# Moray Citizens' Panel

# Survey 4: Achieving a Healthy and Caring Community

**Draft Report**

**by**

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## EXECUTIVE SUMMARY

The survey was issued to all members of the Moray Citizens Panel in February 2007. By March 2007 the survey attracted 836 responses, representing an overall response rate of 70%.

### Improving Health in Moray

Very few survey respondents opposed the ban on smoking in public places and a large majority of that the ban has had a positive impact on health in Moray. Respondents were less clear on whether the ban would cause more people to stop smoking, and few indicated that they had given up smoking themselves.

The majority of respondents were satisfied with the smoking ban overall. However, around a third mentioned some reservations about the ban and/or its implementation. The most common sources of dissatisfaction with the ban were the view that it will not reduce smoking in Moray, a suggestion that the ban has not been enforced in all public places, and the view that it infringed on the rights of people in Moray.

Most respondents indicated that they would be likely to access help to improve aspects of their general health, with priorities being healthy eating, physical activity and weight loss. The majority of respondents engage in regular physical activity, with more than three quarters physically active around the time of the survey. Despite this, most indicated that there were changes which could help them take more exercise - more free time and cheaper facilities were the most common suggestions.

Awareness of the Hungry for Success school food provision initiative was relatively low, with most having never heard of the initiative. This may reflect the large proportion of Panel members who do not have children of school age. Most of those able to give a view felt that the availability of healthy options, and the range and quality of food available in schools had improved in the past 2 years. However, it is interesting to note that those with children tended to be somewhat less positive about changes to school food provision than others.

In terms of food provision in the workplace, the great majority of respondents felt that employers should provide healthy food choices for staff. Only a little over a fifth of those in employment indicated that their employers participated in the Healthy Working Lives scheme.

Respondents generally felt that levels of alcohol consumption in Moray are similar to those across other parts of Scotland. In terms of personal alcohol consumption, the majority of respondents reported consuming an average of up to 7 units of alcohol a week. Males were much more likely than females to report an average alcohol consumption above the recommended limit level.

## Your Own Health and Care

Nearly half of respondents described their recent health as “excellent” or “very good”, and only 1 in 20 as “poor”. Around a quarter indicated that there was one or more persons in their household who had their daily activities affected by a long-term health problem or condition. Most of these respondents had all of the information they needed on this condition, and around half would consider joining a support group.

By far the most commonly used source of general health information was GP surgeries and/or practice nurses. In addition, a substantial proportion of respondents got this information from pharmacies. The survey suggested that respondents would like to make greater use of health points and libraries to access health-related information. In terms of accessing specialist equipment, respondents would typically approach social work services and GP surgeries.

## Social Care Services

Few respondents had been in contact with social services or community care services in the past 2 years (around 1 in 7). This contact typically involved a face to face appointment, with most having got an appointment within a week.

Satisfaction levels amongst those accessing services were high, with most satisfied with the overall service received. Satisfaction appears to be highest in relation to social care service staff, and lowest on services keeping individuals informed of progress on their enquiry.

The majority of respondents indicated that they would consider using new technology if it would help them to stay in their own home or return home sooner (eg from hospital). Fewer than 1 in 20 would “definitely not” use such technology. Although relatively few respondents would be “happy” to receive treatment at a community hospital outwith their local area, most indicated that they would be “willing” to do this.

## Appointments and Waiting Times

In relation to the need to reduce waiting times for health and social care services, Panel members were asked about options for reducing the number of missed appointments and the number of A&E patients who could be treated by other services.

Telephone reminders to patients were seem as the most effective method for cutting missed appointments, with improved parking and transport to hospital, appointment cards and text/email reminders also mentioned.

In terms of use of A&E services, respondents preferred options to provide information at the point of accessing services (GP surgeries and hospitals). There was also support for information delivered through pharmacies, awareness campaigns and newspapers/leaflets delivered to the door.

**Getting to Health and Social Care Services**

A significant minority of respondents indicated that nothing could encourage them to use public transport for this purpose, suggesting that for a significant minority, other transport modes (ie private car) would always be preferable for access to health and social care services.

In terms of specific improvements to public transport, the timing and frequency of services was identified as a key issue. Providing services direct to health and social care service points was also highlighted as an important improvement.

Private car was by far the most commonly used mode of transport for respondents accessing health and social care services, and was seen as the most effective transport mode. Although the majority of respondents mentioned only one mode of transport for accessing health and social care services, it is interesting to note that very few relied exclusively on public transport to get to these services.

**Patient Participation Forum**

Just over a quarter of survey respondents indicated that they would be interested in finding out more about the Patient Participation Forum - a total of 205 individuals. Take-up was highest amongst those aged 50-59.

# 1. INTRODUCTION

## Background and Study Objectives

1.1. The Moray Citizens' Panel was established by the Moray Community Planning Partnership (MCPP) in April and May 2005, and the MCPP are also responsible for the ongoing management of the Panel. Current MCPP members are:

- The Moray Council;
- Communities Scotland;
- Grampian Fire and Rescue Service;
- Grampian Police;
- NHS Grampian;
- HIE Moray (formerly Moray Badenoch and Strathspey Enterprise);
- Joint Community Councils;
- Moray Citizens Advice Bureau;
- Moray Chamber of Commerce;
- Moray College;
- Moray Volunteer Service Organisation;
- Royal Air Force; and
- Volunteer Centre Moray.

1.2. A total of 1329 Moray residents joined the Panel as a result of the recruitment process. There have been a small number of further additions and deletions since the initial recruitment; at the time of the survey the total Panel membership stood at 1197, spread across each of the seven main administrative areas:

- Buckie;
- Elgin;
- Fochabers;
- Forres;
- Keith;
- Lossiemouth; and
- Speyside.

1.3. As a result of responses to this survey, current Panel membership has reduced slightly to 1184 (13 deletions).

## Methodology and Response

1.4. Craigforth Consultancy and Research undertook this survey on behalf of Moray Community Planning Partnership during February and March 2007. The survey was issued to the full sample of Panel members; postal self-completion questionnaires were issued to all 1197 members in mid February 2007. Reminder letters were sent to all non-respondents in early March 2007.

1.5. The aim of the survey was to gauge Panel members' experiences and views of health and social care services in Moray, including the following specific topic areas:

- Improving health in Moray;
- Panel members' own health and care;
- Use of and views on social care services;
- Caring for people in and close to their own homes;
- Health/ social care appointments and waiting times; and
- Getting to health and social care services.

1.6. In addition, Panel members were invited to express interest in receiving further information on the Patient Participation Forum, which aims to involve local people in developing health services.

1.7. A copy of the questionnaire used in the survey is provided at Appendix 1.

1.8. A total of 836 returns were received by cut off in March 2007, representing an overall survey response rate of 70%. This is a very good level of response, and is similar to that achieved in previous Panel surveys. In addition, the response rate compares extremely favourably with other postal survey exercises.

1.9. The profile of survey respondents in terms of gender, age, housing tenure and administrative area is provided in Table 1 below.

1.10. The achieved sample was broadly representative of the Panel as a whole in terms of the five main indicators presented, although there was some under-response from younger Panel members (aged under 30) and corresponding over-response from those aged 60+.

1.11. However, any significant under or over representation of specific sectors of the wider Moray population were due to differences in the profile of the wider population and that of the current Panel. The most notable differences were:

- There was a small over-representation of females in the achieved sample, and corresponding under-representation of males;
- Those in the middle to older age groups are over-represented, particularly those aged 45-59. In contrast, there was a significant under-representation of those aged under 30;
- Owners are significantly over-represented, and households in social rented and private rented/other accommodation correspondingly under-represented; and
- The Panel was constructed to maintain a relatively even number of members across the seven geographic areas in order to produce robust survey findings at a sub local authority level. This results in an over-representation of Speyside area residents and under-representation of Elgin residents in relation to their share of Moray's population.

**Figure 1: Profile of Survey Respondents, Panel Members and Moray overall**

| | Survey Respondents (Total 836) | | Panel Members (Total 1197) | | Moray[1] |
|---|---|---|---|---|---|
| | Num | % | Num | % | % |
| **GENDER** | | | | | |
| Male | 370 | 44% | 548 | 46% | 50% |
| Female | 465 | 56% | 649 | 54% | 50% |
| BASE | 835 | | 1197 | | - |
| **AGE** | | | | | |
| 18-30 | 37 | 4% | 91 | 8% | 16% |
| 30-44 | 224 | 27% | 363 | 30% | 29% |
| 45-59 | 311 | 37% | 426 | 36% | 26% |
| 60+ | 261 | 31% | 311 | 26% | 29% |
| BASE | 833 | | 1191 | | - |
| **HOUSING TENURE** | | | | | |
| Owner occupied | 688 | 83% | 945 | 79% | 65% |
| Social rented | 80 | 10% | 144 | 12% | 21% |
| Private rented/ Other | 63 | 8% | 102 | 9% | 14% |
| BASE | 831 | | 1191 | | - |
| **GEOGRAPHIC AREA** | | | | | |
| Buckie | 100 | 12% | 143 | 12% | 16% |
| Elgin | 103 | 12% | 143 | 12% | 24% |
| Fochabers | 121 | 14% | 171 | 14% | 11% |
| Forres | 136 | 16% | 190 | 16% | 18% |
| Keith | 110 | 13% | 165 | 14% | 8% |
| Lossiemouth | 109 | 13% | 163 | 14% | 14% |
| Speyside | 156 | 19% | 222 | 19% | 9% |
| BASE | 835 | | 1197 | | - |

### Reporting Conventions

1.12. In the analysis we have focused on the questions asked in the survey form. Overall frequency counts and percentages are presented for each question, with the exception of open-ended questions where the main issues and suggestions are highlighted in the text of the report. Additional tables with data on questions not presented in tabulated form within the main report are included at Appendix 2.

1.13. We also conducted crosstabulations of some questions by key demographic indicators including gender, age and the residential location of respondents (based on the seven community planning areas in Moray). These variables offer helpful ways of understanding the survey data in greater detail and where significant differences between these groups were evident, these are highlighted in the report text.

[1] Gender and age based on GRO(S) population estimates as at 30 June 2004; housing tenure based on the 2001 Census; geographic area based on the 2004 Moray Community Health Index (therefore not directly comparable to 2001 Census or GRO(S) population estimates).

1.14. However, because of the relatively low sample numbers in some of the categories being used we must be cautious about generalising from some of the crosstabulated data. Overall numbers of respondents are sufficiently high to provide reliable analysis, and crosstabulations are only presented and reported on where numbers are high enough to ensure that results are reasonably robust.

1.15. Similarly, where the base number of responses is less than 30, percentage values are not provided. Where appropriate, the missing value is replaced by "-" throughout the report. Where presented, percentage values are rounded up or down to the nearest whole number. Consequently, for some questions this means that percentages may not sum to 100%.

## 2. IMPROVING HEALTH IN MORAY

2.1. The survey first asked a series of questions in relation to health improvement in Moray. This included questions relating to the smoking ban in public places, healthy living and physical activity, diet and food, and finally the consumption of alcohol.

### Ban on smoking in public places

2.2. The ban on smoking in public places has been in place for more than 9 months, and respondents were asked the extent to which they agreed with a series of statements in relation to the ban (Table 1).

2.3. As many as three quarters of survey respondents agreed that the ban on smoking in public places has had a positive impact on health in Moray (75%), giving the strongest net agreement level of +73%. There was also strong agreement that because of the ban respondents are more likely to visit public places, with a net agreement level of +68%. It is interesting to note that this statement received the highest number of "strongly agree" responses; more than half of respondents strongly agreed with the statement (55%).

2.4. However, it should be noted that there respondents were more likely to disagree that the ban has made them more likely to visit public places, than that the ban has improved health in Moray; nearly 1 in 10 respondents disagreed with the former statement (9%). This may reflect in part some distinction between the types of public places affected by the ban; for example some of those disagreeing with the statement may be doing so in relation to pubs specifically. Further research would be required to confirm the extent to which views on the smoking ban differ for the range of public places affected.

2.5. With a net rating of +33%, respondents were less clear in their agreement that the ban on smoking in public places will cause more people to stop smoking. Although nearly half of respondents agreed with the statement, fewer than 1 in 10 agreed strongly (7%).

2.6. More than 1 in 10 respondents (12%) agreed that they had given up smoking since the ban on smoking in public places came into effect; this constitutes 58 people. Unsurprisingly, most respondents disagreed or offered no comment on the statement, giving a net agreement rating of -10%.

2.7. The minus net ratings of the final two statements on the ban indicate that the majority of survey respondents support the ban on smoking in public places. More than three quarters disagreed that the ban infringes the rights of Moray residents (76%), giving a net agreement rating of -65%. Despite this high level of disagreement, it is worth noting that there remained more than 1 in 10 respondents (12%) who felt that the ban does infringe on individuals' rights.

2.8. Views were similar on the final statement, with nearly 4 in 5 disagreeing that they opposed the smoking ban; indeed, more than 3 in 5 disagreed strongly with this. The overall net rating was -68%. Nevertheless, again there was a minority of respondents who did oppose the smoking ban (11%).

**Table 1: Impact of the ban on smoking in public places**

| | NET[2] | Strongly agree | Agree | Neither / nor | Disagree | Strongly disagree | Don't know |
|---|---|---|---|---|---|---|---|
| The ban has had a positive impact on health in Moray | **+73%** | 46% | 29% | 10% | 2% | 1% | 2% |
| More likely to use public places eg restaurants, pubs | **+68%** | 55% | 22% | 14% | 5% | 4% | 0% |
| Will cause more people to stop smoking in Moray | **+33%** | 7% | 40% | 27% | 11% | 4% | 1% |
| I have stopped smoking since the ban came in | **-10%** | 5% | 7% | 58% | 12% | 10% | 8% |
| The ban infringes the rights of people in Moray | **-65%** | 5% | 7% | 11% | 31% | 45% | 2% |
| I oppose the ban on smoking in public places | **-68%** | 7% | 4% | 9% | 17% | 62% | 1% |

2.9. In addition to the statements above, the survey also asked panel about their satisfaction with the effects of the smoking ban (Table 2).

2.10. Overall, respondents were very satisfied with the effects of the ban, as is evident in the high net satisfaction rating (+79%). Indeed, nearly 3 in 5 respondents were very satisfied with the effects of the ban on smoking in public places (69%), while only 1 in 20 indicated dissatisfaction with the ban.

**Table 2:Satisfaction with the effects of the ban on smoking in public places**

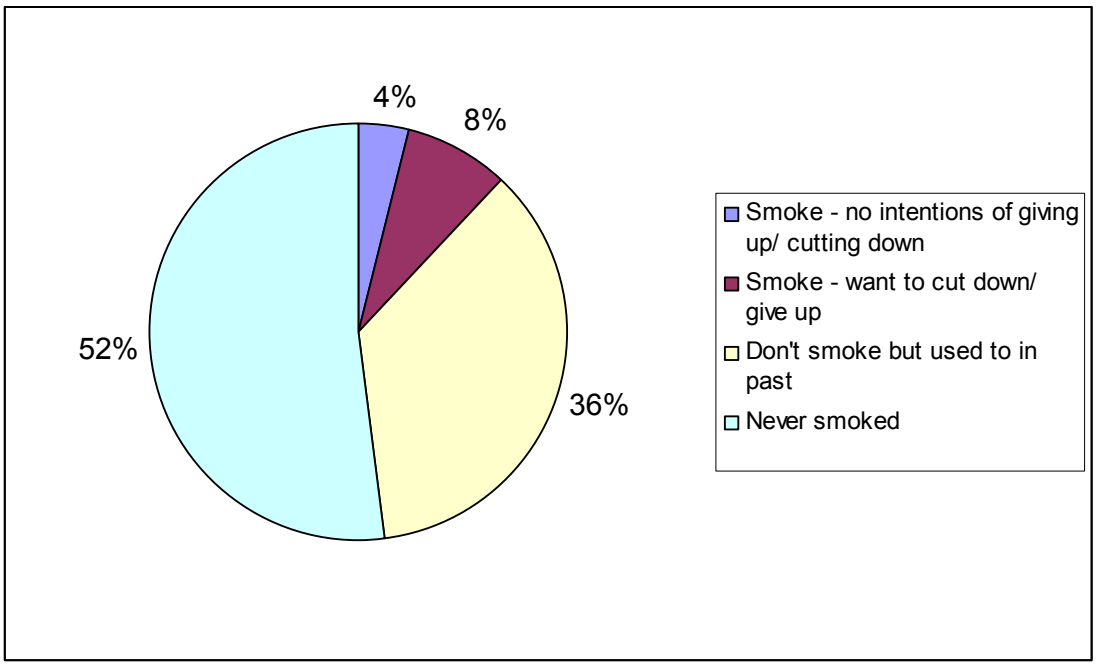
| | Num | % |
|---|---|---|
| **NET** | **+79%** | |
| Very satisfied | 487 | 59% |
| Satisfied | 207 | 25% |
| Neither/ nor | 79 | 10% |
| Fairly dissatisfied | 17 | 2% |
| Very dissatisfied | 23 | 3% |
| Don't know/ can't say | 15 | 2% |
| Base | 828 | |

2.11. To inform analysis of panel members' views on smoking and the smoking ban, we also asked about their current smoking behaviour (Table 3).

2.12. Just over half of respondents had never smoked (52%), and a further c1 in 3 (36%) had smoked previously but no longer smoked. Only a little over 1 in 10 respondents currently smoked (12%), with the majority of these indicating that they would like to cut down or give up their smoking.

[2] The % Net level is constructed by adding the definite responses, negative and positive, and taking the disagree cells from the agree cells.

**Table 3: Current smoking behaviour of panel members**




2.13. There were some notable variations in smoking behaviour across the main age bands, with younger respondents most likely to have never smoked. In particular, more than 3 in 5 of those aged under 40 had never smoked (63%), +19% more than the 44% of those aged 60+ who had never smoked.

2.14. Panel members were also asked to identify whether there were particular aspects of the smoking ban in public places with which they were dissatisfied (Table 4).

2.15. A little over a third of all survey respondents answered this question, indicating that a sizeable minority of respondents had some reservations about the ban and/or its implementation. The most common source of dissatisfaction with the ban was the view that it will not reduce smoking in Moray, mentioned by nearly 2 in 5 of those mentioning a problem (38%). In addition around a quarter felt that the ban has not been enforced in all public places, and a similar proportion that it infringed on the rights of people in Moray.

2.16. Around a third of those mentioning some form of dissatisfaction with the ban gave "other" reasons given for this. The most common reason given was concern about the increased exposure to smokers on the street, particularly outside public buildings: "I hate having to pass groups of people smoking outside shops, pubs and offices."

2.17. Other reasons included:

- smokers littering the streets outside public buildings
- smokers restricting access to public buildings
- lack of receptacles for cigarette ends

- lack of choice and accommodation for smokers
- loss of social amenity for those who smoke

**Table 4: Reasons for dissatisfaction with aspects of the smoking ban**

| | Num | % |
|---|---|---|
| It has not been enforced in all public places | 78 | 26% |
| It is an infringement on the rights of people in Moray | 68 | 23% |
| It will not reduce smoking in Moray | 114 | 38% |
| Other | 92 | 31% |
| Base | 298 | |

2.18. In the final question in relation to smoking, panel members were asked about the recent proposal to raise the minimum age for the purchase of cigarettes (Table 5).

2.19. There was an overwhelming view that the minimum age should be increased, with nearly 9 in 10 in favour (88%), including nearly two thirds "definitely" in favour of the proposal (63%). Just over 1 in 10 respondents did not support the increase in minimum age for buying cigarettes (11%).

**Table 5: The age at which you can buy cigarettes should be increased**

| | Num | % |
|---|---|---|
| Yes, definitely | 529 | 64% |
| Yes, probably | 195 | 24% |
| No, probably not | 73 | 9% |
| No, definitely not | 19 | 2% |
| Don't know | 15 | 2% |
| Base | 831 | |

**Healthy living and physical activity**

2.20. Here Panel members were asked about improving aspects of their health, and the type of help they would like.

2.21. Panel members were first asked whether they would likely to access help to improve aspects of their health (Table 6).

2.22. Around 7 in 10 of all survey respondents indicated that they would be likely to access help to improve one or more aspects of their health. The most common areas where respondents would be likely to access help were healthy eating, physical activity and weight loss; more than half of respondents would be likely to access help on each of these (56%, 55% and 50% respectively). In relation to healthy eating, this level increases to two thirds for those with children.

2.23. Around a third of respondents (33%) would be likely to access help to improve their oral health, although this is again higher for those with children (40%). Just over a quarter (26%) would be likely to access help to improve their mental health and wellbeing.

2.24. Fewer than 1 in 10 respondents indicated that they would be likely to access help on alcohol consumption, sexual health and drug use.

**Table 6: Likely to access help to improve aspects of own health**

| | Num | % |
|---|---|---|
| Healthy eating | 333 | 56% |
| Physical activity | 327 | 55% |
| Weight loss | 300 | 50% |
| Oral health | 198 | 33% |
| Mental health and wellbeing | 156 | 26% |
| Accident prevention | 99 | 17% |
| Alcohol consumption | 51 | 9% |
| Sexual health | 47 | 8% |
| Drug use | 30 | 5% |
| Other | 24 | 4% |
| Base | 595 | |

2.25. The survey went on to ask about Panel members' levels of physical activity over the preceding six months (Table 7).

2.26. A large majority of respondents (71%) reported being regularly active, with a further 7% indicating that they have only recently begun to be regularly active. In total, more than three quarters of respondents were physically active around the time of the survey (78%).

2.27. Of the c1 in 5 (22%) who were inactive, the majority indicated that they were thinking of starting regular exercise in the near future; these respondents accounted for 17% of all respondents.

**Table 7: Levels of physical activity in the past 6 months**

| | Num | % |
|---|---|---|
| I am regularly active and have been for the past 6 months | 584 | 71% |
| I am physically active but only began to be so in the last 6 months | 55 | 7% |
| I am not physically active but am thinking about starting in the near future | 139 | 17% |
| I am not physically active and do not intend to be in the near future | 41 | 5% |
| Base | 819 | |

2.28. Panel members were then asked what if anything would help them to take more physical activity (Table 8). A tenth (10%) of those answering this question indicated that there was nothing that could encourage them to take more physical activity. Unsurprisingly, this rises to 1 in 5 (20%) amongst those aged 60 and over.

2.29. More free time and lower costs of facilities were the most commonly identified factors, both mentioned by around 2 in 5 respondents (41% and 38% respectively).

2.30. An increase in free time was the most important factor for one out of two (45%) women respondents. While the most important factor for men (which was equally shared by women) at a level of two out of five (38%) was having lower cost sports / leisure facilities.

2.31. Better personal motivation (32%) and better access to pathways/ routes for walking (28%) or cycling (23%) were also commonly mentioned factors.

2.32. In addition to factors listed in the table below, 1 in 10 respondents mentioned "other" changes which would help them to take more physical activity:

- More wheelchair accessible routes
- Cycle routes (for leisure and to work), being able to take bicycle on the train, showers at work for cyclists
- Bridle ways
- Child care at leisure centres, greater access to school pools, and family sessions
- Lit play areas for children at night
- Presence of local leisure/ sports facilities, reduced or free access to leisure/ sport facilities

**Table 8: Factors to help members take more physical activity and by age**

| | All | Under 40 | 40-49 | 50-59 | 60+ |
|---|---|---|---|---|---|
| More free time | 41% | 62% | 51% | 47% | 13% |
| Lower cost sports/ leisure facilities | 38% | 48% | 52% | 37% | 24% |
| Better personal motivation | 32% | 35% | 37% | 32% | 28% |
| Better access to pathways for walking | 28% | 26% | 28% | 31% | 28% |
| Better access to routes for cycling | 22% | 27% | 30% | 25% | 12% |
| Better opening times at sports/ leisure facilities | 15% | 25% | 19% | 12% | 7% |
| General advice on physical exercise | 14% | 9% | 12% | 14% | 18% |
| Local support/ interest groups | 13% | 11% | 19% | 15% | 7% |
| Coaching/ mentoring | 9% | 8% | 12% | 9% | 6% |
| Other | 10% | 10% | 9% | 8% | 11% |
| Nothing | 10% | 4% | 3% | 9% | 20% |
| Base | 804 | 160 | 178 | 224 | 242 |

2.33. There were some significant variations in reporting of factors to encourage more physical activity across age and gender groups:

- More free time and lower costs of sport and leisure facilities was more commonly mentioned amongst younger respondents, particularly under 40s. Better motivation, better opening times for sport/leisure facilities and access to cycling routes were also key encouraging factors for younger respondents.
- Older respondents, particularly those aged 60+ were most likely to mention more advice on physical exercise.
- More free time was the most common factor for females, while lower cost was the most common for males.

2.34. In terms of encouragement to improve their diet, 2 in 5 respondents mentioned cheaper healthy food (40%) while a little more than 1 in 3

mentioned better quality food available locally (35%); these were the two most commonly mentioned factors to improve diet. In addition, better personal motivation was mentioned by nearly 3 in 10 respondents (29%).

2.35. Nearly 1 in 5 respondents (18%) thought there was nothing that would help to improve their diet.

**Table 9: Things that would help to improve diet**

| | Num | % |
|---|---|---|
| Cheaper healthy food | 318 | 40% |
| Better quality produce available locally | 275 | 35% |
| Better personal motivation | 230 | 29% |
| General advice on healthy eating | 133 | 17% |
| Improving your cooking/ food skills | 116 | 15% |
| Weight management support | 120 | 15% |
| Better access to shops | 57 | 7% |
| Other | 37 | 5% |
| Nothing | 140 | 18% |
| Base | 797 | |

2.36. There were a number of variations in views across key demographic groups in relation to improving diets:

- Availability of cheaper healthy food was a particular concern for females, younger respondents (particularly those aged under 40) and those with children.
- For older respondents (those aged 60+), better quality produce available locally was a more commonly mentioned issue.
- Although only around 1 in 7 of all respondents felt that improving cooking/ food skills would improve diet, this rises to 1 in 5 (20%) amongst those with children.

**Food in schools and the workplace**

2.37. Here Panel members were asked about factors related to food provision in schools and the workplace, including awareness of the Hungry for Success initiative, food in schools, work place food, and the Healthy Working Lives scheme.

2.38. The Council has been promoting the Hungry for Success initiative, which is part of the Scottish Executive's Whole School Approach to School Meals. Although nearly half of respondents indicated that they may have heard of the initiative (46%), only a little over 1 in 5 had definitely heard of the initiative (22%). This rose to 3 in 10 for those with children (30%).

2.39. Just over half of respondents had definitely not heard of the Hungry for Success initiative (51%).

**Table 10: Awareness of Hungry for Success initiative**

| | Num | % |
|---|---|---|
| Definitely heard of | 183 | 22% |
| Possibly heard of | 201 | 24% |
| Definitely not heard of | 426 | 51% |
| Don't know | 25 | 3% |
| Base | 835 | |

2.40. Panel members were also asked for their views on the extent to which they felt that various aspects of food provision in Moray schools had improved or got worse over the past 2 years. For each aspect, around half of respondents had no opinion on food provision in schools, and these responses have been removed from Figure 1 below.

2.41. Respondents were most positive about the availability of healthy options in schools, with nearly 9 in 10 indicating that they felt this had improved in the last 2 years (89%). Nearly 3 in 5 felt that the availability of healthy options was much better than 2 years ago (38%).

2.42. Respondents also felt that the quality and range of food offered in schools was better than two years ago. For both quality and range more than 4 in 5 respondents felt there had been improvement (82% and 86% respectively) and nearly 1 in 3 felt that quality and range was now "much better" (31% and 32%).

2.43. Respondents were somewhat less positive about improvements in the appeal of food to children; although most felt that this was better than 2 years ago (67%), only around 1 in 6 felt that this was "much better" (16%). Indeed, 1 in 10 respondents felt that the appeal of food to children had got worse over the past 2 years (10%).

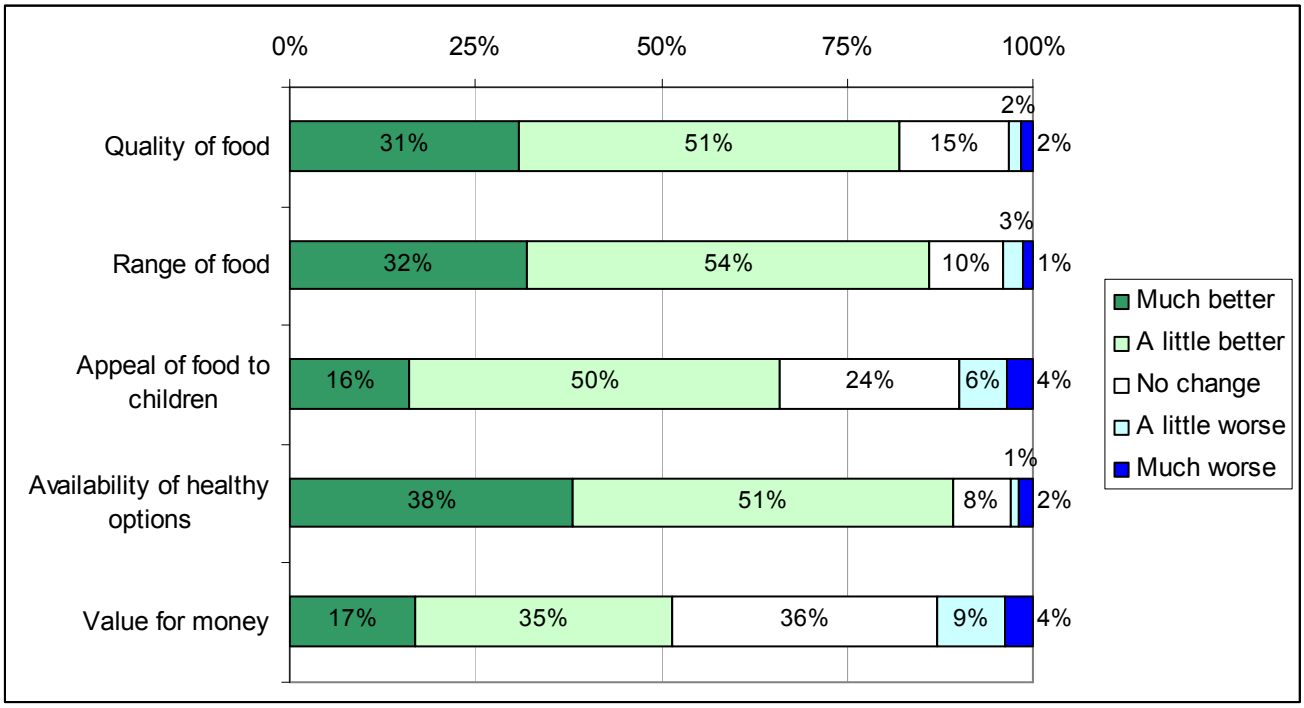
2.44. Respondents were divided in their views on any improvements to the value of money for food in schools; only a little over half felt that value for money was better now than 2 years ago (52%). More than 1 in 3 felt that there had been no change in value for money (36%), while more than 1 in 10 felt food in school represented worse value for money than 2 years ago (13%).

2.45. Interestingly, respondents with children tended to be less positive about changes to school provision in schools over the past 2 years, suggesting that positive views expressed by many respondents may reflect awareness of initiatives on school food provision rather than direct experience of the service.

2.46. Though slightly less positive than other respondents, most of those with children felt that food provision in schools was better than 2 years ago; a large majority felt the range/ quality of food and availability of healthy options was better than 2 years ago. These respondents were slightly less positive on the appeal of food to children; although most felt this had improved, only 1 in 10 felt this aspect of food provision was "much better" and a similar proportion felt food was ***less*** appealing now than 2 years ago.

2.47. The only aspect of food provision in schools where a minority thought there had been improvement was value for money. Only 2 in 5 of those with children felt this was better than 2 years ago. Most felt that value for money was about the same as 2 years ago, while around 1 in 7 felt this had got worse.

**Figure 2: Evaluation of food provided in Moray schools over last two years**




2.48. Panel members were next asked whether they thought employers should provide healthy food choices for their staff (Table 11).

2.49. Most respondents (55%) felt that employers should "definitely" provide healthy food choices for staff, rising to nearly 9 in 10 when "possibly" responses are included (87%). Only around 1 in 20 felt that employers should not do this (6%).

2.50. Working age respondents were most likely to feel that employers should "definitely" provide healthy food choices for their staff. It was also notable that females were somewhat more likely than males to feel that healthy food options should be provided.

**Table 11: Employers to provide staff with healthy food choices**

| | Num | % |
|---|---|---|
| Yes, definitely | 455 | 55% |
| Yes, possibly | 264 | 32% |
| No, definitely not | 45 | 6% |
| Don't know | 57 | 7% |
| Base | 821 | |

2.51. Finally on food provision in the workplace, Panel members were asked whether their companies were involved in the Healthy Working Lives scheme.

2.52. The Healthy Working Lives (HWL) scheme came into effect in April 2007 to provide an evidence-based framework for improving health at work. The scheme brings together a number of existing health at work related programmes including Scotland's Health At Work (SHAW), the Safe & Healthy Working scheme and strands of Scotland Against Drugs.

2.53. Nearly 3 in 5 respondents (58%) indicated that they were in employment, and of these a little over 1 in 5 (22%) were aware that their company participated in the Healthy Working Lives scheme. Nearly half of those in employment indicated that their workplace were not involved in the scheme (48%), while 3 in 10 were unsure.

**Table 12: Staff included in the Healthy Working Lives scheme**

| | Num | % |
|---|---|---|
| Yes | 100 | 13% |
| No | 220 | 28% |
| Don't know | 134 | 17% |
| Not in employment | 331 | 42% |
| Base | 785 | |

**Alcohol consumption**

2.54. Finally on improving health, Panel members were asked about alcohol consumption in Moray.

2.55. First the survey asked about how the consumption of alcohol in Moray compared with consumption elsewhere in Scotland (Table 13).

2.56. Most respondents felt that alcohol consumption in Moray was similar to that across other areas in Scotland (63%). Of those who felt that there was some difference in consumption, most felt that alcohol consumption was higher in Moray than elsewhere in Scotland. Nearly 3 in 10 of all respondents indicated this (29%), including nearly 1 in 10 (9%) who felt that people in Moray consume "much more" alcohol than people living in other parts of Scotland.

2.57. Fewer than 1 in 10 respondents felt that people in Moray consume less alcohol than people living elsewhere in Scotland (8%).

**Table 13: Alcohol consumption comparing Moray with rest of Scotland**

| | Num | % |
|---|---|---|
| Much more | 53 | 9% |
| A little more | 121 | 20% |
| About the same | 387 | 64% |
| A little less | 43 | 7% |
| Much less | 4 | 1% |
| Base | 608 | |

2.58. Panel members were also asked about their average weekly alcohol intake, with a rough guide being 1 glass of wine = 2 units and 1 pint of beer = 2.5 units (Figure 3).

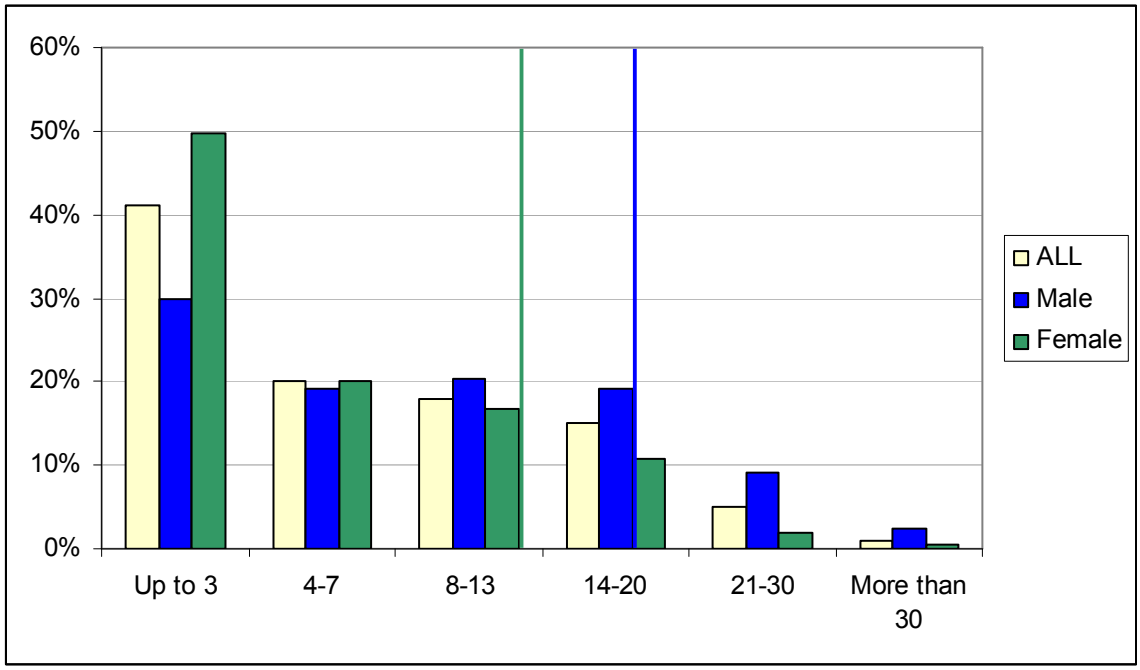
2.59. The largest group of respondents indicated that they drink little or no alcohol, with 41% consuming up to 3 units of alcohol a week. A further 1 in 5 (20%) drink between 4 and 7 units of alcohol each week, meaning that the majority of respondents drink the equivalent of 3-4 glasses of wine each week (61%).

2.60. Around a further 1 in 3 respondents (32%) consume between 8 and 20 units each week, while just over 1 in 20 drink more than 20 units of alcohol each week (6%).

2.61. The medically recommended level of alcohol consumption is a weekly average of up to 14 units for women and 21 units for men - these recommended limits are highlighted on Figure 3 below.

2.62. The great majority of female respondents indicated that their alcohol consumption was usually within the recommended limit; nearly 9 in 10 indicated that they usually drank up to 13 units per week (87%). Although the majority of males indicated that their consumption was within the recommended limit (69%), there remained nearly 1 in 3 male respondents who reported that their average weekly alcohol consumption was above the recommended limit of 21 units (31%).

**Figure 3: Personal average weekly alcohol intake by gender**




2.63. Finally, Panel members were asked whether they had heard the Christmas alcohol awareness campaign on Moray Firth Radio (Table 14).

2.64. Only a little over a third of respondents thought that they had heard the campaign (37%), and only 1 in 5 indicated that they had “definitely” heard the campaign (19%). Overall, the majority of panel members (60%) had not heard the campaign.

2.65. It is notable that those aged 60 and over were the least likely to have “definitely” heard the awareness campaign.

**Table 14: Moray Firth Radio, Christmas alcohol awareness campaign**

| Heard the campaign | Num | % |
|---|---|---|
| Yes, definitely | 156 | 19% |
| Yes, possibly | 150 | 18% |
| No, definitely not | 493 | 60% |
| Don't know | 30 | 4% |
| Base | 829 | |

## 3. YOUR OWN HEALTH AND CARE

3.1. In this section we set out survey respondents' views on issues related to their general health and any long-term health problems.

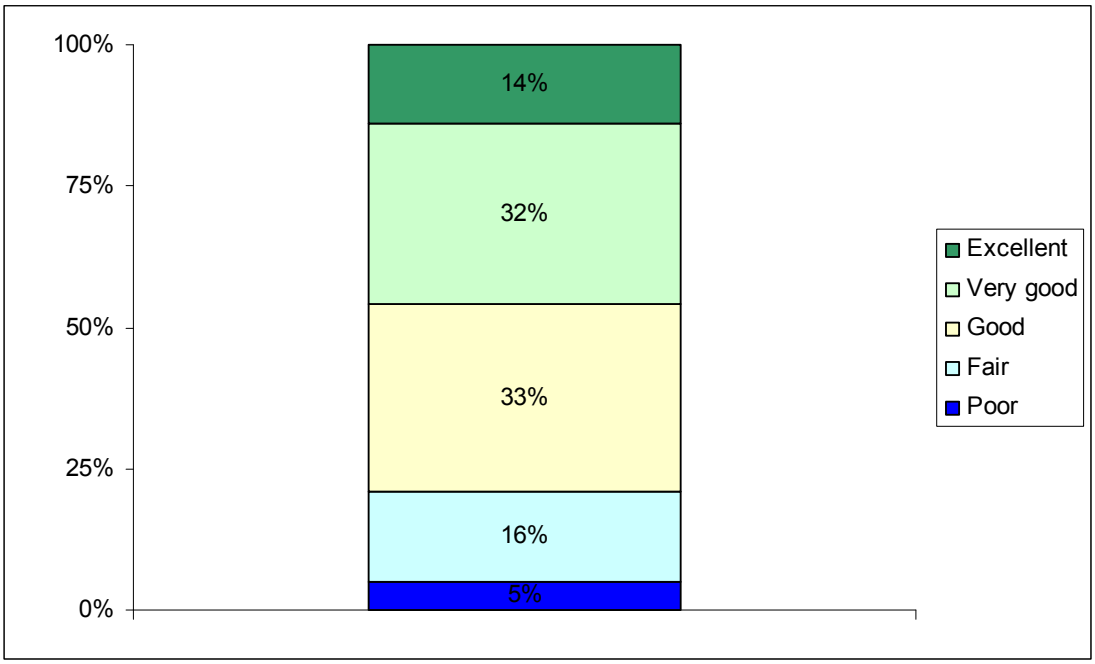
### General health and long-term problems

3.2. First Panel members were asked to describe their own general health over the past four weeks (Figure 4).

3.3. Nearly half of respondents described their recent health as excellent or very good (46%), and this rises to more than two thirds when "good" responses are included (69%). Just over 1 in 5 respondents felt that their health had not been good recently (21%), including 1 in 20 who described their health as "poor" (5%).

3.4. Perhaps unsurprisingly, respondents' reported general healthy decreased with age; nearly 3 in 5 of those aged under 40 described their recent health as excellent/very good, compared to 2 in 5 of those aged 60+. However, it is also notable that those in the middle age groups (40-59) were most likely to report "poor" health; nearly 1 in 10 of those aged 40-49 indicated this.

**Figure 4: Recent health of Panel members**




3.5. Panel members were next asked if they, or anyone in their household, had a long-term health problem or condition that affected daily activities (Table 15).

3.6. Nearly a quarter of respondents indicated that there was one or more persons in their household who had their daily activities affected by a long-term health problem or condition (23%). Unsurprisingly, older respondents were most likely to report a long-term health condition; 3 in 10 of those aged 60+ lived in a household with someone affected by such a condition, compared to just 1 in 10 of those aged under 40.

**Table 15: Presence of someone with long term health problem or condition**

| | Num | % |
|---|---|---|
| Yes | 182 | 23% |
| No | 619 | 77% |
| Base | 801 | |

### Information and long-term health problems

3.7. Those respondents affected (personally or in their household) by a long-term health condition were asked about their information and support needs in relation to this condition (Table 16).

3.8. The majority of those affected indicated they had all of the information they needed on the condition and the care required; more than two thirds indicated this (67%). In total, around a third of respondents would like more information (33%), although most of these indicated that they do currently have some information on the condition; fewer than 1 in 20 felt that they had little or no information (4%).

3.9. Around half indicated that they would consider joining a group to get more information and/or support in relation to the long-term condition (49%). However, relatively few suggested that they would "definitely" join such a group (just 15% of those affected).

3.10. Nearly a third of respondents affected by a long-term condition indicated that they would "definitely not" join a support group (31%). It is notable that males were considerably more likely than females to be unwilling to join a group.

**Table 16: Information on long-term health problem**

| | Num | % |
|---|---|---|
| **Have enough information?** | | |
| I have all of the information I need | 120 | 67% |
| I have some information about the condition, but would like more | 52 | 29% |
| I have little or no information about the condition | 7 | 4% |
| Base | 179 | |
| **Join a group for information/support?** | | |
| Yes, definitely | 26 | 15% |
| Yes, probably | 61 | 34% |
| No, definitely not | 55 | 31% |
| Don't know | 37 | 21% |
| Base | 179 | |

3.11. The main reasons given by panel member for people not joining a help/support group were:

- A lack of available time, for example for carers working, and where the timing of groups was inconvenient.
- Access problems: for example a lack of transport, concerns about the distance required to travel, suitable vehicles, and upstairs premises.
- Extremes of ill-health: for example potential embarrassment about frailty.

- Support not wanted/needed: where individuals are already well supported and independent or already in a group. Some felt that professionals could not add to their knowledge of the condition.

3.12. Next, all Panel members were asked to indicate where they obtain information related to keeping healthy and managing any ongoing condition (Table 17). Respondents were asked to indicate all of the sources they currently use, and those they don't currently but would like to use.

3.13. By far the most commonly used source of information was GP surgeries and/or practice nurses; these are currently used by more than 4 in 5 respondents (83%).

3.14. In addition, nearly 3 in 5 respondents indicated that they used pharmacies for this information (58%) and half indicated that they sought health-related information in newspapers (50%). These are the only other sources currently used by the majority of respondents. However, it is interesting to note that around half of respondents indicated that they used the internet for this information (49%).

3.15. "Other" information sources mentioned by respondents were:

- People: in associations, others with similar health conditions, health professional relatives/friends
- Literature: books and magazines - medical, health, sport, cookery, association journals
- Other media: TV (dominant source), Radio

**Table 17: Health information sources**

| | Currently use | | Would like to use | |
|---|---|---|---|---|
| | Num | % | Num | % |
| GP surgery/ Practice nurse | 639 | 83% | 34 | 25% |
| Pharmacy | 450 | 58% | 39 | 29% |
| Newspapers | 383 | 50% | 22 | 16% |
| Internet | 376 | 49% | 35 | 26% |
| Hospital | 235 | 30% | 32 | 24% |
| Library | 157 | 20% | 62 | 46% |
| NHS 24 | 78 | 10% | 53 | 39% |
| School | 67 | 9% | 45 | 33% |
| Carer | 22 | 3% | 42 | 31% |
| Health point | 22 | 3% | 70 | 52% |
| Community worker | 8 | 1% | 47 | 35% |
| Other | 87 | 11% | 15 | 11% |
| Base | 773 | | 136 | |

3.16. There were some interesting variations in use of health information sources across age groups:

- While GP surgeries/practice nurses were the most common information sources across all age groups, younger respondents (aged

under 40) were also particularly likely to use pharmacies for this information.

- Those aged under 50 were also more likely than older respondents to use NHS 24 and schools for health-related information.

- Those aged under 60 were more than twice as likely as those aged 60+ to get their health information from the internet.

3.17. Relatively few respondents indicated sources of information which they would like to, but do not currently use. However, responses here do suggest that individuals would like to make greater use of use health points and libraries for health-related information.

3.18. Respondents were also asked where they would go if they needed to find specialist equipment to meet health related needs, such as a wheelchair or equipment such as a stair lift or handrails (Table 21).

3.19. As was found in relation to health related information, most respondents would use "official" public sector sources for specialist equipment. The most commonly mentioned sources were Social Work services (54%) and GP surgeries/ health centres (49%).

3.20. In addition, more than a quarter would use the Red Cross or other charities for specialist equipment (26%), while around 1 in 6 would use other Council services (17%). In terms of "other" potential sources, respondents mentioned the internet, the occupational therapy service and mobility shops.

3.21. However, it is notable that more than 1 in 10 respondents indicated that they would not know where to go for specialist equipment (12%). Younger respondents (aged under 40) and males were most likely to indicate this.

**Table 18: Where to find health related equipment**

| | Num | % |
|---|---|---|
| Social Work services | 446 | 54% |
| GP surgery/ health centre | 405 | 49% |
| Red Cross or other charity | 215 | 26% |
| Other Council services | 141 | 17% |
| Hospital | 104 | 13% |
| Other | 73 | 9% |
| I wouldn't know where to go | 98 | 12% |
| Base | 821 | |

## 4. SOCIAL CARE SERVICES

4.1. Here we present respondent experience of and Social Care services such as home care or adaptations, including:

- most recent contact;
- making appointments;
- telephone contact;
- waiting times; and
- satisfaction with contact.

### Contact with social care services

4.2. First Panel members were asked about their most recent contact with social and community care services (Table 19).

4.3. Only around 1 in 7 respondents had been in contact with social services or community care services in the past 2 years; 14%, 115 individuals. Of these respondents, three quarters indicated that their most recent contact involved a face to face meeting (75%). It is interesting to note that males were more likely than females to have had face to face contact with social care services.

4.4. The great majority (92%) of those whose last contact with social care services involved a meeting had made an appointment before the meeting, typically by phone (70% of those having a meeting). Just over half of those making an appointment by phone got through at the first attempt (53%), and only 4 respondents reported having to try 3 or more times to get through on the phone.

**Table 19: Contact with social/ community care services in past 2 years**

| | Num | % |
|---|---|---|
| **Contact in past 2 years?** | | |
| Yes | 115 | 14% |
| No | 707 | 86% |
| Base | 822 | |
| **Face to face meeting** | | |
| Yes | 86 | 75% |
| No | 29 | 25% |
| Base | 115 | |
| **Made appointment before meeting?** | | |
| Yes - by phone | 56 | 70% |
| Yes - at an earlier visit | 11 | 14% |
| Yes - by visiting the service | 7 | 9% |
| No - I just turned up | 6 | 8% |
| Base | 80 | |
| **If telephoned, how quickly got through?** | | |
| First time I ran | 29 | 53% |
| Second time I rang | 11 | 20% |
| After three or more attempts | 4 | 7% |
| Can't remember/ don't know | 11 | 20% |
| Base | 55 | |

4.5. Those who had made appointments to see social care services were also asked about the waiting time for an appointment (Table 20). Waiting times for appointments were generally low, with more than half of respondents indicating that they received an appointment within a week (54%). Very few respondents had to wait for more than a month for an appointment.

**Table 20: Waiting periods for appointments**

| | Num | % |
|---|---|---|
| Got appointment for the same/next day | 12 | 16% |
| Up to a week | 28 | 38% |
| Between one and two weeks | 14 | 19% |
| Between two weeks and one month | 7 | 10% |
| More than one month | 4 | 5% |
| Can't remember/ don't know | 8 | 11% |
| Base | 73 | |

4.6. Relatively few respondents reported their experience in terms of how long they were kept waiting when they arrived for their appointment. However, responses suggest that the majority of respondents were seen promptly, and that very few felt that the waiting time was an inconvenience.

**Satisfaction with service**

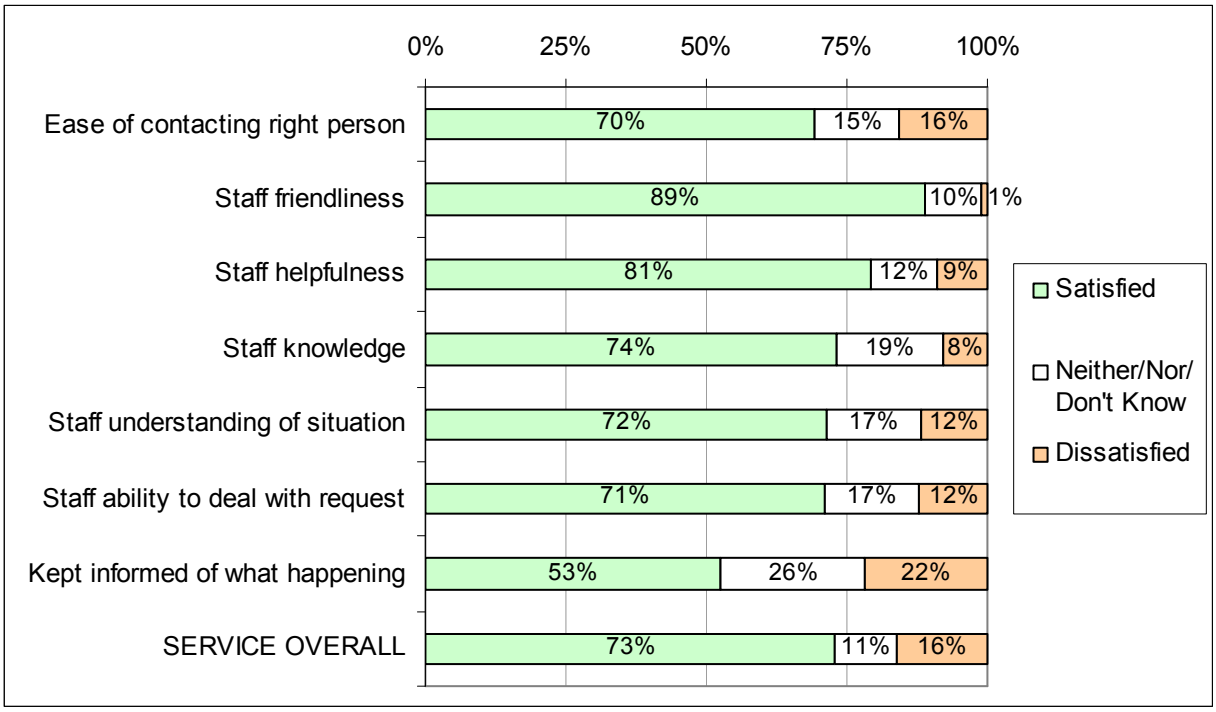
4.7. Next Panel members were asked about their satisfaction with various aspects of their most recent contact with social care services (Figure 5). It should be noted that bases for these satisfaction ratings are relatively small (c100-110) and care should be taken when generalising from these results.

4.8. Overall satisfaction levels seem to be high in relation to social care services, with nearly three quarters of respondents indicating that they were satisfied with the overall service received (73%).

4.9. Survey responses suggest that satisfaction was highest in relation to social care staff; a large majority of respondents were satisfied with staff friendliness (89%), helpfulness (81%) and knowledge (74%). Satisfaction was also relatively high in relation to staff understanding of individuals' situation (72% satisfied) and ability to deal with requests (71% satisfied). Similarly, most respondents were satisfied with the ease of contacting the right member of staff (70%).

4.10. Satisfaction was lowest in relation to the extent to which the service kept people informed of what was happening in relation to their request. Although a little over half were satisfied with this (53%), more than 1 in 5 respondents were actively dissatisfied with this aspects of the service (22%).

**Figure 5: Net satisfaction with recent contact with social care services**




### Caring for people in or close to their own homes

4.11. Next people were asked a series of questions relating to social care services' aim of caring for people in or close to their own homes, for example through the use of carers and new technology in the home, such as motion sensors.

4.12. The majority of respondents indicated that they would consider using new technology if it would help them to stay in their own home or return home sooner (eg from hospital). More than 4 in 5 indicated that they would consider this (85%), including just under half who would be happy to use this technology (47%) and nearly 2 in 5 who would need more information before deciding to use such information. Fewer than 1 in 20 respondents would "definitely not" use such technology (3%).

4.13. Perhaps surprisingly, there were no significant variations across demographic groups in terms of willingness to use this kind of technology.

**Table 21: Agree to use of technology to stay in own home**

| | Num | % |
|---|---|---|
| Yes | 389 | 47% |
| Possibly - I would need more information | 311 | 38% |
| No, definitely not | 25 | 3% |
| Don't know/ Can't say | 96 | 12% |
| Base | 821 | |

4.14. Those who may not consider using such technology were also asked to indicate why this was (Table 25).

4.15. A preference for face to face contact was by far the most common reason, cited by 7 in 10 respondents (70%). In addition, nearly a quarter of respondents indicated that they would feel uncomfortable being monitored by technology (24%). Around 1 in 6 indicated that they would not trust new technology to monitor or assist them (17%), and a similar proportion felt that such technology would be intrusive (15%).

4.16. "Other" reasons given for not considering new technology included:

- **Cost**: expectation that it would be too expensive
- **Care need**: fear of being alone, dependent on type of technology, prefer to stay in hospital
- **Information**: not sure if they would be able to use, nature of the technology
- **Social**: *'machines can't answer questions*', need for face to face exchange, and conversation

**Table 22: Reasons for not considering new technology**

| | Num | % |
|---|---|---|
| It would be too intrusive | 28 | 15% |
| I would feel uncomfortable being monitored by technology | 45 | 24% |
| I would prefer face-to-face contact | 132 | 70% |
| I wouldn't trust the technology | 32 | 17% |
| Other | 26 | 14% |
| Base | 190 | |

4.17. Finally, Panel members were asked about their view on having to receive treatment in a community hospital outwith their immediate area (Table 26).

4.18. Fewer than 1 in 5 (18%) respondents indicated that they would be "happy" to receive treatment outwith their local area. However, a further half of all respondents (51%) indicated that they would be "willing" to go outwith their local area for treatment if necessary, although they would not be happy to do this. In total, nearly 9 in 10 respondents indicated that they would be willing to receive such treatment (68%).

4.19. Nevertheless, there remained nearly a quarter who indicated that they would be "very unhappy" and "unwilling" to leave their local area for treatment (24%). Older respondents were somewhat more likely to indicate this, in particular, "younger" older people (aged 50-59).

**Table 23: Going to a community hospital outwith the immediate area**

| | Num | % |
|---|---|---|
| Happy - I would have little or no problem with this | 149 | 18% |
| Willing to go if needed but would not be happy about leaving my immediate area | 424 | 51% |
| Very unhappy, unwilling to go | 194 | 24% |
| Don't know/ Can't say | 58 | 7% |
| Base | 825 | |

## 5. APPOINTMENTS AND WAITING TIMES

5.1. One of the Moray Community Health and Social Care Partnership's aims is to reduce waiting times for accessing health and social care services, including Accident & Emergency services. Particular issues in relation to this aim are the proportion of missed GP, practice nurse and hospital appointments, and the proportion of A&E patients who could be treated by other services.

5.2. Here we look at Panel members' views on the most effective methods of first encouraging people to keep their appointments, and second on providing information to patients on the appropriate use of A&E services.

### Missed appointments

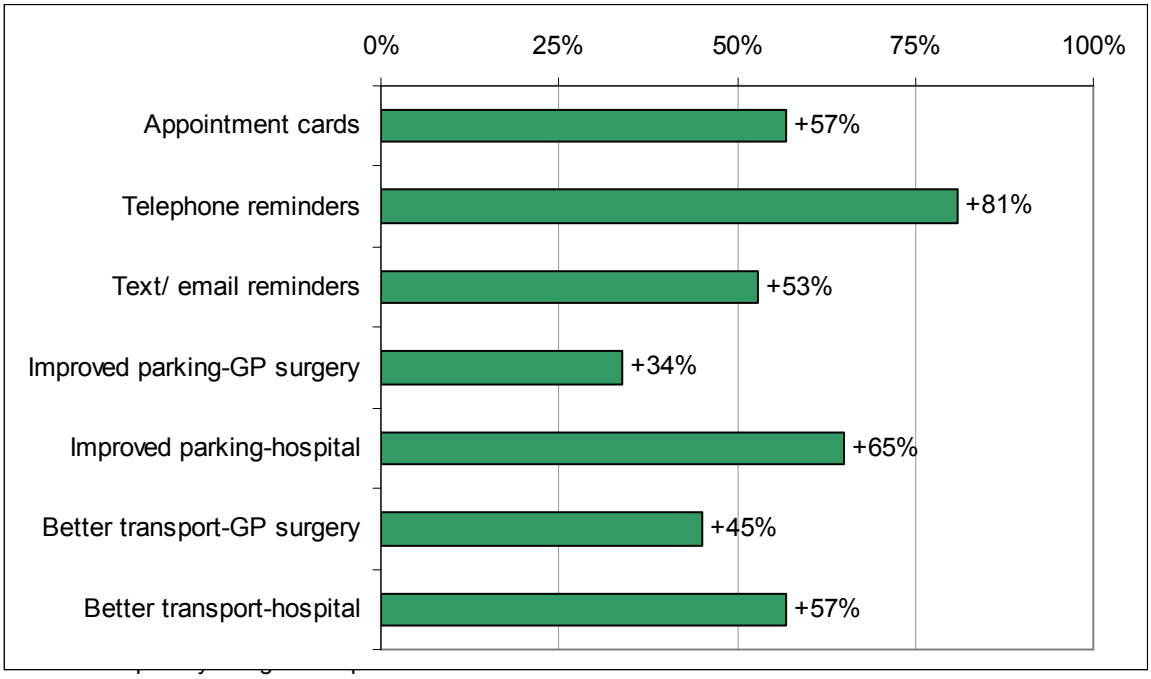
5.3. First Panel members were asked to consider a number of options for encouraging patients to keep health appointments, with GPs, practice nurses and hospital inpatient/outpatient services (Figure 6).

5.4. Overall, telephone reminders to patients a few days before the appointment was seen as the most effective method for cutting missed appointments, with a net rating of +81%. More than 2 in 5 respondents felt that this would be a "very effective" method of cutting missed appointments (44%).

5.5. A substantial proportion of respondents also felt that better parking at hospitals would help to reduce missed appointments (net of +65%). Indeed, although fewer respondents overall felt this would be an effective method (72% compared to 85% on telephone reminders), as many as half of respondents rated this as a "very effective" method (50%).

5.6. Transport to hospital appointments was also seen as a significant issue, with nearly two thirds of respondents (62%) rating better transport to hospital as an effective method of cutting missed appointments (net of +57%). Appointment cards and text/email reminders were also seen as effective methods (+57% and +53% respectively).

**Figure 6: Effectiveness of methods to reduce missed appointments**



5.7. More than a hundred and thirty panel members added comments to address the issue of keeping appointments. Those not already covered in the analysis are included below:

- Penalties: a substantial number of respondents suggested measures including fines for non attendance, warning letters, being placed at end of waiting list, being charged for professional time wasted.

- GP issues: issues related to GP surgery appointments specifically included shorter waiting time for appointments to make it easier to remember, more flexible appointment systems to meet the needs of individual patients including drop-in and appointments outwith working hours.

5.8. The most significant variations in views on the effectiveness of these approaches were:

- Improved hospital parking, better transport to hospital and appointment cards were highlighted as particularly effective approaches by older respondents (aged 60+).

- Text and email reminders were preferred by those aged under 50, and were rated as the second most effective method by this age group (behind telephone reminders).

- Better transport provision was a particular issue for female respondents, both in relation to GP surgery and hospital appointments.

**Use of A&E services**

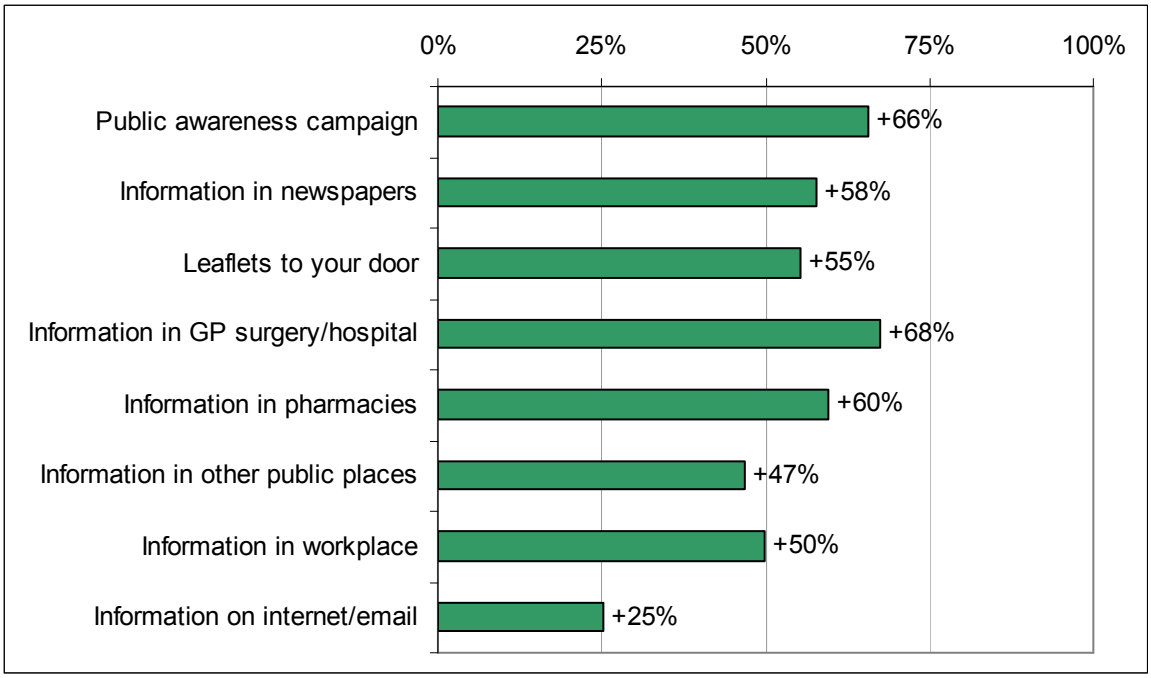
5.9. The second issue considered was to reduce the proportion of patients treated by A&E services who could have been treated by other services. Again Panel members were asked for their views on the effectiveness of a range of mechanisms for communicating with patients on this issue (Figure 7)

5.10. Providing information on the issue at the point of accessing the service was seen as the most effective communication method, with information in GP surgeries and hospitals given an overall net rating of +68%. Indeed, more than three quarters of respondents felt this would be an effective method of communication (76%).

5.11. Information delivered through pharmacies was also seen as an effective option with a net rating of +60% - this is likely to reflect the fact that pharmacies were the second most commonly used source of general health information (Table 17). It is interesting to note that delivering information through other public places was seen as a less effective approach, with a net rating of +47%.

5.12. A public awareness campaign was rated as the second most effective means of providing information; nearly three quarters of respondents felt this would be an effective approach (74%, a net of +66%). Delivering information in a more direct way was also supported by most respondents, with use of newspapers and leaflets delivered to the door both seen as effective methods (+58% and +55% respectively).

**Figure 7: Effectiveness of methods on appropriate use of A&E services**




5.13. Providing information via the internet or email was seen as less effective; this was the only option where "effective" responses were in the minority (44% rating as effective, a net of +25%). However, views on this option were closely linked to age, with younger respondents more likely to see this as an effective method.

5.14. "Other" suggestions in relation to communicating with patients on appropriate use of A&E services focused on introducing measures to "filter" use of A&E services, use of GP surgeries, provision of education/ information, and use of NHS24:

- Accident and Emergency: respondents felt there was a need for other 24 hour services, and that patients had to trust alternative services - "*if injured, rush to hospital if you can't get a GP*". Some suggested using A&E reception to filter patients into more appropriate services, putting more staff into A&E services, and letting people know that they could have used other services at the point of A&E access.

- GP surgery: some mentioned difficulties accessing GP services ("*People go to A&E because surgeries are closed / appointments too far away and they need* help"). Suggestions to address this included weekend and evening appointments, better out-of-hours GP services, more emergency appointments and a "reduced" A&E service provided through GP surgeries.

- Education/information: respondents suggested using schools to promote appropriate use of health services, a health handbook to explain where to go when, a telephone advice line, health/ condition-specific information packs and more use of A&E receptions as information points.

- NHS24: respondents felt more could be done to improve understanding of and access to the NHS24 service. Some also felt the advice provided could be improved, particularly in relation to out-of-hour services "*Train people at NHS24 to know where to access outside hours services*".

## 6. GETTING TO HEALTH AND SOCIAL CARE SERVICES

6.1. Finally, the survey considered issues relating to transport to health and social care services, including use of public transport and other transport modes.

6.2. First respondents were asked to identify potential changes which could encourage them to make greater use of public transport to access health and social care services (Table 24).

6.3. It is interesting to note that nearly 1 in 5 respondents (18%) indicated that nothing could encourage them to use public transport for this purpose, suggesting that for a significant minority, other transport modes (ie private car) would always be preferable for access to health and social care services.

6.4. In terms of improvements which would encourage greater use of public transport for health/ social care services, the timing and frequency of services was seen as a key issue. Two of the three most commonly mentioned improvements related to this area, with more than 2 in 5 mentioning a need for each of more frequent services (45%) and services linked to health/social care opening times (44%).

6.5. Services direct to specific health and social care services were also highlighted as a priority, with more than 2 in 5 mentioning this (44%).

6.6. These three improvements were by some margin the most commonly mentioned. Other improvements, mentioned by a quarter to a third of respondents, included:

- Cheaper fares (36%);
- Better information on public transport services (33%);
- More reliable public transport services (27%); and
- More evening/weekend services (26%).

**Table 24: Factors that would encourage greater use of public transport**

| | Num | % |
|---|---|---|
| More frequent services | 357 | 45% |
| Services direct to specific health/ social care services | 354 | 44% |
| Timetables linked to health/social care service opening times | 347 | 44% |
| Cheaper fares | 290 | 36% |
| Better public transport information | 262 | 33% |
| More reliable services | 217 | 27% |
| More evening/ weekend services | 205 | 26% |
| Better disabled access (eg more buses with lower floors) | 162 | 20% |
| Bus stops closer to your home | 155 | 19% |
| More space on buses/ trains for wheelchairs and walking aids | 142 | 18% |
| More bus shelters | 121 | 15% |
| Other | 57 | 7% |
| Nothing | 143 | 18% |
| Base | 797 | |

6.7. In terms of "other" potential improvements mentioned by respondents, the main points of note were:

- Buses: better rural service, entering housing estates, cleaner, low level access for boarding, toilet on board, daily service, service times that tie in with GP hours, service routes that link with health service times, polite drivers, seating at main bus stops, drivers that wait until you sit down before moving, large print time tables - "*there is no local public transport, if there were I would use it*".

- Trains: more frequent trains, more stations, seating at stations, allowing bicycles on trains without having to pre-book.

- Cost: cheaper fares, raise cost of private motoring.

6.8. Panel members were also asked about their use of travel options to access health and social care services in Moray, including how they rated these transport options in terms of effectiveness (Table 25).

6.9. Looking first at level of use, private car was by far the most commonly used means of accessing health and social care services - more than 9 in 10 respondents had used this option (93%). Public transport was the second most commonly used transport option, although this was only used by around a quarter of respondents to access health and social care services (26%). In addition, just over 1 in 20 respondents had used the patient transport service (6%). Very few had used other listed options.

6.10. The majority of respondents had used only 1 transport option to access health and social care services (68%). However, it is interesting to note that very few respondents are able to rely exclusively on public transport services to access these services; only 3% of all respondents were able to do this.

6.11. Members identified "other" modes of transport used to get to health and social care services. These included walking, transport by family and friends, volunteer driving schemes, taxis and cycling.

**Table 25:Transport used and effectiveness rating**

| | Num | % | Avg rating* |
|---|---|---|---|
| Own car | 720 | 93% | 8.6 |
| Public transport services (bus or train) | 201 | 26% | 6.2 |
| Patient transport service | 45 | 6% | 7.0 |
| Speyside car sharing | 11 | 1% | - |
| Babs dial-a-bus service | 3 | 0% | - |
| WRVS service | 3 | 0% | - |
| Laich of Moray bus service | 2 | 0% | - |
| Buckie Community Bus | 0 | 0% | - |
| Other | 82 | 11% | 8.3 |
| Base | 776 | | - |

* Note: 10=effective, 1=ineffective.

6.12. In terms of rating the effectiveness of transport options, the small numbers of respondents using many of the options mean that average ratings are only meaningful in relation to private car and public transport.

6.13. Here it is clear that, in addition to being by far the most commonly used option, the private car is seen as the most effective mode of transport to access health and social care services. This option was rated at 8.6 (out of 10), compared to just 6.2 for public transport.

6.14. This differential could relate to the priority given to transport options which delivered patients directly to health and social service points; nearly half of respondents felt this would encourage them use of public transport (Table 24). This may also be reflected in the slightly higher rating given to "patient transport", which at 7.0 was rated more highly than public transport (6.2).

**Patient Participation Forum**

6.15. Moray Community Health and Social Care Partnership currently run a Patient Participation Forum (PPF) to involve local people in developing health services. Panel members were asked to indicate whether they had an interest in getting more information on the Forum (Table 26).

6.16. Just over a quarter of respondents indicated that they would be receiving more information on the PPF (26%, 205 individuals). It is notable that take-up was highest amongst respondents aged 50-59, with a third of these respondents registering their interest (32%). The profile of those registering an interest is also presented in Table 26 below.

**Table 26: Interest in receiving information on PPF**

| | Num | % |
|---|---|---|
| Yes | 205 | 26% |
| No | 597 | 74% |
| Base | 802 | |
| **Profile of those interested (n=205)** | | |
| ***Gender*** | | |
| Male | 90 | 44% |
| Female | 114 | 56% |
| ***Age*** | | |
| Under 40 | 32 | 16% |
| 40-49 | 43 | 21% |
| 50-59 | 71 | 35% |
| 60+ | 57 | 28% |
| ***Location*** | | |
| Buckie | 34 | 17% |
| Elgin | 29 | 14% |
| Fochabers | 25 | 12% |
| Forres | 37 | 18% |
| Keith | 24 | 12% |
| Lossiemouth | 28 | 14% |
| Speyside | 27 | 13% |

# APPENDIX 1: SURVEY FORM

# APPENDIX 2: ADDITIONAL TABLES

**Table A1: Evaluation of food provided in Moray schools over last two years**

| | Much better | A little better | No change | A little worse | Much worse | No opinion |
|---|---|---|---|---|---|---|
| Quality of food | 15% | 24% | 7% | 1% | 1% | 53% |
| Range of food | 15% | 26% | 5% | 1% | 1% | 52% |
| Appeal of food to children | 7% | 23% | 11% | 3% | 2% | 54% |
| Availability of healthy options | 19% | 25% | 4% | 1% | 1% | 51% |
| Value for money | 8% | 16% | 16% | 4% | 2% | 54% |

**Table A2: Personal average weekly alcohol intake**

| | Num | % |
|---|---|---|
| Up to 3 units | 308 | 41% |
| 4-7 units | 150 | 20% |
| 8-13 units | 139 | 18% |
| 14-20 units | 110 | 15% |
| 21-30 units | 39 | 5% |
| More than 30 units | 10 | 1% |
| Base | 756 | |

**Table A3: Satisfaction with most recent contact with social care services**

| | Very satisfied | Fairly satisfied | Neither/ nor | Fairly dissatisfied | Very dissatisfied | Don't know/ can't say | Base |
|---|---|---|---|---|---|---|---|
| Ease of contacting the right person | 35% | 35% | 14% | 8% | 8% | 1% | 107 |
| Their friendliness | 49% | 40% | 9% | 0% | 1% | 1% | 104 |
| Their helpfulness | 50% | 31% | 11% | 6% | 3% | 1% | 105 |
| Their knowledge | 43% | 31% | 17% | 5% | 3% | 2% | 105 |
| Their understanding of my situation | 43% | 29% | 16% | 7% | 5% | 1% | 107 |
| Their ability to deal with my request | 39% | 32% | 15% | 9% | 3% | 2% | 106 |
| How well they kept me informed of what was happening | 29% | 24% | 23% | 14% | 8% | 3% | 104 |
| The service OVERALL | 39% | 34% | 11% | 8% | 8% | 0% | 109 |

## Table A4: Methods to encourage people to keep appointments

| | NET | Very effective | Fairly effective | Neither/ nor | Fairly ineffective | Very ineffective | Don't know/ can't say |
|---|---|---|---|---|---|---|---|
| Appointment cards | **+57%** | 18% | 51% | 18% | 10% | 2% | 1% |
| Telephone reminders | **+81%** | 44% | 41% | 9% | 3% | 1% | 3% |
| Text/ email reminders | **+53%** | 25% | 37% | 18% | 6% | 3% | 11% |
| Improved parking at GP surgery | **+34%** | 20% | 26% | 35% | 7% | 5% | 6% |
| Improved parking at hospital | **+65%** | 50% | 22% | 18% | 4% | 3% | 4% |
| Better provision of transport - GP surgery | **+45%** | 18% | 34% | 30% | 6% | 1% | 12% |
| Better provision of transport - hospital | **+57%** | 26% | 36% | 24% | 4% | 1% | 10% |

## Table A5: Effectiveness of methods of providing information

| | NET | Very effective | Fairly effective | Neither/ nor | Fairly ineffective | Very ineffective | Don't know/ can't say |
|---|---|---|---|---|---|---|---|
| A public awareness campaign | **+66%** | 24% | 50% | 14% | 8% | 1% | 3% |
| Information in newspapers | **+58%** | 16% | 52% | 18% | 9% | 2% | 3% |
| Leaflets/ flyers delivered to your door | **+55%** | 25% | 44% | 16% | 10% | 3% | 2% |
| Information in GP surgeries, hospitals | **+68%** | 22% | 54% | 15% | 6% | 2% | 2% |
| Information in pharmacies | **+60%** | 19% | 50% | 19% | 8% | 2% | 2% |
| Information in other public places | **+47%** | 14% | 46% | 23% | 10% | 3% | 4% |
| Information in the workplace | **+50%** | 15% | 46% | 22% | 9% | 3% | 5% |
| Information on the internet/ by email | **+25%** | 10% | 34% | 29% | 13% | 6% | 9% |
| Other (please write in) | **+73%** | 62% | 11% | 7% | 0% | 0% | 20% |