviewee was assisted with a mobility buggy. Bath aids were also commonly reported, with a few having had wet floor showers installed because they were unable to use the bath.
- 3.20. Thirty seven per cent of survey respondents indicated they receive personal care during the day with 4% in receipt of this at night. The 4% who indicated they receive personal night care accounts for 16 people and of these, 14 receive *both* personal day and night care. As with practical home care, those interviewed in receipt of this service typically had carers calling once or more throughout the day to help with washing, dressing, toileting and for assistance getting up/going to bed. Others required assistance with medication and/or on-going treatment for a medical condition.
- 3.21. The frequency with which alarms, practical assistance, and adaptations and equipment were mentioned reflects the dominance of mobility problems amongst survey respondents. More than three quarters of all survey respondents stated that they had mobility problems (78%), but as can be seen in the table below this was higher in relation to the four most common services.

Most Commonly Reported Services by Type of Disability

	None	Mobility	Hearing	Visual	Other	Base
Alarm	4%	84%	37%	35%	11%	222
Practical home care	7%	80%	34%	32%	12%	195
Adaptations/equipment	3%	92%	37%	32%	11%	165
Personal care	3%	90%	37%	34%	13%	119

- 3.22. In comparison with these four services, the proportion of respondents identifying other services was low. Only visits to day centre/hospital (15%), day services from district and community nursing (13%), OT services (12%) and visits to social/leisure activities or groups (10%), were reported by more than 10% of respondents.
- 3.23. These low responses are likely in part to be because use of these services tends to be for a limited period, usually after a stay in hospital/illness or fall. However in relation to visits to social/leisure activities or groups, there were comments made by older people and participants in the focus groups that this may also reflect a lack of opportunity. Focus groups participants stated that provision of and access to social and recreational activities is a key service gap for older people in Moray and concern was expressed that social isolation will increase and could affect the overall well-being of some older people. This was a particular concern for elderly people living in rural or remote areas.

Social isolation is becoming a real issue – not everyone wants to go to a day centre, some people would even like to go the pub or cinema but no-one can provide this. Community services focus on people’s inabilities – the focus is still on trying to do things for them, not along side them.

Multiple use of services

3.24. The table below shows the proportion of older people in each of three age bands by the number of services they receive.

Numbers of Services Received by Age Band

Number of services	65-74	75-84	85 & over	All
1 service	30%	27%	20%	25%
2 services	15%	29%	21%	23%
3 services	23%	13%	19%	17%
4 services	20%	19%	14%	17%
5 services	10%	8%	16%	11%
6 services		2%	6%	3%
7+ services	2%	2%	4%	3%
Base	60	162	108	347

3.25. The numbers of respondents for this analysis are small and should therefore be treated with some caution. However there are some useful points to note

- Not surprisingly the highest proportion of respondents received one service only, with the proportion reducing steeply from 25% (1 service) to 3% (for those receiving 6 and 7 or more services)
- Multiple use of services increased with age, with more people aged 65-74 receiving 1 service only (30%) than overall (25%), and a higher proportion of those aged 85 or over receiving 6 or more services (10% compared to 6% overall)

3.26. Looking at the four most commonly reported services, the table below shows that amongst survey respondents these typically formed part of a package of care and support.

Number of Services Received by Most Common Services

Number of services	Alarm Service	Practical Home Care	Adaptations & Equipment	Personal Care	All
1 service	12%	19%	1%	3%	25%
2 services	22%	16%	17%	13%	23%
3 services	20%	18%	24%	15%	17%
4 services	23%	21%	28%	32%	17%
5 services	14%	16%	19%	24%	11%
6+ services	8%	9%	10%	14%	6%
Base	236	214	169	128	347

- 3.27. Whilst overall there was a steady fall in the proportion of respondents receiving increasing numbers of services (falling from 25% to 6%), this was not the case for the four most common services. In contrast to the overall pattern, the largest proportion of people receiving one of these common services was highest for those who received a package of 4 care and support services. This trend was particularly apparent in relation to adaptations & equipment and personal care.
- 3.28. In contrast, those in receipt of practical home care and the alarm service were more likely than others receiving one of the four common services to have this as the only service.

Travelling to receive services

- 3.29. Most of the service users in the sample receive their care and support at home, however, as fairly high numbers also indicated the need to travel to receive some aspect of the care and support they receive, issues around travel arrangements are detailed below.
- 3.30. Forty per cent of respondents need to travel to receive some services and previous research has shown transport in the Grampian planning area to be an issue (Craigforth, 2004). The survey sought to establish how those who need to travel do so.
- 3.31. The most common method of travelling to access services amongst survey respondents was minibus at 26%, followed by reliance on carers and another household member at 22% (taking both these options together) and friends, neighbours or relatives at 19%. The full results are set out in the table below.
- 3.32. Service users interviewed reflected these findings, with some stating they prefer to drive themselves when they feel up to it, and if not relying on friends or family to help them attend appointments or services: most relied on other methods of transport.

Modes of Transport Used

	%
Minibus	26%
Friend/neighbour/relative	19%
Taxi	16%
Other household member drives	12%
Carer drives	10%
Drive self	7%
Other	5%
Public transport	4%
Walk	2%
Base	136

Note: based on multiple responses

- 3.33. A few, however, stated during the interviews that they need to make different transport arrangements each time there is a requirement to travel and that they found it difficult to answer this question accurately in the survey form. This was partly due to poor public transport and the need to tailor travel arrangements around appointments. Thus travel arrangements may need to alter depending on when and where the person is travelling to.

Awareness of Charges

3.34. Respondents were also asked about their awareness (or otherwise) around any charges associated with the services they receive.

Awareness of Charges

	%
Fully aware	30%
Largely aware	17%
Not aware/may have heard	11%
Largely unaware	9%
Wholly unaware	7%
Don't know	26%
Base	324

3.35. Overall levels of awareness were not high with only 30% of those responding stating that they were fully aware of any associated charges.

3.36. Respondents were also asked to indicate whether or not they were in receipt of free personal care. Interestingly more people answered 'yes' to this question than those who indicated being in receipt of personal care services. Accounting for the overlap between personal day and night care, 39% of people stated they receive this while 47% of respondents noted 'yes' to getting free personal care. This may suggest that some older people may confuse not paying for a service with being in receipt of free personal care.

Assessment

3.37. The introduction of the Single Shared Assessment (SSA) is designed to streamline the assessment process for both service users and service providers by minimising the number of assessments required to ascertain need and access services. Regardless of which service undertakes an SSA, assessment of other needs and access to any other relevant services should be identified.

3.38. As a relatively new approach to assessing needs, it can be expected that levels of awareness amongst service users would not be high. The table below sets out the survey results.

Number of assessments

	%
There have been a number of assessments	37%
There was one overall assessment	35%
There have not been any	16%
Don't know/can't remember	12%
Base	310

3.39. Roughly similar proportions of respondents stated either that 'there had been a number of assessments' (37%) or that 'there was one overall assessment' (35%).

- 3.40. Of greater importance is the proportion who claimed either never to have had an assessment (16%) or not to know/remember (12%). Given the importance of the assessment in defining needs and identifying appropriate services, it is of concern that over a quarter of survey respondents were in these categories.
- 3.41. However the qualitative evidence, as well as Craigforth's experience from extensive research into older peoples health and care needs, suggests that many older service users do not think of an assessment as such and very few can recall who undertook any assessments they may have received.
- 3.42. A few people interviewed had indicated in their questionnaire responses that they had not had any assessments and it was clear, when interviewed, that they had indeed been assessed:

Mrs C is aged 87 and lives alone. She has quite high health and care needs and has had aids fitted to her home as well as walking aids to help her get around. She also has a carer who calls in twice a day to help her prepare meals and get dressed and receives regular visits from a community nurse to monitor an on-going health problem. She stated that she had never had an assessment for any services and that people 'just came round' after she was discharged from hospital a few years ago

- 3.43. Thus, there may be a need for all service providers to make it clearer to older people when they are being assessed and with whom the information they give will be shared with as well as the likely outcome, particularly as there could be issues around informed consent for the sharing personal information that is required for the SSA to be effective.

Satisfaction with Care & Support Provided

- 3.44. Service users were asked to consider how satisfied they were with various aspects of the services they have received. These questions used a range of parameters (attributes) that service users were asked to assess on a scale of satisfaction (Very Satisfied to Very Dissatisfied). It should be noted that response levels vary slightly between attributes – this is because people tend to respond to those that mean the most to them.
- 3.45. In analysing satisfaction, Craigforth places particular emphasis on respondents who say that they are 'very satisfied'. While it is excessively optimistic to expect everybody to be very satisfied with any service, complete satisfaction should be the target for service providing organisations.
- 3.46. It should be noted that those who say they are only 'fairly satisfied' tend to have at least one reservation with that service or attribute. While it is much better to have customers fairly satisfied than at all dissatisfied, it is unhelpful to combine all those who are 'very' and 'fairly' satisfied and treat them as being the identical, when analysing satisfaction findings.
- 3.47. Satisfaction with the assessment process was asked first. It is important to remember the comments made above about the high proportion of respondents who claimed not to have had an assessment or could not remember having had one.

Satisfaction with Assessment

Levels of satisfaction with.....	Very satisfied	Fairly satisfied	Neither/nor	Fairly dissatisfied	Very dissatisfied	Base
Length of time to undertake assessment	55%	38%	4%	2%	1%	196
Wait for the service(s) to be provided	52%	37%	4%	4%	3%	183
Choices offered to you	51%	35%	9%	4%	1%	170
Explanations about what would happen	51%	37%	8%	2%	2%	168

3.48. Overall, levels of satisfaction with the assessment process are very high, with over 50% of people very satisfied with all aspects of the assessment. Slightly fewer people were very satisfied with the wait for services, choices offered and explanations about what would happen, although the variation in satisfaction for all aspects of the assessment process is minimal. Only in relation to the 'wait for the service(s) to be provided' are the numbers of people at all dissatisfied numerous at 7%.

3.49. Overall satisfaction with the package of care and support was impressively high amongst service users with 92% satisfied, of whom 57% were very satisfied. Only 5% of respondents were actively dissatisfied. Service users were also asked how satisfied they were with particular aspects of the package of care and support they receive. This showed a more varied pattern of satisfaction than with the assessment process.

Satisfaction with Support Package

Levels of satisfaction with.....	Very satisfied	Fairly satisfied	Neither/nor	Fairly dissatisfied	Very dissatisfied	Base
Overall Satisfaction	57%	35%	4%	2%	3%	289
Staff reliability – on time/do as they say	67%	23%	5%	3%	2%	240
Attitude of support, care & therapy staff	64%	28%	4%	2%	2%	229
Quality of care	60%	31%	4%	1%	3%	218
Quality equipment/premises	59%	28%	10%	1%	2%	175
Staff continuity	58%	27%	9%	4%	3%	230
Cost of service/value for money	53%	30%	13%	2%	2%	164
Clear & full information/explanations	51%	34%	9%	5%	1%	216
Ease of contacting the provider	49%	39%	7%	4%	1%	249
Flexibility of care	49%	34%	11%	4%	3%	191
Dealing with problems	42%	38%	10%	7%	3%	220
Availability & quality of respite care	33%	15%	40%	5%	8%	83

- 3.50. Particular aspects of the service with high levels of satisfaction were
- Staff reliability (90% satisfied and 67% very satisfied)
 - Attitude of support, care and therapy staff (92% satisfied, 64% very satisfied)
 - Quality of care (91% satisfied and 60% very satisfied)
 - Quality of equipment/premises (87% satisfied and 59% very satisfied)
- 3.51. It is striking that nearly all of the service aspects have satisfaction levels at 80% or over for all but one aspect of the package of services – the availability and quality of respite care. It is known from other satisfaction surveys that older people tend to be more satisfied with the services they receive than younger people² and this may in part explain these results. The Partnership should however be congratulated.
- 3.52. Aspects of the support package that show relatively lower levels of satisfaction are ease of contacting the provider and the ability of providers to deal with problems at 49% and 42% respectively for those very satisfied.
- 3.53. While very few people interviewed reported experiencing serious problems with their care package, there were examples of older people contacting service providers when a problem had occurred and being less than happy with the outcome.

Mrs M is aged 65-74 and receives on-going treatment for a medical condition that she must attend a local clinic for. The clinic recently changed its appointment system and on 2 separate occasions, Mrs M arrived for appointments to discover they had been cancelled and no-one had informed her. Mrs M stated this was especially problematic as it can be difficult getting transport to and from the clinic. She made a verbal complaint at the clinic and was told to put it in writing, which she did. A few days later she received a letter stating the matter would be looked into but received nothing for several months, whereby another letter arrived informing her the issue was resolved. She stated she was not informed how or what had been done to resolve this and has never received an apology for the inconvenience.

- 3.54. There was also some evidence from the interviews and the focus groups that staff continuity and flexibility of care may be areas for improvement. Some of the difficulties may be associated with problems recruiting carers locally and getting adequate cover when regular carers are off.
- 3.55. Recruitment of care staff was noted as a particular problem for care and support at home in rural areas and staff noted the pressure to provide relief carers due to absences. They reported that the services requiring carers normally operate at capacity and when someone is off, carers will normally have to increase their caseload to meet demand.

It's bad enough trying to meet demand when no-one is off but even if one carer calls in sick or can't make it there is real pressure to make sure that everyone gets the care they're supposed to. We have to rely on carers covering for other staff. We can't just keep recruiting as there's not enough people to meet the demand. Even with guaranteed hours, there's still a problem getting adequate cover at the weekend. I'm dreading what will happen when Lossiemouth (naval base) closes as a lot of carers and other care and support staff come from the base. When they go, it's going to get much worse.

² The Tenants' Survey undertaken by Craigforth for The Moray Council in 2004 specifically identified that levels of dissatisfaction 'were most obviously associated with age: those aged under 44 years were more likely to be dissatisfied than older age groups (eg 30% of those aged between 25-44 years compared to 20% of those aged 45-64 years). This may reflect the types of contact being made or higher levels of needs and expectations among younger tenant groups.'

- 3.56. Some interviewees had experienced these difficulties but most appeared to understand the pressure carers are under and are aware that they need a break at times.

Mr R is aged between 65-74 and lives by himself. He has a range of care and support needs and has a carer who calls in every morning to help him get washed and dressed – ‘she comes round for half an hour every morning but is always in a rush to get off to her next client. A different person calls at the weekend – I’m okay with this but it would be nice if they (carers) were not always in such a hurry, but it’s not their fault, they’re so busy. Sometimes when (regular carer) is off the arrangements are changed at short notice – I don’t really mind as the lass needs a break sometimes’

- 3.57. The aspect of the support package that shows the lowest levels of satisfaction is availability and quality of respite care. Only 4% (n=15) of all survey respondents stated they were in receipt of respite care or short breaks whilst a total of 83 people gave their views on the availability and quality of respite care. It would appear that the lower levels of satisfaction indicated by the results (33% very satisfied and 15% fairly satisfied, with 40% noting neither/nor) relates more to the availability of, as opposed to the quality of, respite care.
- 3.58. While not explored in the survey, issues around the Meals on Wheels service was raised frequently amongst those interviewed. The key concern was around the quality and presentation of the meals supplied, which some reported as being poor and unappetising. Two interviewees reported cancelling the service and making alternative arrangements with friends and family to assist in meal preparation.
- 3.59. Levels of satisfaction appeared to vary by the number of services received.

Number of Services by Satisfaction

	Very satisfied	Fairly satisfied	Neither/ nor	Fairly dissatisfied	Very dissatisfied	Base
1 service	68%	30%	0%	0%	2%	56
2-4 services	51%	37%	2%	0%	11%	171
5-7+ services	66%	28%	3%	5%	0%	62

- 3.60. Whilst the numbers are low (and hence the results should be treated with caution), people in receipt of 1 service and those in receipt of 5 or more services were more satisfied with the services they receive. Those who receive between 2-4 services had lower levels of satisfaction and a notable 11% were very dissatisfied. The reasons for this profile were not clear from the research, but may reflect a combination of factors, such as higher satisfaction amongst the older age bands, lesser complexity for those receiving one service only.

Problems

- 3.61. A ‘problem led’ questionnaire was used to elicit the views and priorities for improvements of the Partnership’s service users. The process went as follows.

- 3.62. First, service users were presented with a long list of **possible problems**, which they used to indicate all the problems that they have had. Next, respondents were asked to nominate their **single most important problem**. A series of subsequent questions were asked about this single problem. In particular, people are asked if they reported this problem and if so to whom.
- 3.63. Those who **did not report the problem** were asked why not. A set of common reasons were given to aid this response. This follow up question helps to identify not only which problems tend not to be reported, but also gives guidance on how to overcome reluctance on the part of service users to report problems.
- 3.64. Those who did report the problem were asked what sort of response they got and from whom. This line of questioning can help to identify weaknesses in the ability to resolve complaints or service requests.
- 3.65. In this survey of older service users in Moray, only 27% of respondents reported any problem with the package of care and support over the past two years. This is further confirmation of the generally high levels of satisfaction amongst service users.
- 3.66. People with problems tend to be less 'satisfied'. This profile was clearly evident in this survey, with levels of satisfaction falling from 92% to 78%. Of importance is that the proportion of 'fairly satisfied' is higher than the 'very satisfied': moreover there is a higher proportion of dissatisfied at 12%, with 7% being 'very dissatisfied'.

Levels of Satisfaction amongst Those Reporting Problems

	Very satisfied	Fairly satisfied	Neither/ nor	Fairly dissatisfied	Very dissatisfied	Base
Respondents reporting problems	26%	52%	10%	5%	7%	94
All respondents	57%	35%	4%	2%	3%	289

- 3.67. The most commonly reported problem in relation to services is lack of cover when staff are away at 38%: this is well above any other problems. It is also worth noting that this was also by far the most frequently mentioned single most important problem
- 3.68. Other problems frequently mentioned were 'contacting the service provider' and 'getting information/explanations', both at 25% of those with problems.
- 3.69. Mentioned less often but also important were:
- Not listened to – unable to complain (19%)
 - Staff not there on time/do not do what they say (19%)
 - Poor staff continuity – carers constantly changing (19%)
- 3.70. Whilst mentioned less frequently it is interesting to note that 13% mentioned 'service inflexible to changing needs' and 12% identified 'poor availability/quality of respite care/short breaks' echoing satisfaction with particular aspects of the services set out above.

Service Problems in Past 2 Years

All problems	%
Lack of cover when staff are away	38%
Contacting the service provider(s)	25%
Problems getting information/explanations	25%
Not listened to – unable to complain	19%
Staff not there on time/do not do what they say	19%
Poor staff continuity – carers constantly changing	19%
Other	19%
Service in inflexible – stays the same when needs change	13%
Poor availability/quality of respite care/short breaks	12%
Poor staff attitude	11%
High cost of service/poor value for money	11%
Poor quality of care	8%
Poor equipment/premises	5%
Base	97

Note: based on multiple responses

- 3.71. As noted, 'lack of staff cover' was also identified most frequently as the single most important problem, confirming it as the most important service issue amongst service users. Interestingly the only other problem which was mentioned reasonably frequently as the single most important problem was 'poor staff continuity' at 15% of those responding. These two problems are closely linked and may in fact be different aspects of the same problem.
- 3.72. Just under 8% noted 'other' in response to this question: of these, changes to the care package and when carers call were commonly reported as well as evidence of service users having to accommodate the service rather than the other way round. Others had noted delays in getting the service they require both in terms of staff availability and adaptations needed.

Single Most Important Problem

Problems experienced with.....	%
Lack of cover when staff are away	27%
Poor staff continuity – carers constantly changing	15%
High cost of service/poor value for money	10%
Poor availability/quality of respite care/short breaks	9%
Other	8%
Contacting the service provider(s)	8%
Not listened to – unable to complain	6%
Staff not there on time/do not do what they say	5%
Problems getting information/explanations	4%
Poor staff attitude	3%
Poor quality of care	3%
Service in inflexible – stays the same when needs change	1%
Poor equipment/premises	1%
Base	78

- 3.73. Another problem raised in the literal responses was not being given clear explanations about aspects of the care package and problems contacting the care provider when changes to the package or care needs were evident.
- 3.74. Taken together, these findings reinforce the earlier evidence that there are issues around flexibility of care, particularly when health and care needs change as well as problems with continuity of care for some service users. They also suggest that people are less satisfied when they have to contact the service provider and with their ability to deal with problems when needs change or problems occur.

Addressing the most important problem

- 3.75. When people have problems with a service, it is important that they contact someone about it – preferably the service provider – so that there is an opportunity to address the problem. However just over half (52%) of services users stated they had not spoken to anyone about their most important problem: of these 35 respondents provided information on why not. This is a low base and hence the proportions need to be treated with caution.
- 3.76. The responses set out in the table below are typical of the reluctance on the part of service users to make a complaint.

Reasons for not Speaking to Someone

	%
Not that important/couldn't be bothered	23%
Did not want to be seen as difficult/troublemaker	20%
Did not know who to talk to/how to raise problem	17%
They already knew about the problem – not able to do anything about it	17%
Did not want to get staff into trouble	14%
Other	14%
No-where private to discuss complaint/did not want to make a fuss in front of other people	11%
They already knew about the problem – not willing to do anything about it	0%
Base	35

Note: based on multiple responses

- 3.77. Most commonly people gave the reasons as being that the problem was 'not that important/couldn't be bothered' (23%) or 'did not want to be seen as a troublemaker' (20%). Whilst the base of 35 respondents is too low to be robust, this finding is consistent with other surveys undertaken by Craigforth and is also in line with the reasons given by carers³.
- 3.78. As the interviews with service users indicated that many older people are often very grateful for any help or assistance they receive, there may be a reluctance to complain should the care package or their needs change.

³ The 2004 Tenants Survey found that 'almost half (47%) of those who had a single most important problem did not report it to anyone in The Moray Council. These tenants were asked why that was. The main reasons given were as follows:

- Not wanting to draw attention/be a troublemaker (25% of respondents);
- Nothing that can be done/no point (25%);
- Don't know who to talk to (20%) and
- Not that important/ couldn't be bothered (17%).'

- 3.79. No-one felt that service providers were unwilling to do anything about problems and 17% stated that ‘they already know about the problem – not able to do anything about it’. It may be that carer recruitment problems are seen by service users to have more of an impact on the ability of service providers to address changing needs and problems as they arise.
- 3.80. Where the service providers have taken action, overall levels of satisfaction are relatively high at 65% for those either very or fairly satisfied with slightly more people very satisfied.

Satisfaction with Action Taken

Overall satisfaction	%
Very satisfied	35%
Fairly satisfied	30%
Neither/nor	7%
Fairly dissatisfied	14%
Very dissatisfied	9%
No action taken	6%
Base	88

- 3.81. Satisfaction is however lower compared to satisfaction with the overall package of care and support amongst all respondents – in other words, this group of service users are generally less happy and the response, or lack of, has not resolved their problems. There appears to be room for improvement, as those neither/nor and those dissatisfied account for just under a third of responses and 6% noted that no action was taken.

Hospital & GP Services

- 3.82. As well as exploring the issues around older people’s care and support package in the Moray area, the study also examined the views of older people in relation to hospital and GP services.

Hospital and related services

- 3.83. By far, the most commonly reported experience of hospital services was attendance at an out-patient clinic at 66%.

Experience of Hospital Services in Past 2 Years

Hospital services experienced	%
Attendance at an out-patient clinic	66%
Ambulance	40%
Emergency in-patient treatment	38%
Planned in-patient treatment	28%
Patient transport service for a routine visit	24%
Attendance for day surgery	22%
None of the above	13%
Base	312

Note: based on multiple responses

- 3.84. A significant proportion had experience of emergency (38%) and planned (28%) in-patient treatment. A further 22% had attended hospital for day surgery. It is interesting to note that a higher proportion had been admitted on an emergency basis placing greater demands on services – not just hospital services – particularly in relation to the later discharge home. Linked to this use of hospital services, 40% had used an ambulance with 24% using patient transport services for a routine visit.
- 3.85. Only 13% of service users noted not having used any hospital services in the past 2 years. This is perhaps not surprising given the profile of older people in the sample, but it confirms the importance of the partnership between health and social services.
- 3.86. The extent of use is confirmed by analysis of the number of different services used by respondents. Whilst use of 1 or 2 of the services listed was most common, not far short of half of respondents (42%) had used 3 or more services in the past two years.
- 3.87. In terms of satisfaction with the most recent experience of hospital services, the overall levels of very and fairly satisfied are high at 92% with significantly more people noting very satisfied (65%) compared with those fairly satisfied (27%). This is a significantly higher level of very satisfied than in relation to the overall care and support package – which itself was high at 57%. Only 5% of people were fairly or very dissatisfied with a lower proportion people very dissatisfied compared to those fairly dissatisfied.

Satisfaction with Most Recent Experience

Overall satisfaction	%
Very satisfied	65%
Fairly satisfied	27%
Neither/nor	3%
Fairly dissatisfied	3%
Very dissatisfied	2%
Base	270

GP services

- 3.88. Overall levels of satisfaction with GP services are also very high at 68% very satisfied and 29% fairly satisfied: this is higher than satisfaction with both the care and support package and with hospital services.
- 3.89. Particularly high levels of satisfaction are evident in relation to
- Attitude of nursing staff (77% very satisfied, 19% fairly satisfied)
 - Attitude of medical staff (75% very satisfied, 23% fairly satisfied).
- 3.90. High levels of satisfaction, and above the overall, are evident in relation to medical or nursing **advice** and medical or nursing **attention** (both 69% very satisfied, 27% fairly satisfied)
- 3.91. More moderate levels of satisfaction relate to attitude of reception staff (65% very satisfied) ease of contacting the practice (61% very satisfied) and, lowest, the efficiency of the practice in making appointments (53% very satisfied).

Satisfaction with GP Services

Levels of satisfaction with.....	Very satisfied	Fairly satisfied	Neither/nor	Fairly dissatisfied	Very dissatisfied	Base
Service overall	68%	29%	2%	<1%	2%	308
Ease of contacting the practice	61%	29%	3%	4%	3%	320
Efficiency of practice in arranging appointments	53%	32%	6%	6%	3%	301
Attitude of reception staff	65%	28%	5%	1%	1%	308
Attitude of medical staff	75%	23%	1%	1%	<1%	302
Attitude of nursing staff	77%	19%	3%	<1%	1%	289
Medical or nursing advice	69%	27%	3%	<1%	0%	278
Medical or nursing attention	69%	27%	4%	<1%	1%	282

- 3.92. The relatively lower levels of satisfaction with these aspects of GP services may be due in part to the new system in place in some practices whereby patients can get an appointment quickly but more often than not this is not with their own GP. Some interviewees also reported difficulties getting through to make an appointment for the same day as all patients are advised to call at 8am.
- 3.93. Interviews with service users tended to reinforce these findings. Almost all of those interviewed had had some contact with their GP, mainly in relation to a short term illness or medical condition with very few attending surgeries for on-going treatment. Where problems were reported this was in relation to transport to and from the GP practice and problems getting an appointment with their own GP.
- 3.94. Whilst levels of dissatisfaction are all low, it is worth noting that where people are dissatisfied they tend to be very dissatisfied. This is evident in the service overall where 2.3% were dissatisfied, with 2% of these being very dissatisfied.
- 3.95. Finally, respondents were asked about the likelihood that they would recommend their GP practice to others and again those very and fairly willing is high at 90% with significantly more stating they would be very willing. As only 7% stated neither/nor, this could be due to one aspect of the service they are unhappy with and given the results above, this is likely to related to getting appointments with their own GP. Only 3% stated they would be very or fairly unwilling to recommend their practice to others.

Likelihood of Recommending GP Practice

	%
Very willing	62%
Fairly willing	28%
Neither/nor	7%
Fairly unwilling	2%
Very unwilling	1%
Total	322

- 3.96. Older people are more satisfied with hospital and GP services overall when compared with health and care services, but it is important to remember that this is relative given that overall satisfaction with health and care services is also high.
- 3.97. When looking at hospital and GP services, it would appear that getting an appointment with their own GP is the main area of concern for some older people and not with the attitude of staff, treatment offered or medical advice given. This is evident by the number of people who would be willing to recommend their practice to someone else.

4. VIEWS OF THE CARERS OF OLDER PEOPLE

- 4.1. This section examines the views of carers on health and community care services provided to the people for whom they care for. The analysis draws on the survey results, findings from the interviews and focus group with carers as well as issues raised at the focus groups with service providers and commissioners in relation to carers needs and issues. Where possible, comparison is made with the findings for service users, but due to the low number of survey responses from carers, it was not possible to analyse some of the findings in as much detail for this group.
- 4.2. The great majority of respondents care for another family member, with 58% caring for a spouse or partner, 36% caring for a parent or guardian. 3% noted 'another relation' and a 2% care for a sibling.

Relationship to Person Cared For

	%
Spouse/partner	58%
Parent/guardian	36%
Another relation	3%
Brother/sister	2%
Friend	1%
Other	1%
Base	120

Finding out about services

- 4.3. Similar to the survey results for service users, health services appear to play a significant role in providing carers with information, advice and access to services. A third (33%) of respondents noted that they found out about services from their GP, a quarter (25%) from hospital staff, and just over one in eight (12%) noting 'someone else' from the NHS.
- 4.4. The interviews with carers show that GPs and other health professionals are very important in giving them information and advice on services available for the person for whom they care, with almost all of those interviewed noting some experience of health staff assisting them. It was also clear from the interviews with carers that GPs are a very important point of contact for addressing their own health and support needs, particularly around coping with their role as a carer.
- 4.5. Those who noted 'other' (18%) show that health was frequently reported along with voluntary organisations and the council.
- 4.6. Health services clearly play an important role for both service users and carers when finding out about and accessing services but to a slightly lesser extent for carers.

Finding Out About Services

	%
GP/doctor in practice	33%
Hospital staff	25%
Social worker	22%
Other	18%
Some else – NHS	12%
Voluntary organisation	10%
Friend/neighbour	9%
Someone else – Council	7%
Relative	6%
Newspaper, radio, TV	5%
Leaflet or council information	4%
Base	104

Note: based on multiple responses

- 4.7. More than one in five carers (22%) reported finding out about services through a social worker, a slightly higher proportion than that of service users who use social work as a point of contact for information and advice (16%).
- 4.8. From the interviews and focus group with carers, there were mixed views about the role social workers play in assisting them and the person for whom they care. Some interviewees were extremely positive, noting that their social worker actively assists them and is a vital route, not only for finding out about services but for referrals to other services.

Mrs M cares for her mother (85+) full time and her mother recently moved into the family home due to the level of care that she requires. Mrs M stated that someone from community care has come round frequently and has been excellent in getting her access to services and equipment to help her care for her mother. 'I can't fault her, she's like a care manager for us and has co-ordinated everything. She recently got us 6 weeks respite a year and has assured us that when my mother gets too ill or frail she can help us find out about a care home.

- 4.9. Others, however, were more critical about the role social work has played in assisting them. This seemed to be linked to charging for services, with some feeling that resource and cost considerations were social work's main concern: to a large extent, they viewed social workers as 'gatekeepers', making it difficult – as they saw it - for them to access services. There was some anger and concern expressed that their unpaid work as a carer is 'used by' social work to make resource savings.

Mrs S cares for her elderly mother who is aged 85+ and now also attends to her husbands care needs since his health deteriorated recently. She is very angry that she cannot get the information she needs to access services that may help her – 'if you don't ask (social work) then they won't tell you that you can get this and that. I feel like I have to fight for everything, like those who shout loudest get it but you need to know what you're shouting for. It's like because I'm here they (social work) can save themselves money. They have no idea what its like to care for someone full time.

- 4.10. The voluntary sector plays a greater role for carers finding out about and accessing services (10% compared to 5% for service users). Both the Moray Carers Trust and the Citizen Advice Bureau were specifically mentioned.

- 4.11. Also, proportionately more carers also found out about services from Both leaflets and other council information at 4%, and from TV, radio and newspapers at 5%.

Services Used

- 4.12. Carers were asked to provide information about the services the *person they care for* currently receives (for ease of reporting, the analysis refers to *carers* and this should be borne in mind). The analysis in section 2 on the profile of participants shows that where carers care for someone who is *not* a spouse or partner, the person is more likely than not to live with their carer. This is important when considering the use of services below.

Services Currently Received by Person Cared For

	%
Adaptation or equipment	55%
Alarm service	38%
Personal care – day	36%
Practical home care	32%
Respite care/short breaks	22%
Visits to day centre/hospital	22%
District/community nursing – day	15%
Occupational therapy	15%
Other	12%
Visits to social/leisure activities or groups	11%
Personal care – night	6%
Night sitting service	4%
District/community nursing – night	3%
Visits to dementia clinic	3%
Rehabilitation when leaving hospital	3%
Speech therapy	2%
Base	100

Note: based on multiple responses

- 4.13. The most commonly reported service used is adaptations and equipment at 55%: followed by the alarm service at 38%.
- 4.14. Just over a third (36%) reported use of personal day care services with just under a quarter (24%) of carers getting practical home care assistance.
- 4.15. A substantially lower proportion of carers are in receipt of the alarm service and practical home care and this is likely to reflect the fact that the majority of carers live with the person for whom they care and are less likely to need these services, given their caring role.
- 4.16. The proportion of carers and service users in receipt of personal day care and equipment and adaptations is similar: this possibly reflects free personal care uptake in the Moray area and the person cared for is equally likely to require equipment and adaptations to help them get round the home even with a carer present.

4.17. Interestingly, despite the proportionate variations, the 4 most commonly used services amongst carers shown in the table below are the same as those reported by service users and is likely to reflect the high instances of mobility problems reported by carers.

Most Commonly Reported Services by Type of Disability

	None	Mobility	Hearing	Visual	Other	Base
Adaptations/equipment	2%	98%	42%	31%	24%	55
Practical home care	3%	97%	42%	33%	19%	36
Alarm	3%	95%	55%	30%	29%	38
Personal care	3%	88%	44%	34%	9%	32

4.18. Unsurprisingly given their caring role, substantially more carers (22%) are in receipt of respite/short break services compared with services users (4%). While use of this type of service is higher amongst carers, it only equates to a just over a fifth of all respondents and the qualitative evidence suggests that lack of respite care is a key concern for this group. Issues raised around the availability and quality of respite care are considered in more detail later in this section.

4.19. The responses to the ‘other’ category in the questionnaire show a relatively high number of carers reporting dementia and mental health problems amongst those they care for.

4.20. While use of rehab services when leaving hospital is very low at 3%, it was a service area that raised a number of concerns amongst carers interviewed. Some felt that there is an overall lack of information given after a stay in hospital in terms what carers are told about the discharge arrangements and follow up services required when needs change/deteriorate.

Mrs R cares for her husband full time and he has a high level of health and care needs that required a recent stay in hospital. Initially she was advised her husband would be in hospital for a number of weeks. She made a routine visit one afternoon to find her husband dressed and ready to go home. She was very distressed as she required more help and assistance due to deterioration in her husband’s health and care needs. She had been informed extra care and adaptations would need to be in place before he was discharged – in the end, she had to manage for weeks while the necessary services were put in place.

Multiple use of services

4.21. The table below shows the number of services that those with carers receive. The important points to note are:

- Just over a quarter (26%) of older people with carers received only one service with just over a fifth (22%) indicating they receive 2 services.
- 21% receive 3 services and 17% get 4 services.
- Only 10% received 5 services and the proportion who received 6 or 7 services is very low at 2% for both.

Number of Services Received

	%
1 service	26%
2 services	22%
3 services	21%
4 services	17%
5 services	10%
6 services	2%
7+ services	2%
Base	100

- 4.22. Despite some variations, the number of services received shows no marked difference from service users with a relatively high proportion who receive between 2-4 services. Those who receive 5, 6 and 7+ services, however, are a relatively lower proportion compared with service users and may reflect the presence of a carer to assist with care and support.
- 4.23. The number of services received was analysed by the age of the person cared for.

Number of Services Received by Age

	1 and 2 services	3 and 4 services	5+ services	Base
65-74 years	65%	25%	10%	20
75-84 years	45%	40%	15%	40
85+ years	36%	46%	18%	28

- 4.24. The number of responses to this question is low and the analysis should be viewed with caution, but there are some points to note:
- The proportion of older people with carers receiving 1 or 2 services falls with age from 65% of 65-74 year olds, to 45% for 75-74 year olds and 36% for over 85s
 - Conversely, those getting 3 services rises by age from 25% for 65-74 year olds to 40% for 75-84 year olds, rising slightly to 46% for those aged 85 and over.
 - The proportion of older people with carers receiving 5+ services is much lower than service users but also rises by age.

Travelling to receive services

- 4.25. Just under half (48%) of carers noted a requirement to travel for the person they care for to receive services. When compared with service users, slightly more carers noted having to travel but this may be due to the proportionately higher number of carers in receipt of services that travel is required for (visits to day centres/hospitals, social and leisure activities, respite and short breaks).

- 4.26. Carers were also asked about how they travel to receive care services for the person cared for: very few people responded to this question and, again, the analysis should be viewed with some caution. There is some evidence to suggest that the low response was due to the wide variety of modes of transport used by respondents who had no 'usual' method.

Modes of Transport Used

	%
You drive them (carer)	32%
Minibus	27%
Taxi	11%
Other household member drives	9%
Public transport	7%
Drive themselves	5%
Friend/neighbour/relative	5%
Other	5%
Walk	0%
Base	44

Note: based on multiple responses

- 4.27. Carers themselves appear to take on any travel responsibilities for the person they care for at just under a third (32%) and just over a quarter (27%) relies on minibus. Use of public transport and those cared for driving themselves are both low.

Awareness of charges

- 4.28. Only 14% of carers noted they were fully aware of any associated charges and 25% reported being largely aware.
- 4.29. It was clear from the interviews and focus group with carers that there appears to be a lack of information/understanding around charges and any benefits that they may be entitled to. At the focus group in particular, some carers were unaware that they could claim certain types of benefit, such as Attendance Allowance and there was clear confusion about eligibility criteria and misunderstanding amongst some that this is not means tested. Some people at the groups used the opportunity to get advice on these issues from other carers attending.

Awareness of Charges (Carers)

	%
Fully aware	14%
Largely aware	25%
Not aware/may have heard	10%
Largely unaware	21%
Wholly unaware	13%
Don't know	18%
Base	114

- 4.30. In relation to free personal care, 40% of carers reported receiving this, with a similar proportion reporting use of personal care services (38% when accounting for the overlap between day and night personal care services).
- 4.31. Given that a higher proportion of service users reported getting free personal care compared with those reporting use of this service, the comparative differences in awareness of costs between the 2 groups does not necessarily mean that service users *are more aware* but could indicate that service users *perceive themselves to be more aware*.
- 4.32. However, what the evidence does suggest is that, for both groups, there may be a need for service providers to give clearer information and advice about what charges (if any) may apply.

Assessment

- 4.33. A third of carers (33%) stated there had been one assessment for the person they care for and just over a quarter (26%) noted there had been a number of assessments.

Number of Assessments (Carers)

	%
There was one overall assessment	33%
There have been a number of assessments	26%
There have not been any	21%
Don't know/can't remember	20%
Base	109

- 4.34. A higher proportion of carers (21%) noted there had not been any assessments or don't know/can't remember compared with service users (16%). Given the importance of the assessment process, this emphasises that carers (and those they care for) need to be better informed of the assessment process and with whom the information is likely to be shared.

Satisfaction with Care and Support Provided

- 4.35. In relation to satisfaction with the assessment process, it is important to remember the high proportion of carers noting there had not been an assessment/don't know or can't remember and the relatively low number of responses to the different attributes. These findings should therefore be viewed with caution.
- 4.36. Overall levels of satisfaction (combining very satisfied and satisfied) are reasonably high: however unlike service users, there is a higher proportion of 'fairly satisfied' compared to 'very satisfied'. The key points to note are:
- Highest levels of satisfaction were found with 'length of time to undertake an assessment' and 'involvement of the carer in the assessment process', both with 38% very satisfied and 47% and 44% fairly satisfied.

- Lowest levels of satisfaction are in relation to 'explanations about what would happen' and choices offered to you', both with overall satisfaction levels at 73%. Importantly these two elements also had higher levels of respondents who were actively dissatisfied (10% and 14% respectively).

Satisfaction with Assessment

Levels of satisfaction with.....	Very satisfied	Fairly satisfied	Neither/nor	Fairly dissatisfied	Very dissatisfied	Base
Length of time to undertake assessment	38%	47%	10%	2%	3%	60
Involvement in the assessment process as a carer	38%	44%	13%	2%	4%	55
Wait for the service(s) to be provided	35%	37%	7%	14%	7%	57
Explanations about what would happen	23%	50%	17%	6%	4%	52
Choices offered to you	21%	42%	19%	10%	4%	52

- 4.37. The proportion of carers very satisfied with each aspect of the assessment process shows much lower levels when compared with service users. Over 50% of service users were very satisfied with all aspects of the assessment process, whereas this ranges from only 21% to 38% for carers.
- 4.38. Overall satisfaction with the support package is relatively high at 80% with more people very satisfied (42%) than those fairly (38%) - although compared with service users (92%), overall satisfaction (taking fairly and very together) is lower.
- 4.39. In relation to the various aspects of the support package, responses were more varied. Key points to note are:
- Satisfaction with attitude of staff, staff reliability, quality of care and staff continuity all score higher levels of very satisfied compared with those very satisfied with the service overall
 - The 4 services highlighted in the bullet point above and ease of contacting the provider show a higher percentage of people very satisfied compared with those fairly satisfied
 - Clear and full explanations/information quality of equipment/premises, dealing with problems, cost of service/value for money, flexibility of care and availability and quality of respite care all show a higher percentage of people fairly satisfied compared with those very satisfied

Satisfaction with the Support Package

Levels of satisfaction with.....	Very satisfied	Fairly satisfied	Neither/nor	Fairly dissatisfied	Very dissatisfied	Base
Overall Satisfaction	42%	38%	10%	8%	1%	99
Attitude of support, care & therapy staff	57%	30%	11%	1%	1%	81
Staff reliability – on time/do as they say	49%	42%	5%	3%	1%	78
Quality of care	47%	35%	14%	1%	3%	71
Staff continuity	46%	37%	10%	6%	1%	70
Ease of contacting the provider	41%	38%	13%	6%	2%	85
Clear & full information/explanations	35%	44%	15%	4%	1%	72
Quality equipment/premises	34%	46%	19%	2%		65
Dealing with problems	34%	34%	25%	4%	3%	71
Cost of service/value for money	33%	40%	20%	2%	6%	55
Flexibility of care	26%	37%	28%	8%	2%	65
Availability & quality of respite care	16%	24%	37%	12%	12%	51

- 4.40. The aspect of the service that shows clear levels of dissatisfaction is quality and availability of respite care (24%) and issues around respite care were raised frequently throughout the interviews and focus group.
- 4.41. Most carers felt that getting respite to allow them a break for a few hours a week was very important and noted that day to day care arrangements (carers calling in daily) do not allow for this. Others raised issues about getting a short break or holiday and pressure to get adequate respite places for these.

The thought of a holiday can be stressful enough as you feel really guilty – the only real option is a care home and not all of these have sufficient adaptations. To relax properly you need to know you can trust the carers and care home but there's so much pressure for places that sometimes you can only get a couple of days a year and then you're worrying whether (the person cared for) is okay.

- 4.42. Where carers had had respite care provided, some noted concerns around the quality of care which in some instances resulted in the person cared for refusing subsequent offers of respite care.

Ms V cares for her mother in law who recently refused respite care because of her previous experiences. 'She (mother in law) was stuck in a wheelchair all day with the others – most of whom had dementia. She couldn't see the TV and had to ask for water – it wasn't supplied. The (care home) failed to follow the instructions I left regarding the care needed – she had a very uncomfortable and lonely time.

Ms R cares for her father who has a terminal illness. 'I needed the break and asked him to go in – it cost £500 for 9 days and he was stuck in a respite room by himself. He would eat with everyone else but most of the other people had dementia or behaviour problems. Dad is mentally okay and he found it lonely and stressful – I wish now I hadn't put him in there.

Problems

- 4.43. Carers were also given problem led questions to identify their views and priorities for improvement using the same process outlined in the service user section above. Forty one per cent (41%) of those who reported a problem responded to this question.

Levels of Satisfaction amongst those Reporting Problems

	Very satisfied	Fairly satisfied	Neither/ nor	Fairly dissatisfied	Very dissatisfied	Base
Respondents reporting problems	25%	48%	13%	15%	-	41
All respondents	42%	38%	10%	8%	1%	99

- 4.44. As with service users, carers who identified problems show lower levels of satisfaction overall compared with all respondents. Those who are 'very satisfied' fall from 42% to 25% and levels of dissatisfaction rise from 9% to 15%. The difference in levels of satisfaction between those reporting a problem illustrates the value of this type of problem led questioning and the Partnership should note the importance of problem resolution and the development of complaint handling procedures.
- 4.45. Poor support/consideration as a carer was the most commonly reported problem at 34% followed by 32% noting poor availability/quality of respite care. These responses are likely to reflect the comments and issues raised earlier around these aspects of the support package.
- 4.46. Notwithstanding the low response rate, other points to note are:
- 32% of carers noted problems contacting the provider
 - Poor staff continuity was commonly reported at 27%
 - Between a fifth (20%) to just under a quarter (24%) of carers noted problems getting clear information and lack of cover when staff are away.

Service Problems in Past 2 Years

All problems	%
Poor support for/consideration of you as a carer	34%
Poor availability/quality of respite care/short breaks	32%
Contacting the service provider(s)	32%
Poor staff continuity – carers constantly changing	27%
Lack of cover when staff are away	24%
Problems getting information/explanations	20%
Service inflexible – stays the same when needs change	17%
Not listened to – unable to complain	15%
Staff not there on time/do not do what they say	12%
Poor staff attitude	12%
High cost of service/poor value for money	10%
Poor quality of care	7%
Poor equipment/premises	5%
Other	22%
Base	41

Note: based on multiple responses

- 4.47. A relatively high proportion of carers noted 'other' (22%). Three issues were mentioned most commonly
- availability of respite care
 - getting financial information and/or assistance, particularly in relation to benefits and benefit entitlement
 - input and consideration as carers.
- 4.48. These responses around problems are similar to the responses around satisfaction with the support package.

Addressing the most important problem

- 4.49. Just under half of carers reporting a problem stated they had not contacted someone about their most important problem. The table below shows the most common reasons why. Again the number of responses is very low and should be viewed with caution.

Reasons Why Did Not Speak to Someone

	%
Did not want to be seen as difficult/troublemaker	32%
Did not want to get staff into trouble	32%
They already knew about the problem – not able to do anything about it	23%
Not that important/couldn't be bothered	14%
Did not know who to talk to/how to raise problem	14%
Other	14%
No-where private to discuss complaint/did not want to make a fuss in front of other people	0%
They already knew about the problem – not willing to do anything about it	0%
Base	22

Note: based on multiple responses

- 4.50. The evidence from these responses suggests that most carers did not speak to someone because they did not want to be seen as a trouble maker (32%) or get staff into trouble (32%). Since people will typically not complain or report a problem for these reasons, the Partnership should encourage the reporting of complaints or problems, given the evidence that they lead to lower levels of satisfaction amongst both carers and service users.
- 4.51. The Partnership should note, however, that amongst carers no-one reported that the service provider was unwilling to do anything about their most important problem, rather reporting an inability to address the problem. In comparison to service users, a lower percentage of carers considered the problem to be 'not that important' (14% compared with 23%).
- 4.52. For those who reported a problem, just over a fifth (22%) were very satisfied with the action taken.

Satisfaction with Action Taken

Overall satisfaction	%
Very satisfied	22%
Fairly satisfied	25%
Neither/nor	19%
Fairly dissatisfied	22%
Very dissatisfied	3%
No action taken	6%
Base	31

- 4.53. However, 25% were actively dissatisfied (much higher levels of dissatisfaction compared with service users) – this further highlights the importance for the Partnership in identifying and resolving problems. While the levels of dissatisfaction may partly reflect the service providers' *inability* to deal with the problem, this is an area that the Partnership nonetheless needs to address.

Hospital & GP Services

- 4.54. Carers were asked to give their views on hospital and GP services on behalf of those they care for, based on any experiences they had of using health related services in the past 2 years.

Hospital and Related Services

- 4.55. As with service users, the most commonly reported use of health related services by far is attendance at an outpatient clinic (73%). This is followed by emergency in-patient treatment at 43% - 10% more than the proportion of service users reporting use of this service.
- 4.56. The proportion of carers with experience of planned in-patient treatment is just under a quarter (24%), substantially lower than the proportion with experience of emergency in-patient treatment. There may be implications here around planned care and discharge arrangements.

Experience of Hospital Services in Past 2 Years

	%
Attendance at an out-patient clinic	73%
Emergency in-patient treatment	43%
Ambulance	39%
Planned in-patient treatment	24%
Attendance for day surgery	19%
Patient transport service for a routine visit	14%
None of the above	7%
Base	108

Note: based on multiple responses

4.57. Other points to note include:

- More carers reported using an ambulance compared to use of patient transport services: this is likely to relate to the higher number of people receiving emergency as opposed to planned in-patient treatment.
- Almost a fifth have had experience of day surgery
- Very few (7%) have had no experience of hospital related services over the past 2 years.

4.58. Satisfaction with the most recent of hospital related services is very high at 92% for those both very and fairly satisfied with most of these being very satisfied (60%) rather than fairly satisfied (32%). This is in line with service user satisfaction for hospital related services: levels of satisfaction are well above the various aspects of the care and support package considered above.

Satisfaction with Most Recent Experience

	%
Very satisfied	60%
Fairly satisfied	32%
Neither/nor	2%
Fairly dissatisfied	5%
Very dissatisfied	1%
Base	97

GP services

4.59. Just over half (51%) were very satisfied with GPs services overall, slightly lower than amongst service users (68%).

4.60. While all are relatively high, levels of satisfaction with the different aspects of the service vary.

- There are particularly high levels of satisfaction with the attitude of medical staff at 73%, followed by the attitude of nursing staff at 66%

- Satisfaction with the attitude of reception staff falls is markedly lower at 57%. This may be linked to increased difficulties getting an appointment with their own GP.

Satisfaction with GP Services

Levels of satisfaction with.....	Very satisfied	Fairly satisfied	Neither/nor	Fairly dissatisfied	Very dissatisfied	Base
Service overall	51%	43%	5%	0%	2%	101
Ease of contacting the practice	47%	38%	5%	8%	3%	101
Efficiency of practice in arranging appointments	41%	37%	6%	10%	6%	98
Attitude of reception staff	57%	31%	8%	0%	4%	97
Attitude of medical staff	73%	20%	5%	1%	1%	95
Attitude of nursing staff	66%	25%	5%	2%	1%	92
Medical or nursing advice	58%	33%	4%	2%	2%	91
Medical or nursing attention	54%	35%	8%	1%	2%	92

- 4.61. The lowest levels of satisfaction evident are with ease of contacting the practice (47%) and efficiency of the practice in arranging appointments (41%): these two aspects of GP services also show the highest levels of dissatisfaction (11% very and fairly dissatisfied for ease of contact and 16% for efficiency at arranging appointments). Dissatisfaction with these aspects of GP services may further explain the lower levels of satisfaction with reception staff.
- 4.62. The interviews and focus group with carers reflect these findings and give an insight into the aspects of the service showing relatively lower levels of satisfaction.
- 4.63. Problems getting an appointment with their own GP were reported and this was linked to losing family background/personal history.

It used to be that the local GP knew you and your family and you didn't have to explain everything – they knew people, where they live and the family background. That's lost now – you have to go over everything time and again – it's like they're losing the personal touch.

- 4.64. There was apparent resentment amongst some carers interviewed that nursing and receptionist staff now ask medical questions to ascertain whether an appointment is needed with the GP. Some carers reported resenting giving personal and medical information to anyone other than the GP.

Mrs E cares for her elderly mother who has multiple care and support needs. Recently, following an accident she called her mothers GP practice – ‘ when I called the surgery I had to go through a long series of questions with the practice nurse before she decided that a ambulance should be called – the number of questions was not necessary as I knew my mother needed a ambulance to get to hospital’.

It can be a nightmare trying to get an appointment. You phone up and the receptionist starts asking all these medical questions to determine if you need an appointment – you don’t phone unless you need to see a doctor. It’s like the receptionists are making medical decisions based on a couple of questions over the phone.

- 4.65. There are important changes taking place in the way calls to GP practices are handled and with increasing use of nursing staff to deal with certain conditions. It appears from the findings from this research that there are more to be done in explaining the reason for these changes and the benefits which are expected to result for patient service overall.
- 4.66. Over 80% of carers noted being very or fairly willing to recommend their practice to others with more than half being very willing: in line with other responses this is lower compared with service users (at 54% compared with 62% for service users).

Likelihood of Recommending GP Practice to Others

	%
Very willing	54%
Fairly willing	28%
Neither/nor	14%
Fairly unwilling	3%
Very unwilling	1%
Base	111

- 4.67. There are also a significant proportion of carers noting neither/nor (14%). These respondents are likely to have one or two reasons why they are not willing to recommend – in other words they have some cause for reservation about the service. As with service users, the ability to see their own GP and the ‘gatekeeping’ they perceive nursing and reception staff as having are the most likely causes of this.

Services for Carers

- 4.68. Carers were also asked for their views on services specifically for them and in particular their views and understanding of the Moray Carers Service provided by the Princess Royal Trust for Carers (referred to as the Carers Trust).

Moray Carers Service

- 4.69. Respondents were asked about their awareness of the Moray Carers service (as shown in the table below) - 65% were fully aware/knew a lot about them with a further 30% having heard of them but were unsure of the details.

- 4.70. However this level of awareness is perhaps lower than anticipated given that the sample for the carers survey was drawn exclusively from the Carers Service's register of carers.
- 4.71. This is perhaps partly explained by the practice of the Carers Service to place all carers, including those making only a general enquiry, on their register and the fact that many carers do not see themselves as necessarily being active members or having any particular association with the Trust.

Awareness of Moray Carers Trust

	%
Fully aware/know a lot about them	65%
Heard of/not sure of details	30%
Probably heard of/know little or nothing about them	4%
Not sure/Can't say	1%
Wholly unaware/never heard of	1%
Base	115

- 4.72. The most common way that carers found out about the Carers Service was via an advertisement or poster at 31%, followed by health services at 17%. Those noting 'other' sources (also 17%) referred to health staff, particularly district and community nurses.

Finding out about Moray Carers Trust

	%
Advertisement/poster	31%
Referral from health services	17%
Other	17%
Friend/another carer	13%
Newsletter	11%
An assessment of the person cared for	10%
Referral from social care services	8%
Referral from other services	3%
Base	109

- 4.73. Other key points to note are:
- The importance of personal contact for accessing information is evident in responses to this question with 'friend/another carer' accounting for 13% of respondents
 - Referrals from social care or other services play a less significant role than other routes at 8% and 3% respectively
 - In the 'other' category' most people reported finding out through their local chemist and this reflects the recent Carers Service initiative to place information about their service in people's prescriptions.

- 4.74. In terms of overall satisfaction with the Carers Service, well over half (56%) were very satisfied with the service followed by just over a quarter (27%) fairly satisfied. Sixteen percent of carers noted neither/nor with only 1 respondent claiming any dissatisfaction.

Overall Satisfaction with Moray Carers

	No	%
Very satisfied	59	56%
Fairly satisfied	28	27%
Neither/nor	17	16%
Fairly dissatisfied	0	0%
Very dissatisfied	1	1%
Base	105	100

- 4.75. At 56%, the proportion of very satisfied is in line with satisfaction amongst service users for their support package (57%) and higher than carers satisfaction for support packages (42%). The relatively high proportion of people who reported neither/nor may be explained by comments made by those interviewed that the Carers Service (Trust) was perceived as not being especially relevant to their needs or concerns, but that knowing it is there as a point of contact is useful.
- 4.76. Respondents were also asked about their frequency of contact with the Carers Service. Most commonly carers have contacted the project two or three times, accounting for almost 40% of respondents. Just under a fifth (19%) reported that they use the project fairly or very frequently; a further fifth (17%) stated that they had used the service only once..

Contact between Carers and the Carers Service

	%
No contact	26%
Once only	17%
Two or three times	39%
Fairly frequently	14%
Very frequently	5%
Base	101

- 4.77. Notwithstanding being on the Trust's carers register, around 1 in 4 (26%) stated they had never had any contact with the project.
- 4.78. The qualitative evidence from the interview and focus group research with carers suggests that some people would make greater use of the Carers Service if there was more respite care available since it is the carers own care commitments that prevent some carers from using the service more frequently.

4.79. Other issues identified from interviewees included:

- Some group work and activities are provided in 'blocks' and a few carers felt that activities such as yoga, herbal and aromatherapy massage etc (all designed to help carers cope with stress) would be better if they were run as on-going classes, thus allowing carers more flexibility to access these around their care responsibilities
- Others felt there is too much focus on stress relief type classes and activities with some perceiving that the service (Trust) does not have the clout or authority to make a difference where it really matters – i.e. to influence service provision or advocate on behalf of carers, particularly around accessing services and financial/benefit issues
- A minority of interviewees were critical of the service provided by the Carers' Trust with some questioning whether its motivations were sufficiently focused on the needs of carers living in Moray; (This however must be viewed in the wider context of the survey results where only one respondent expressed any dissatisfaction with the service).

4.80. When asked about the level of contact the Carers Service (Trust) has had with carers, 2 in 5 (39%) reported having either fairly frequent or much less commonly very frequent contact. Almost half of respondents had had contact 2 or 3 times (46%). 8% reported having contact only once while a further 8% reported having had no contact.

Contact between the Carers Service and Carers

	%
No contact	8%
Once only	8%
Two or three times	46%
Fairly frequently	33%
Very frequently	6%
Base	114

4.81. There is a higher level of contact by the Trust than is initiated by carers themselves (no contact falls from 26% to 8%, and once only falls from 17% to 8%). This may reflect difficulties for carers accessing the service due to care commitments and that some carers perceiving it as not especially relevant to their needs and concerns.

4.82. Carers were also asked about their most common method of contacting the Trust and how the Trust contacts them. The results are shown in the table below. (It is important to note the very low base of responses on how the Trust contacts the carer when considering these results.)

Method of Contact

	Initiated by Carer	Initiated by Trust
Telephone	75%	68%
Wrote	11%	74%
E-mail	2%	3%
Visit their office	41%	3%
They visited me at home	8%	3%
Met somewhere else	11%	0%
Base	83	31

Note: based on multiple responses

- 4.83. In considering the methods of contact, the following points are worth noting.
- Carers use a wider range of different methods of contacting the Trust, with telephone, writing, visiting the Trust's office and meeting somewhere else all mentioned by 10% or more respondents. In contrast the Trust's methods of contact are primarily by letter or by telephone.
 - Carers are not likely to use the telephone (75%), whilst the main method of contact by the Trust is in writing (74%) with telephone being slightly less common at 68%.
 - The second most common method used by carers in contacting the Trust is to visit the office (41%) and this likely to be dominated by those carers who live closer to the Trust's offices.
 - Very little use is made of email communication by either carers or the Trust.

Other Assistance

- 4.84. Carers were asked what more they thought could be done to help carers in the area. Around a quarter of respondents provided suggestions and two clear issues emerged from the responses; financial concerns and the need for more respite care. The suggestions raised are summarised as follows:
- In relation to financial assistance, many felt that the Carers Service could give more assistance around benefit entitlement and give practical assistance with form filling.
 - Others felt that the service could do more to address the support needs of carers with the need for more respite care frequently mentioned.

- 4.85. The majority of carers report being very satisfied with the service offered by the Carers Trust, although a substantial minority are only fairly satisfied or have no view one way or the other. Interview and focus group research highlighted that some carers perceive that the service does not necessarily address the needs and issues that are most important to them, most notably information and advice around financial help and assistance.
- 4.86. Many carers find it difficult accessing the service regularly due to the nature of their own care commitments while a few do not find it particularly relevant to their needs. Those who do use the service more frequently tend to make use of the relaxation and stress relief classes available but again care commitments appear to limit the extent to which these can be accessed by carers.

5. VIEWS OF PEOPLE AGED 50 AND OVER

- 5.1. People aged 50 and over were included in the research to gauge their understanding of what is currently available, to get their views on what plans (if any) they have for future care and support needs and their expectation of services to meet these needs.
- 5.2. The survey sought their views on their local GP practice, their awareness of current services, their confidence in health and social care services to work together in future and information on any care or support plans they have made.
- 5.3. The structure and content of the questionnaire issued to the 50s and over was very different reflecting its different focus and the different experiences of respondents.

GP Practice

- 5.4. More than 80% of respondents saw a GP on their most recent visit: of these more than three quarters (77%) saw their 'own' GP. A further 29% had seen the practice nurse at their most recent visit.

Most Recent Visit

	%
Own GP	61%
Another GP	26%
Practice nurse	29%
Other	3%
Base	256

- 5.5. Those who noted 'other' referred to chiropody services and on-going treatment with specialists based at the surgery.
- 5.6. The great majority of respondents (90%) stated that their visit was not urgent: amongst those with a non urgent reason, most stated that the reason for their visit was 'worrying but not urgent'.

Urgency of Last Appointment

	%
Very worrying	9%
Worrying but not urgent	54%
Non-urgent	36%
Don't know/can't remember	0%
Base	254

- 5.7. In making appointments, the most common method used was by telephone with just over a half respondents (53%) stating that they had used this method. Just over a fifth (21%) made their appointment while attending a previous appointment and, perhaps most surprisingly, more than a quarter (27%) of people had visited the surgery to make the appointment.

Method of Making Last Appointment

	%
Telephone	53%
Visiting the surgery	27%
At a previous appointment	21%
Don't know/can't remember	0%
Base	253

Satisfaction with GP services at last visit

- 5.8. Overall levels of satisfaction with GP services are very high amongst 50s and over with an impressive 77% very satisfied with the service.

Satisfaction with GP Services

Levels of satisfaction with.....	Very satisfied	Fairly satisfied	Neither/nor	Fairly dissatisfied	Very dissatisfied	Base
Service overall	77%	20%	2%	1%	0%	244
Ease of contacting the practice	66%	22%	3%	5%	4%	242
Efficiency of practice in arranging appointments	69%	23%	2%	4%	2%	241
Getting appointment with own GP	50%	31%	7%	7%	6%	230
Attitude of reception staff	75%	22%	2%	1%	<1%	245
Attitude of medical staff	87%	13%	0%	0.4%	0%	231
Attitude of nursing staff	86%	13%	2%	0%	0%	202
Medical nursing attention/treatment	83%	15%	1%	1%	0%	211
Medical or nursing advice	79%	18%	3%	0%	0%	207
Clarity about future treatment	75%	21%	2%	1%	1%	219

- 5.9.

- 5.10. Particularly high levels of satisfaction were with:
- Attitude of medical staff (87% very satisfied, 13% fairly satisfied)
 - Attitude of nursing staff (86% very satisfied, 13% fairly satisfied)
 - Medical/nursing attention/ treatment (79% very satisfied, 18% fairly satisfied)
 - Medical or nursing advice (79% very satisfied, 18% fairly satisfied).
- 5.11. In all three of these service aspects, there were only a tiny number of respondents who were actively dissatisfied. Whilst satisfaction amongst all three groups is high, these levels of satisfaction are extremely high.
- 5.12. Comments about the attitude of GP and related health staff ranged from 'considerate and caring', 'friendly and helpful' to 'excellent, can't fault them'.
- 5.13. As with service users, levels of satisfaction below the 'overall' were recorded in relation to 'ease of contacting the practice' and 'efficiency of the practice in arranging appointments'. At 66% and 69% respectively of very satisfied respondents, this is still a high level of satisfaction compared with that achieved by other services. It is however worth noting that 9% and 6% respectively were actively dissatisfied. This suggests that there is room for improvement here.
- 5.14. Satisfaction was lowest in relation to 'getting appointment with own GP'. This aspect of service received a very different response with 50% of respondents very satisfied and 31% fairly satisfied – levels which fall well short of that for the service overall and very significantly lower than for those in relation to the attitude of medical and nursing staff. There are also more neither/nor respondents (7%), who are likely to have at least one reason for reservation and 13% who are actively dissatisfied (7% fairly dissatisfied and 6% very dissatisfied).
- 5.15. Further analysis shows the influence of this issue on satisfaction levels.
- Only 21% of those who had seen 'another GP' on their last visit were very satisfied with the overall service compared with 64% of those who had seen their 'own GP'
 - Only 18% of those who had seen 'another GP' on their last visit were satisfied with 'getting an appointment with own GP' compared with 64% of those who had seen their own GP.
- 5.16. When analysed by those who had seen their own GP in relation to how urgent the appointment was, only 9% of respondents who saw their own GP stated that their reason was 'very urgent': this compares to 18% of those who had seen another GP. In contrast a higher proportion of respondents with a 'non urgent' reason for an appointment saw their own GP than another GP (34% compared with 24%).

Seen by at Last Visit by Urgency of Appointment

	Own GP	Another GP	Practice Nurse
Very worrying	9%	18%	5%
Worrying but not immediately urgent	57%	58%	48%
Non urgent	34%	24%	47%
Base	154	66	75

- 5.17. It is understandable that those with an urgent reason for an appointment are particularly keen to see their own GP, but it is also understandable that where the need is urgent that the practice are likely to have greater difficulty in arranging an appointment, particularly an early one, with a specific GP.
- 5.18. Focus group participants reflected these findings in their comments around ease of getting appointments that suits their needs. Most found it easy to obtain an appointment within a day or two but it was reported that getting an appointment with their own GP was more problematic. While some did not mind this, others were concerned about a lack of continuity when seeing different GPs at each appointment.

It's not that difficult to get an appointment but you usually have to wait if you want to see your own GP. The problem is when you're constantly seeing a different doctor all the time – if they don't read your notes properly then they can miss things – your own GP knows your medical history.

- 5.19. The majority of focus group participants felt that the out of hours GP service could be improved. Some people raised concerns that when using the out of hours service, the doctor can be based in Aberdeen. Many were concerned about the NHS 24 service and the practice of getting a diagnosis over the phone. Some felt this was a 'dangerous' practice that could lead to delays getting treatment in the event of serious illness.

Satisfaction overall in past 2 years

- 5.20. Overall satisfaction with their GP service over the past 2 years is only slightly lower at 95% taking those very and fairly satisfied together. However, the balance between 'very' and 'fairly' shifts, with 64% very satisfied (compared with 77% for the most recent experience) and 31% fairly satisfied (compared with 20% for most recent experience).
- 5.21. Given the higher levels of people very satisfied at the most recent visit compared with in the past 2 years, this may suggest that people feel their GP services have improved over the period. Or it may be that these satisfaction levels were affected by the related questions about collaboration with other services where satisfaction levels were lower overall.

Satisfaction with GP Service over Past 2 Years

Levels of satisfaction with.....	Very satisfied	Fairly satisfied	Neither/nor	Fairly dissatisfied	Very dissatisfied	Base
Service overall	64%	31%	3%	2%	<1%	247
Knowledge of/co-operation with other NHS services in Moray or Grampian	41%	35%	21%	2%	2%	206
Knowledge of/co-operation with Moray Council services	27%	34%	37%	1%	1%	192

- 5.22. Levels of satisfaction with the practice’s knowledge of/co-operation with other NHS services and with Council services are however lower. Overall levels of satisfaction with knowledge of other NHS services is still good at 76% but within this the balance between those respondents who are very satisfied and those who are fairly satisfied is much closer than for other questions: in addition there are a higher proportion (21%) who are neither/nor.
- 5.23. Even lower satisfaction was evident in relation to the GP practice’s knowledge of/co-operation with Moray Council services. In the only instance in the survey response, there was a higher proportion of fairly satisfied (34%) then very satisfied (27%).
- 5.24. In both these areas, there was also a high proportion of neither/nor (21% and 37%), which may have been used by respondents to indicate that they do not have a view (perhaps because they have never had occasion to test the knowledge/co-operation), or may reflect at least one instance in which the respondent was not satisfied with the practice’s performance.
- 5.25. The picture of higher satisfaction amongst those aged 50 and over compared to service users and carers was also reflected in the willingness to recommend the practice to others. Almost 70% stated they would be very willing with a further 24% stating they would be fairly willing. Only 2% stated that would either be fairly unwilling or very unwilling.

Likelihood of Recommending GP Practice

	%
Very willing	69%
Fairly willing	24%
Neither/nor	6%
Fairly unwilling	1%
Very unwilling	1%
Base	251

- 5.26. The survey shows that overall levels of satisfaction with most aspects of the GP services provided in Moray are very high. Where relatively lower levels of satisfaction are evident, this appears to be with the appointment system and contacting the practice, rather than with the quality of care/treatment or staff, although there is some evidence that medical and nursing advice as well as information on future treatments could be improved slightly.

Service Experience

- 5.27. The inclusion of 50s and over in the research was primarily to ascertain people's understanding of services who are not yet using them. While the majority of 50s and over are not in receipt of any services, this does not mean they have not had some service experience in the past. Survey respondents were therefore asked to provide information on any services they do receive for both care and support and their views on hospital and related health services.
- 5.28. Not surprisingly, given the basis of their inclusion in the research, almost 80% do not currently receive any care or help.
- 5.29. Of those with service experience, most commonly reported service was adaptations or equipment at 7% and alarm services at 6% (also the most commonly reported service amongst service users). The next most common service experience for 50s and over is practical home care, followed by personal care (4% and 3% respectively).
- 5.30. While much lower when compared with the number of service users and carers in receipt of these services, the type and range of services currently used by 50s and over is very similar to the other groups.

Care or Help Received

	%
None	79%
Adaptation or equipment	7%
Alarm service	6%
Practical home care	4%
Personal care – day	3%
Visits to social/leisure activities or groups	2%
Visits to day centre/hospital	2%
Respite care/short breaks	2%
District/community nursing – day	1%
Occupational therapy	1%
Visits to dementia clinic	1%
Rehabilitation when leaving hospital	1%
Other	4%
Base	238

Note: based on multiple responses

No respondents had experience of personal care (night); night sitting service; district/community nursing (night); or speech therapy

- 5.31. As with carers and service users, the most commonly reported experience of hospital services was attendance at an out-patient clinic at 71%. Interestingly this is a higher proportion than amongst service users (66%) perhaps reflecting the lower needs amongst the 50s and over.

Experience of Hospital Services in Past 2 Years

	%
Attendance at an out-patient clinic	71%
Attendance for day surgery	23%
Emergency in-patient treatment	20%
Planned in-patient treatment	17%
Ambulance	13%
Patient transport service for a routine visit	7%
None of the above	17%
Base	237

Note: based on multiple responses

- 5.32. Attendance for day surgery (23%) was at almost the same level as for service users, but for all other services, the 50s and over had fewer experiences of hospital services – again simply reflecting the nature of the sample. However it is worth noting that whilst the proportion with experience of other services was much lower, there was only a slightly higher proportion who had **no** experience of hospital services (17% compared to 13% of service users). In other words, whilst the 50s and over make less use of hospital services, most have experience of at least one.
- 5.33. In relation to their levels of satisfaction with the most recent experience, again overall satisfaction is high at 94% for both very and fairly satisfied (67% very satisfied, 27% fairly satisfied). These are very similar levels to those of service users but higher than carers.

Satisfaction with Most Recent Experience

	%
Very satisfied	67%
Fairly satisfied	27%
Neither/nor	2%
Fairly dissatisfied	3%
Very dissatisfied	2%
Base	196

- 5.34. Despite the very high levels of satisfaction with both GP and hospital services, participants at the focus group were asked, that should a problem occur, would they know how to make a complaint?
- 5.35. The majority stated no but felt sure that information would be available at the surgery should they need it: a minority reported having seen some information on making a complaint in leaflets at surgeries.
- 5.36. This led to a discussion that the participants would be generally reluctant to make a complaint, particularly against a health professional such as hospital consultant for fear it would be 'held against them'.

5.37. It should be noted, however, that this was conjecture and in the context of statements that ‘public institutions bury complaints and close ranks’. The important point for the Partnership is that most people felt a problem/issue would need to be serious before they would make a complaint, further evidence that people may need to be encouraged to make a complaint in the event of problems arising.

Awareness of Health and Social Care Services

5.38. Those aged 50 and over were asked to provide information on their awareness of health and social care services currently available in the area.

5.39. Levels of awareness of these initiatives were low and, in many cases, very low. Only in relation to Supporting People and the central heating programme was there evidence of some awareness, but even here most commonly respondents stated that they ‘don’t know about’ (49% and 40%).

5.40. Around three quarters of respondents stated that they knew nothing about

- Single shared assessment (76%)
- Delayed discharge (76%)
- Rapid response teams (74%)
- Health in later life (73%)

5.41. The above are specialist, and mostly recent initiatives, where it is perhaps not surprising that very few claimed to have any level of knowledge of them. Further analysis shows that there are links between those respondents with a higher level of awareness and those who are in receipt of services.

Awareness of Health and Social Care Initiatives

	Know a lot about	Know a little about	Heard of	Don't know about	Base
<i>Single shared assessment</i> – the joint assessment of people’s needs	3%	12%	10%	76%	235
<i>Delayed discharge</i> – action to improve discharges from hospital for older people	2%	8%	14%	76%	228
<i>Supporting people</i> – providing people with support to remain independent at home	4%	22%	24%	49%	229
<i>Rapid response teams</i> – to prevent hospital admissions and arrange early discharges	3%	7%	16%	74%	226
<i>Central heating programme & the Warm Deal</i> – grants & services to improve central heating	8%	25%	27%	40%	237
<i>Health in later life</i> – to improve the physical and mental health of older people	2%	10%	15%	73%	233

5.42. The responses to the question about awareness of types of health and social services are more surprising: although they show higher levels of awareness amongst respondents, they remain low overall. A number of these services are long standing and it might have been expected that a higher proportion of respondents would have ‘heard of’ or ‘know a little about’ than was evident.

Awareness of Types of Health and Social Care Services

Awareness of.....	Know a lot about	Know a little about	Heard of	Don't know about	Base
Practical home care	11%	33%	26%	30%	244
Alarm service	11%	31%	24%	34%	238
Personal care – day	7%	29%	29%	35%	235
District/community nursing – day	8%	28%	29%	36%	239
Occupational therapy	7%	32%	26%	36%	237
Visits to day centre/hospital	6%	27%	32%	36%	236
Adaptation or equipment	9%	31%	22%	39%	236
Visits to social/leisure activities/groups	6%	23%	30%	41%	237
Personal care – night	8%	21%	30%	42%	224
Speech therapy	4%	26%	27%	42%	231
Respite care/short breaks	8%	17%	31%	44%	236
District/community nursing – night	5%	20%	29%	46%	235
Rehabilitation when leaving hospital	2%	17%	29%	52%	237
Night sitting service	6%	13%	26%	55%	235
Visits to dementia clinic	3%	10%	24%	64%	233
Percentage range	2%-11%	13%-33%	22%-32%	30%-64%	

- 5.43. Higher levels of awareness were found in relation to
- Practical home care (70% have heard of or have some level of knowledge)
 - Alarm service (65% have heard of or have some level of knowledge)
 - District/community nursing (day); occupational therapy, visits to day centre/hospital (64% have heard of or have some level of knowledge)
- 5.44. Particularly low levels of awareness, where under half of respondents had any level of awareness, were found in relation to
- Visits to dementia clinic (36% have heard of or have some level of knowledge)
 - Night sitting service (45% have heard of or have some level of knowledge)
 - Rehabilitation when leaving hospital (48% have heard of or have some level of knowledge)
- 5.45. Those aged 50 and over surveyed were also asked to rate their levels of awareness for organisations in the Moray area who provide care services. Between 44% and 90% stated they 'don't know about' any of the services listed in the table below. This shows lower levels of awareness than for types of health and social care services.

Awareness of Organisations that Provide Care Services or Represent the Interests of Older People

	Know a lot about	Know a little about	Heard of	Don't know about	Base
Council – home care service	6%	23%	28%	44%	192
Community Nursing	6%	18%	30%	45%	234
Age Concern Moray	2%	8%	44%	46%	240
Crossroads	5%	15%	33%	46%	242
Moray Voluntary Services Organisation	4%	17%	32%	47%	242
Council – OT service	4%	19%	26%	50%	240
Cornerstone community Care	2%	10%	36%	53%	240
Council – Day care services	4%	14%	27%	55%	236
Alzheimer Scotland	3%	6%	35%	56%	238
Andersons	1%	13%	30%	56%	240
Hanover Scotland Day Care	3%	11%	29%	57%	243
Moray Assisted Transport Scheme	3%	10%	27%	60%	241
Laich of Moray Trust	0%	9%	28%	64%	242
Council – Care and Repair	2%	8%	23%	68%	238
Moray Independent Living Equipment service (MILES)	2%	7%	13%	78%	239
Old Age Psychiatry	1%	4%	15%	80%	237
Senior Citizens Forum	<1%	4%	14%	82%	239
Patient Participation Forum	1%	3%	11%	84%	242
Grampian 50+ Network	1%	3%	9%	88%	243
Grampian pre-retirement council	0%	3%	7%	90%	240
Percentage range	0%-6%	3%-23%	7%-44%	44%-90%	

5.46. Higher levels of awareness, where half or more respondents had some level of awareness, were in relation to providers of large scale services or to national organisations

- Council home care service (66% had some level of awareness)
- Community nursing (65% had some level of awareness)
- Age Concern Moray and Crossroads (64% had some level of awareness)
- Moray Voluntary Services Organisation (63% had some level of awareness)
- Council OT service (50% had some level of awareness)

5.47. Levels of awareness are very low for

- Grampian pre-retirement council (10% had some level of awareness)
- Grampian 50+ Network (12% had some level of awareness)
- Patient Participation Forum (16% had some level of awareness)

5.48. During the qualitative element of the study, those aged 50 and over, when asked, tended not to want to know a lot about services they may or may not use in the future. This was largely in the context of not wanting to think about failing health and increasing care and social needs: almost everyone at the focus groups felt they would only want information on services/initiatives when and if needed.

- 5.49. So while these findings may suggest that the Partnership could provide future service users with more information and advice, it is not something they would necessarily want at this stage in their lives. Interestingly, most stated that should they require information and advice in the future about services and how to access these, the first point of contact would be their GP. Given the prominence of health related services and GPs in particular for service users and carers in finding out about and accessing services, it would appear that this trend is set to continue.

Looking to the Future

Confidence in NHS and Council

- 5.50. Considering the underlying principles of the Joint Futures agenda, involving a joint approach to commissioning and planning services, those aged 50 and over were asked to rate how confident they were that the NHS and Council can work together to commission and plan services for older people.

Confidence in NHS and Council

	Commissioning	Planning
Very confident	8%	9%
Fairly confident	46%	39%
Neither/nor	22%	27%
Not very confident	20%	23%
Not at all confident	4%	3%
Base	201	200

- 5.51. Confidence in the NHS and the Council was not high, with a very low proportion being very confident in either commissioning (8%) or planning (9%) services. More than a quarter of respondents (24% in relation to commissioning and 26% in relation to planning) stated that they were either not very, or not at all, confident in the ability of the NHS and Council to work together. The results suggest a general scepticism amongst those aged 50 and over respondents about the NHS and the Council.

- 5.52. When interviewed, participants suggested there needs to be an independent agency or service that can co-ordinate services as some felt that funding issues prohibits effective joint working across different statutory agencies.

Retirement Plans

- 5.53. To get an understanding of what people in the area plan to do when they retire, respondents were asked to provide information on where they plan to live after they retire. The great majority (93%) stated that they intended to remain in Moray after retirement.
- 5.54. In relation to what those who plan to stay in Moray, well over three quarters (81%) intend to stay in their present house for as long as possible, in line with other research on the preferences of older people.

Plans if Staying in Moray

	%
Stay in present house for as long as possible	81%
Buy/build a suitable house for retirement	4%
Move to a more suitable rented house	5%
Take things as they come – no plans yet	5%
Not sure/may make plans later	5%
Base	221

5.55. Indeed, at the focus groups, almost all those attending considered staying in their own homes for as long as possible as very important to them: having access to services that allows this was also reported as very important. When asked what services they would like to see available in the future to assist them retain independence and remain in their own homes, suggestions included:

- Better transport, particularly in rural areas for access to amenities and facilities in the towns and main settlements
- Better access to dentists
- A point of contact and co-ordination of services to ensure that people get access to the services they need as they get older

5.56. A further 10% were not yet sure or intended to make plans later, reflecting findings reported above that many 50s and over would rather not think about it until it is necessary to do so.

6. CONCLUSIONS AND RECOMMENDATIONS

Client Confidentiality and Data Protection

- 6.1. As noted in the introduction, there are important issues which the Partnership needs to address to facilitate this type of research. There were a number of hurdles which had to be tackled in order for the survey sample to be drawn and the surveys to be issued.
- 6.2. The main barrier to the proposed approach related to staff, particularly from the health sector, whose understanding was that the names and addresses of patients could not be released to Craigforth for the purposes of research – even where that research had been commissioned by the Partnership. This had a number of implications
- It was impossible to ensure that the sample to those aged 50 and over was of patients *not* in receipt of any care and support services. The original method would have involved checking names drawn from the GP registers against the names of those receiving care and support services.
 - Issuing reminders proved more complex and less effective. Records of respondents against the original mailing could not be maintained and hence reminders had to be issued to the entire sample or not at all.
 - Focus group participants and interviewees could only be recruited from those returning a questionnaire. Moreover it was also dependent on those who expressed interest in being interviewed also providing personal contact information.
 - The negotiations around drawing the sample increased the complexity of undertaking the research and delayed the issuing of the questionnaires.
- 6.3. Gathering feedback from those using public services is key to providing quality services. It is important that such research is undertaken by independent researchers, whilst having the explicit support of those commissioning and providing the services: this partnership provides reassurance for customers that their honest views are wanted and that their anonymity will be respected.
- 6.4. As this study is intended to form a baseline for future research into health and care services, it is important that before embarking on a follow up study the Partnership resolves these issues so that customer research can be undertaken effectively and efficiently.

Recommendation

1. ***The Partnership should resolve issues around data protection as a matter of priority. In light of the problems and delays experienced conducting this research, it was clear that cross sector services and agencies need clarification on when data can be released, to whom and for what purpose it is appropriate to do so. This is of particular importance given the Partnership's intention to undertake similar research in the future.***

Finding Out About and Accessing Services

- 6.5. Health related services and in particular GPs and hospital staff (including community/district nurses and OTs) play a central role in helping people find out about services. Social work and community care were also prominent but to a lesser extent than health services.
- 6.6. For older people, someone known to them, either professionally or personally, appears to be preferred as an initial contact for finding out about/accessing services. The media (TV, radio and newspapers) as well as leaflets and posters were not as popular amongst older people.
- 6.7. The emphasis on GPs as an access route to wider health and social care services was also evident amongst non service users: a number of those involved in the qualitative research indicated they would probably contact their GP for information and advice. It was however also clear that most people not currently needing services would prefer to find out about them when or if needed in the future.
- 6.8. Most people access services following a 'trigger', such as an illness, deterioration in their health or a stay in hospital. There was some evidence that improved responses to changing needs might help prevent the need for a crisis response.
- 6.9. A particular concern to service providers was how to gather and maintain information on what different services do, their eligibility criteria and how to make appropriate referrals. It was suggested that, partly through the introduction of the SSA, joint working between health and social work/community care has improved but that housing needs to be brought more into the health and community planning agenda and its relevance made clearer to them.
- 6.10. There was also evidence of confusion around data protection and the extent to which information can be shared between services and agencies. Some services providers indicated there is a need for clarification around data protection to ensure there is no breach of the guidelines and to help facilitate joint working.
- 6.11. The research found that both service users and carers were often unclear about the assessment process and about potential charges: older people appeared to be particularly unclear on when and how many assessments had been undertaken and any charges associated with services.

Recommendations

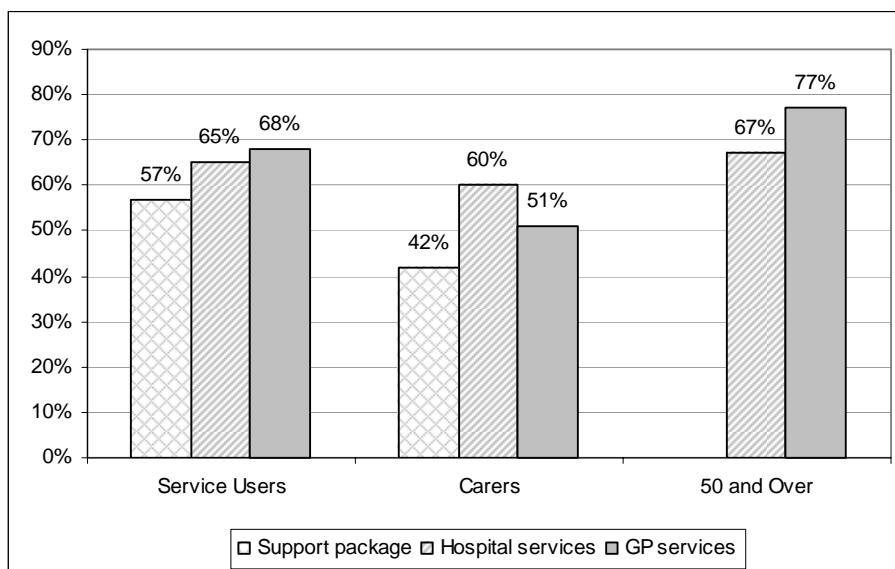
- 2. ***Given the prominence of GPs and hospital related staff in providing people with information and advice on services and their role in making referrals for other services (with this trend likely to continue), the Partnership should focus future effort on improving 'connections' between the health sector, particularly GPs and referrals into wider services..***

3. ***The Partnership should aim to increase the levels of awareness amongst both service users and carers of the assessment process, such as when an assessment is being undertaken, the potential outcome of this and with whom the information they provide will be shared. More detailed information and advice given to service users should also be provided around any associated charges relevant to the services received.***
4. ***Up to date information accessible to all service providers on the range of cross sector services available, referral procedures and eligibility criteria. The Partnership may want to put in place processes and procedures that facilitate a more structured approach to service information, advice and referral for all staff involved in the delivery of health and care services.***

Satisfaction with Services Used

- 6.12. Overall levels of satisfaction with care and support services, with hospital services, and with GP services were all very high. There were however important differences in the levels of satisfaction amongst the three survey groups. Consistently carers were the least satisfied with services provided.
- 6.13. The chart below shows the proportion of respondents who were 'very satisfied' with the three services – the overall support package, the overall hospital services and the GP service overall. It is worth noting that there was least variation in levels of satisfaction amongst the three groups in relation to hospital services: the reason for this is not clear and may be worth exploring in future research.

Very Satisfied Respondents



- 6.14. Other points to note in terms of satisfaction are:
- Overall satisfaction is lower for care and support services compared with GP and hospital related services. This lower level of satisfaction appears to be linked to the ease with which people can contact the service provider, particularly when a problem occurs or there is a change in their care and support needs. This may be related at least in part to carer recruitment problems and service demand issues.
 - Generally carers showed lower levels of satisfaction overall compared with older people and with those aged 50 and over. This was linked, in part, to concerns about their involvement as a carer in the assessment process and the subsequent choices offered to those they care for.
 - For GP services, older people, carers and 50s and over showed very high levels of satisfaction. Where lower levels of satisfaction were evident this related to contacting the practice and the ability to get an appointment with their own GP (50 and over survey only).
 - There was very high levels of satisfaction with GP nursing and medical staff as well as the treatment and advice given. Slightly lower levels of satisfaction were evident for reception staff – possibly linked to the ability to get an appointment with their own GP as reception staff were viewed as ‘gatekeepers’ to the service
- 6.15. Key gaps in service provision identified in both the survey responses and through the interviews and focus groups included respite care and social and recreational type services.
- 6.16. As in many other studies, transport was an issue, especially in the more rural areas. The findings of the research show that a significant number of service users need to travel to receive some aspect of their care and support and tend to rely on others for travel arrangements.

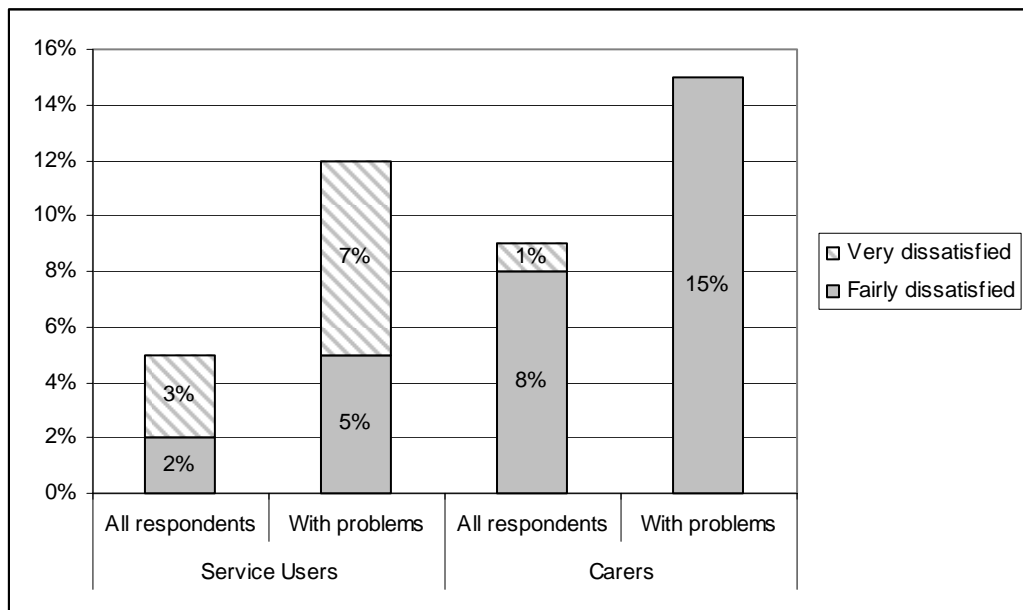
Recommendations

5. ***In terms of service improvements, the Partnership should give particular consideration to the issues identified in this research – lack of cover when care staff are absent along with continuity and flexibility of care.***
6. ***The Partnership should also address the two main service gaps identified – availability/quality of respite care and social and recreation type services and these should be addressed. The range, type and delivery of such services would require further exploration.***

Problem Handling (Care & Support Package)

- 6.17. People who had experienced problem reported much lower levels of satisfaction when compared with those with no reported problems. The chart below compares the levels of **dissatisfaction** amongst respondents (service users and carers) reporting problems compared to those without a problem. As can be seen, both in the case of service users and carers the levels of dissatisfaction rise.

**Dissatisfaction amongst Respondents Reporting Problems
Service Users and Carers**



- 6.18. These findings illustrate the importance of effective complaint handling, and are mirrored in other research undertaken by Craigforth.
- 6.19. Other evidence from the survey and from the interviews and focus groups showed a reluctance on the part of both service users and carers to contact the service provider about their problem. Reasons given for not making this contact were they had not wanted to be seen as 'troublemakers' or to get 'staff into trouble'. These are often reasons given, particularly where the customer is in a close relationship with the individual providing the service.
- 6.20. Hearing about problems is central to being able to improve the service provided. Gathering and analysing complaints forms part of a type of feedback known as 'spontaneous' or 'unsolicited' feedback: this feedback comes to service provider in the form of queries, complaints and compliments. It is described as 'unsolicited' in the sense that it is not given in response to specific request for information.

- 6.21. The classic difficulty with spontaneous feedback is not so much that it is given in an unstructured way, but that organisations may not capture and respond to feedback in a structured way. Some queries may have an inferred criticism that may not be registered anywhere. For example where a request, or 'complaint' can be resolved quickly and informally, local managers and staff may see no reason to record this information.
- 6.22. There is of course a distinctive and challenging context within which the Partnership is operating, with an understandable reluctance on the part of those who are vulnerable and very dependent on the personal relationship with their carer to make any comment which might be construed as criticism for fear of this damaging this relationship. As such the process for making comments and complaints should be made as simple as possible.
- 6.23. The Partnership needs to work with service providers so that both service users and carers believe that they are **helping** the service by explaining about their problem. This may well be a very different culture from that which currently exists and will not be achieved quickly. It is however a goal worth pursuing.

Recommendation

- 7. *The Partnership should identify, in consultation with service providers, ways to encourage service users and their carers to come forward with their problems and concerns. Systems should ensure that apparently minor comments from customers are gathered in order to enable services to respond before the need for formal complaints to be made.***

Support for Carers

- 6.24. In relation to the Moray Trust for Carers, there was relatively low levels of awareness given the sample was drawn from the Carers Register. The evidence gathered suggests not all people on the register are 'active' members. There was mixed use of the service: some people used it frequently while others could not use it as often as they would have liked due to care commitments.
- 6.25. A few carers interviewed felt that the service was not relevant to their needs and that the Carers Trust did not have enough influence where it matters – ie help and assistance with benefits and income maximisation and input and influence into service planning, particularly around respite care. It is important to remember that this was a small number, but it may provide part of the explanation of the dissatisfied respondents in the postal questionnaire.

Recommendations

- 8. *Measures should be taken to ensure that carers are more involved in the assessment and delivery of services for those they care for.***

- 9. *There is also a requirement to address the needs of carers in terms of support and recognition for the role they play: particular attention should be paid to respite care and financial help and assistance. The role of the Moray Carers Trust in supporting the achievement of this objective should be considered.***

Future Service Users (50s and Over)

- 6.26. Most 50s and over indicated that they intend to stay in the Moray area in the future and would prefer to stay in their own homes for as long as possible. However it was also evident that most of this age group had given very little consideration to their potential need for services in the future, preferring instead to address these uncomfortable issues as and when required.
- 6.27. This has important implications for the Partnership, meaning in particular that there may be limited benefits in general publicity campaigns targeted at this group. Rather the emphasis will need to be on promoting access routes into good quality information and advice when people have to start thinking about the need for services. In this context, the importance of the GP as an initial source of information must be recognised: later generations may wish to use other media (such as the internet) but for the immediate future health practitioners are clearly key points of access to a wide range of services.
- 6.28. The evidence also suggests that 50s and over are not entirely confident in the ability of the NHS, Council and other agencies to work in partnership to plan, commission and provide integrated care and support.

Recommendation

- 10. *The Partnership should develop measures to get future service users involved in the planning process (given their stated preference not to think about services until when or if needed), and to address their apparent scepticism.***

Future Customer Communication & Involvement

- 6.29. Levels of satisfaction were high for all three service areas – the care and support package, hospital services and GP practices. There are however clearly areas for improvement as indicated in the recommendations above. In particular in the context of future communication and involvement the research shows that there are a number of areas where current customers (service users and carers) are unclear about finding out about services, accessing those services, the assessment process and any charges which may be made. Future service users can be expected to be more demanding about all aspects of their services.
- 6.30. The future system should involve 2 main elements – gathering information on performance and the use of that information to take action to improve that service. Conducting a further survey based on this baseline study is only one element of what needs to be a wider and more structured approach to engaging with, and responding to, customers.

- 6.31. The importance of both gathering information about spontaneous feedback and structured feedback has been discussed above. A repeat of this survey provides the basis for gathering structured feedback and recommendations have been made about improving systems for gathering spontaneous feedback.

Recommendation

- 11. *The Partnership should ensure that analysis of the feedback gathered is communicated regularly, probably on a quarterly basis. This feedback should provide statistical findings and actions taken to address problems.***

Outcome Indicators

- 6.32. One of the aims of the research was to identify outcome indicators which could be used to assess changes in older people's perceptions, attitudes and satisfaction with services over time.
- 6.33. Annex 1 sets the indicators which it is suggested that the Partnership should adopt. These are drawn from the questionnaires used in the research, selecting those which have provided the most useful information for current and future service provision. These should provide the core of the questionnaires: other elements relevant to the context at the time of the next survey should then be added.

Recommendation

- 12. *The Partnership should adopt the outcome indicators set out in the Annex and use this to provide the core of research into older people's and their carers' views of services in 2 years time.***

**Moray Community Health and Social Care Partnership
Services for Older People
Outcome Indicators**

Indicators for Older Service Users and Carers

Awareness

Satisfaction with information and advice about service availability

Awareness of charges

Awareness of assessment(s)

Support Package

Satisfaction with assessment

- Length of time to undertake assessment
- Wait for the service(s) to be provided
- Choices offered
- Explanations about what would happen

Satisfaction with the support package

- Staff reliability
- Attitude of staff
- Quality of care
- Quality of equipment
- Staff continuity
- Value for money
- Quality of information about the service
- Ease of contacting the provider
- Flexibility of care
- Dealing with problems

Satisfaction with availability and quality of respite services

Problem Handling

Proportion with problems reporting these

Satisfaction amongst those reporting problems

Satisfaction with action taken on reported problem

Indicators for Older Service Users, Carers and People aged 50 and Over

Hospital and related services

Satisfaction with hospital and related services

- Overall
- Out-patient clinic
- Emergency in-patient treatment
- Planned in-patient treatment
- Day surgery
- Ambulance services
- Other patient transport

Satisfaction with GP services

- Overall
- Ease of contacting the practice
- Efficiency in arranging appointments
- Getting appointment with own GP
- Attitude of reception staff
- Attitude of medical staff
- Attitude of nursing staff
- Medical/nursing advice
- Medical/nursing treatment

Services for Carers

Satisfaction with availability of services for carers

* * *