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# Views on health services in Wales: re-contact survey

# Views on health services: re-contact survey

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**IFF Research**

Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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# **1. Executive summary**

## **1.1 Introduction**

In 2014-15, the National Survey for Wales found that over 90% of people were satisfied with the care received at their most recent GP or hospital appointment in the last 12 months.

The findings of the National Survey provide the Welsh Government with a valuable insight into the overall level of satisfaction with the services of NHS Wales. However, these overall satisfaction figures do not give a full picture of what drives satisfaction or dissatisfaction.

The aim of the re-contact survey was to explore in greater depth the reasons behind satisfaction or dissatisfaction with GP and NHS hospital services in Wales and, on the basis of this exploration, recommend actions that can be taken to improve satisfaction levels.

## **1.2 Methodology**

The re-contact survey involved surveying a sub-sample of people who:

- took part in the National Survey in 2014-15;
- had agreed to be re-contacted for further research; and
- had attended an appointment or procedure at a GP, out of hours GP service, or an NHS hospital in the last 12 months.

In total, 400 interviews were achieved with this sub-sample of National Survey participants.

Further analysis was undertaken to establish key drivers of satisfaction.

## **1.3 Key findings**

### **1.3.1 Overall views on NHS services**

In the National Survey, when asked to rate the health services of NHS Wales on a scale of 0 to 10, where 0 meant 'extremely bad' and 10 meant 'extremely good', the average score given was 6.3.

The same question was asked in the re-contact survey although the results are not directly comparable<sup>1</sup>. Among the relatively small number of dissatisfied users, the most commonly cited reason was that services are underfunded.

Older service users were more positive about health services than younger service users.

Service users that live in the most deprived areas of Wales were more positive about health services.

### **1.3.2 Views on GP services**

The National Survey for Wales found that more than nine-tenths (91%) of individuals that had a GP appointment in the preceding 12 months were satisfied with the care they received.

Further analysis, based on the re-contact survey, found that the most influential factors in terms of overall satisfaction with the medical care of GP services are:

- satisfaction with being given all the information needed at the appointment;
- feeling treated with dignity and respect by medical staff; and
- feeling that the GP is aware of the relevant background information and medical history.

Overall satisfaction with non-medical aspects of GP services was also high, with three-quarters (74%) satisfied. Further analysis, based on the re-contact survey, found that the most influential factors in terms of overall satisfaction with non-medical aspects of GP services are:

- satisfaction with the process of setting up an appointment;
- satisfaction with the helpfulness of reception staff;
- satisfaction with the waiting area;
- satisfaction with the waiting time on the day of the appointment;
- being seen by the GP at the scheduled appointment time; and
- finding it easy travelling to and from the GP surgery.

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<sup>1</sup> Differences between the average score in the re-contact survey and the National Survey may be due to methodological differences. The re-contact survey was conducted with a sub-sample of respondents from the National Survey that agreed to be re-contacted; the question was worded slightly differently in the re-contact survey; and the re-contact survey was conducted over the phone instead of face-to-face.



Getting to a GP appointment is not a significant problem, with 92% finding travelling to and from their appointment easy and 95% entering the GP surgery and consulting rooms with ease. Among the relatively small number of dissatisfied users, the most commonly cited reason was the GP's demeanour and efficacy.

Acknowledging that satisfaction levels are already high, the recommendations based on these findings are that actions to further improve satisfaction levels with GP medical care should focus on:

- ensuring that users of GP services are always given sufficient information about their diagnosis and the next steps to take before the appointment finishes;
- ensuring that service users always feel they are treated with dignity and respect by GPs; and
- improving the awareness GPs have of relevant background information and their medical history of service users.

And actions to improve non-medical aspects of GP services could focus on:

- conducting a feedback survey with service users to understand how they think the appointment system and the décor of waiting areas can be improved;
- providing reception staff with training on how to be more accommodating and polite to service users;
- setting targets to monitor and reduce appointment waiting times; and
- working with public transport providers and local businesses to develop transport links to and from GP surgeries.

### **1.3.3 Views on hospital services**

Findings from the National Survey showed that 92% of individuals who had an appointment or procedure at an NHS hospital in the last 12 months reported being satisfied with the care they received.

Further analysis, based on the re-contact survey, found that the most influential factors in terms of overall satisfaction with medical aspects of hospital services are:

- feeling that the medical staff are aware of the relevant background information and medical history;
- feeling treated with dignity and respect by medical staff; and

- feeling involved in decisions about treatment.

In light of the above, it is recommended that actions to improve satisfaction levels with hospital medical care should focus on these areas. Potential initiatives that could be taken include:

- conducting a feedback survey with hospital medical staff to identify ways in which their awareness of relevant background information and the medical history of service users can be improved;
- providing hospital medical staff with training on how to treat service users with dignity and respect; and
- conducting a feedback survey with service users to understand how they would like to be involved in the treatment decision process.

Overall satisfaction with non-medical aspects of hospital services was very high, with 91% satisfied. Among the relatively small number of dissatisfied users, the most commonly cited reason was “having to wait a long time for an appointment”.

## 2. Introduction

### 2.1 Background

The National Survey for Wales has been conducted by the Welsh Government since January 2012. It involves face-to-face interviews with individuals aged 16 and over and living in Wales. The survey covers a range of topics, with an over-arching focus on the well-being of people and their views on local public services. It includes a series of questions about people's experience of GP surgeries and NHS hospitals.

The results of the National Survey are used by the Welsh Government to inform the development of public policy and the delivery of public services.

With regards to health services, the headline results<sup>2</sup> of the National Survey 2014-15 found that:

- 91% of people were satisfied with the care they received at their last GP appointment;
- 92% of people were satisfied with the care they received at their last hospital appointment<sup>3</sup>; and
- 6.3 out of 10 was the average score given when people were asked to rate health services on a scale of 0 (extremely bad) to 10 (extremely good).

### 2.2 Objectives

The National Survey findings provide a valuable insight into the overall level of satisfaction with the services of NHS Wales. It includes several questions about the reasons for satisfaction and dissatisfaction.<sup>4</sup> Based on the results, the Welsh Government was keen to explore reasons for satisfaction and dissatisfaction in more detail.

This project involves re-contacting a sample of National Survey respondents to explore the experiences that contributed to their satisfaction or dissatisfaction. This is a valuable opportunity to understand issues leading to satisfaction and to dissatisfaction, and to identify areas where improvements could be made in the future.

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<sup>2</sup> Results from the 2014-15 National Survey were first published in June 2015: <http://gov.wales/docs/statistics/2015/150914-national-survey-wales-2014-15-headline-results-revised-en.pdf>

<sup>3</sup> This included day patient, outpatient and inpatient appointments

<sup>4</sup> The topics covered in the National Survey 2014-15 include the ease of arranging an appointment, the quality of information provided and the extent to which individuals were treated with dignity and respect. The National Survey for Wales 2014-2015 Questionnaire is available on the Welsh Government website: <http://gov.wales/docs/caecd/research/2014/140430-national-survey-questionnaire-2014-15-en.pdf>

In addition, the research provides a means for service users to voice their opinions on the performance of the NHS in Wales. It is a central commitment of the five year plan for the NHS in Wales, Together for Health<sup>5</sup>, that the views of health service users are taken into account when planning and assessing health services.

It is in this context that the Welsh Government commissioned IFF Research to conduct the Health Satisfaction: Re-contact Survey. This piece of research:

- Explores in greater depth the reasons behind satisfaction and dissatisfaction with GP services, out of hours GP services and NHS hospital services in Wales; and
- On the basis of this exploration, recommends realistic actions that can be taken to improve satisfaction levels.

### **2.3 Methodology**

To explore the reasons for satisfaction and dissatisfaction with NHS Wales services, the re-contact survey involved re-contacting a sub-sample of individuals who:

- Took part in the National Survey in 2014-2015;
- Had agreed to be re-contacted for further research; and
- Had attended an appointment or procedure at a GP, out of hours GP service, or an NHS hospital in the last 12 months.

The target number of interviews to be completed was 400.

The 2014-15 National Survey identified 6,132 individuals that had a GP or hospital appointment in the previous twelve months, of whom 4,111 agreed to be re-contacted. A starting sample of 1,150 respondents was drawn from those that had agreed to be re-contacted in the National Survey.

The starting sample was drawn to match the profile of the National Survey population. However, to ensure that key groups of interest were adequately represented in the starting sample, respondents that were fairly satisfied or dissatisfied were deliberately oversampled.

A detailed explanation of the [sampling approach](#) taken in the re-contact survey is included in the technical appendix.

The re-contact survey [questionnaire](#) was developed in collaboration with the Welsh Government to gauge satisfaction with specific elements of health

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<sup>5</sup> Together for Health (2012) outlines a five year plan for the NHS in Wales: <http://gov.wales/docs/dhss/publications/111101togetheren.pdf>

services and to collect information on the experiences that caused satisfaction and dissatisfaction.

The questionnaire was also designed to ensure that all participants had the opportunity to conduct the survey in Welsh.

Correlated Component Regression (CCR) was undertaken to establish key drivers of satisfaction. CCR is a form of regression analysis which is used to identify key drivers in datasets with a high number of correlated predictors and a relatively small sample size. CCR was considered to be the most robust statistical model to identify the key drivers of satisfaction in the re-contact survey.

The following dependent variables were used to establish the key drivers of satisfaction:

- Overall views of NHS services in Wales;
- Satisfaction with medical care received by GPs;
- Satisfaction with non-medical aspects of GP visits;
- Satisfaction with medical care received in hospital; and
- Satisfaction with non-medical aspects of hospital visits.

A detailed description of the methods used can be found in the [Technical Appendix](#).

### 3. Overall satisfaction with NHS services

This chapter examines overall views of Welsh NHS services; satisfaction with the care provided to individuals with long term limiting illnesses; satisfaction with the Welsh language provision; and the likelihood that users will complain if dissatisfied.

#### Chapter Summary:

- In the National Survey, when asked to rate health services on a scale of 0 (extremely bad) to 10 (extremely good) the average score given was 6.3
- Older service users, and those living in the most deprived areas of Wales, tend to be most positive about NHS services. There are no other significant differences across demographic sub-groups.
- Although most are satisfied with the support and information they receive, there is room for improvement with services provided for those with long term limiting illness or disability and the provision of services in Welsh.
- Around half of service users would be likely to complain if dissatisfied.

In the National Survey, overall views on NHS services were established by asking individuals to rate the state of health services<sup>6</sup> in Wales on a scale of 0 to 10, where 0 was 'extremely bad' and 10 was 'extremely good'. The average score given was 6.3 this was representative of people in Wales as a whole and not only those with an NHS appointment in the last 12 months and who had agreed to be re-contacted.

The re-contact survey also asked for views of Welsh NHS services using a similar question but this was asked at the end of the questionnaire following questions on elements of NHS services not covered in the National Survey. The average score provided in the re-contact survey was 7.6<sup>7</sup>. There was no

<sup>6</sup> Individuals were asked to consider all aspects of NHS services "from GPs to pharmacies, NHS dentists and opticians, community health services, and hospitals"

<sup>7</sup> Differences between the average score in the re-contact survey and the National Survey may be due to methodological differences. The re-contact survey was conducted with a sub-sample of respondents from the National Survey that agreed to be re-contacted; the question was worded slightly differently in the re-contact survey; and the re-contact survey was conducted over the phone instead of face-to-face.

notable difference in this mean score between those who had used different services (GP, out of hours GP services, hospital).

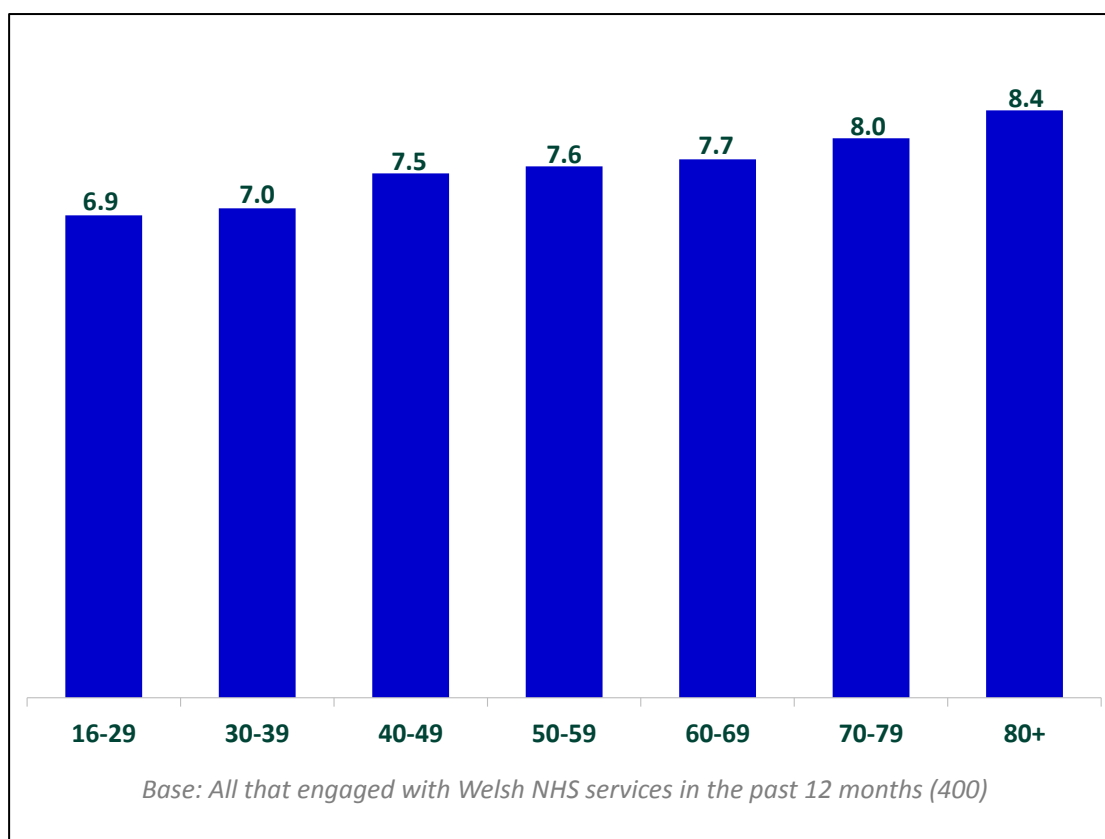
We then reviewed differences by a range of demographic sub-groups, and conducted key driver analysis to identify the characteristics and experiences of service users that shape overall satisfaction.

### 3.1 Demographic sub-group analysis

Looking at ratings of Welsh NHS services across service users with different characteristics, analysis reveals that there are differences by gender; men are more positive than women (7.8 vs 7.4).<sup>8</sup>

Older users of NHS services also tend to be more positive than their younger counterparts. As Figure 3.1 shows, those aged 16-29 and 30-39 are least positive (6.9 and 7 mean rating, compared with 7.6, 7.7 and 8 among those aged 50-59, 60-69 and 70-79 respectively).

**Figure 3.1: Overall satisfaction rating (0-10) for NHS services by age**



There are also differences in terms of the level of deprivation. Those living in areas of Wales with the highest levels of deprivation<sup>9</sup> are more positive about

<sup>8</sup> Differences highlighted throughout the report are statistically significant at the 95% level.

<sup>9</sup> By which we mean the highest quintile (Q1) in the Welsh Index of Multiple Deprivation (WIMD).

NHS Services than those in the least deprived areas<sup>10</sup> (8.2 compared with 7.4).

There are no differences in the mean rating of Welsh NHS Services by the following demographic sub-groups:

- General health rating;
- Long term limiting illness;
- Local health board; and
- Rural/ urban location.

### **3.2 Predictors of satisfaction**

One of the objectives of this research was to establish the drivers of satisfaction with Welsh NHS services.

We therefore conducted a series of statistical analyses on the dataset to understand at an overall level, the relationship between satisfaction with Welsh NHS services and specific elements of user experience.

The analysis technique used ranks satisfaction with various elements of respondents' experience, in order of influence on overall satisfaction with the health service in Wales.

We conducted the analysis on the overall rating of the health service in Wales as the dependent variable (F4 in the questionnaire<sup>11</sup>), testing the following variables as predictors:

- Satisfaction with last visit to the GP (A1);
- Satisfaction with last visit to an NHS hospital – medical care (C2);
- Satisfaction with last visit to an NHS hospital – non-medical aspects (C4); and
- Satisfaction with the Welsh language provision during last engagement with NHS services (E1).

Results showed a low level of correlation between the overall rating of the health service in Wales and the predictor variables listed above. [Table 7.5](#) in the technical appendix presents how much each predictor contributed to variance in the overall rating of NHS services.

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<sup>10</sup> The lowest quintile in the WIMD (Q5).

<sup>11</sup> See [questionnaire](#).



### 3.3 Overall comments on their engagement with Welsh NHS Services

When asked, nearly half (46%) of respondents wished to comment further on their most recent engagement with NHS services. Among those providing a response to this question, 38% of these service users stated they are generally satisfied with the service received from the NHS.

*Everything was done quite quick and according to procedure and I think the service has got better.*

**Male, 50-59**

*I think the level of care and the attention to detail was excellent. The staff were highly trained and very professional. I would have no qualms about using or recommending the NHS.*

**Female, 40-49**

Other recurring comments (among those who provided a response) focused on potential areas for improvement for NHS in Wales, including:

- 16% of service users mentioned that the NHS lacks funding / needs more funding;
- 13% felt services were too slow or took too long;
- 12% felt there was a lack of local services;
- 10% found it difficult to book appointments;
- 6% felt staff lack compassion / personal touch;
- 5% felt there was a lack of facilities at hospitals / GP; and
- 5% believed there were mistakes made during their contact with NHS.

### 3.4 Satisfaction with care provided for long term limiting illnesses

Of those service users who said they have a long term limiting illness, nearly nine-tenths (89%) felt confident in managing their condition. Consistent with this, four-fifths (83%) of those with a long term condition felt satisfied with the level of information and support they received in doing so.

For those who were dissatisfied with the current level of support and information they received, additional types of help they would like include:

- an appointment with a specialist (6 people);
- financial support (3 people);
- reduced time between appointments (3 people); and

- more check-ups and testing (2 people)<sup>12</sup>

### 3.5 Satisfaction with Welsh language provision

In *More than Just Words*<sup>13</sup>, the Welsh Government outlined their commitment to help ensure that Welsh speakers receive health, social services and social care services in their first language. It is important that staff offer Welsh language services to patients, rather than expect patients to have to ask for them.

In the re-contact survey those fluent in Welsh were more likely to be satisfied with the Welsh language provision, during their last engagement with NHS services, than dissatisfied (70% vs 24%). The reasons most frequently given for satisfaction centre around being able to verbally communicate with NHS staff in Welsh, e.g. all staff being able to speak Welsh (11 people) and in particular doctors being able to speak Welsh (4 people). Documents, paperwork and leaflets being bilingual was mentioned by 3 Welsh fluent service users as a cause for satisfaction.<sup>14</sup>

As Figure 3.2 shows, 41% of Welsh speakers interviewed said they would like to access healthcare services in Welsh every time, with a similar proportion saying they would prefer to do so some of the time (38%). Of those who want to access healthcare services in Welsh some of the time, comments included:

- that it is nice to have the option to access services in Welsh, but it is not essential (11 people); and
- because it is important where children were involved (4 people).<sup>15</sup>

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<sup>12</sup> Numbers are reported here rather than percentages, due to a low base size (24 people in total).

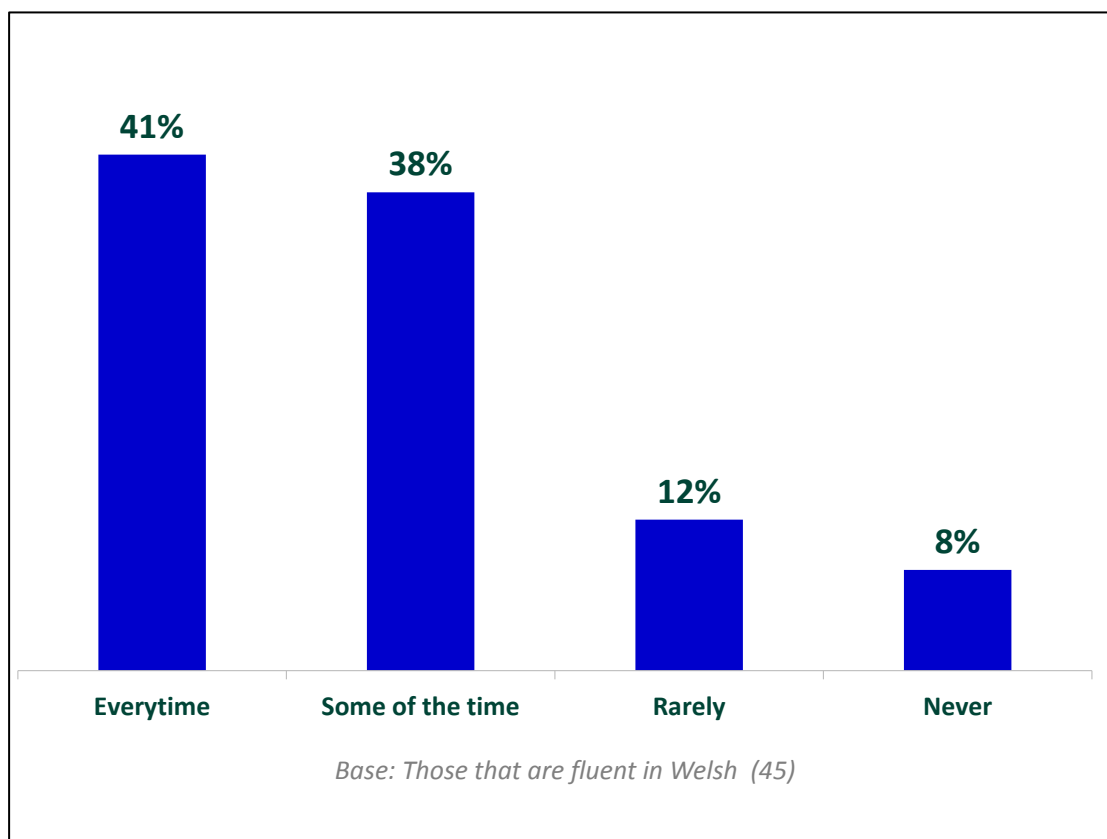
<sup>13</sup> More than Just Words is a strategic framework designed to strengthen Welsh language services in health services, social services and social care:

<http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

<sup>14</sup> Numbers are reported here rather than percentages, due to a low base size (34 people in total).

<sup>15</sup> Numbers are reported here rather than percentages, due to a low base size (24 people in total)

**Figure 3.2: Preference for accessing healthcare service in Welsh in the future**

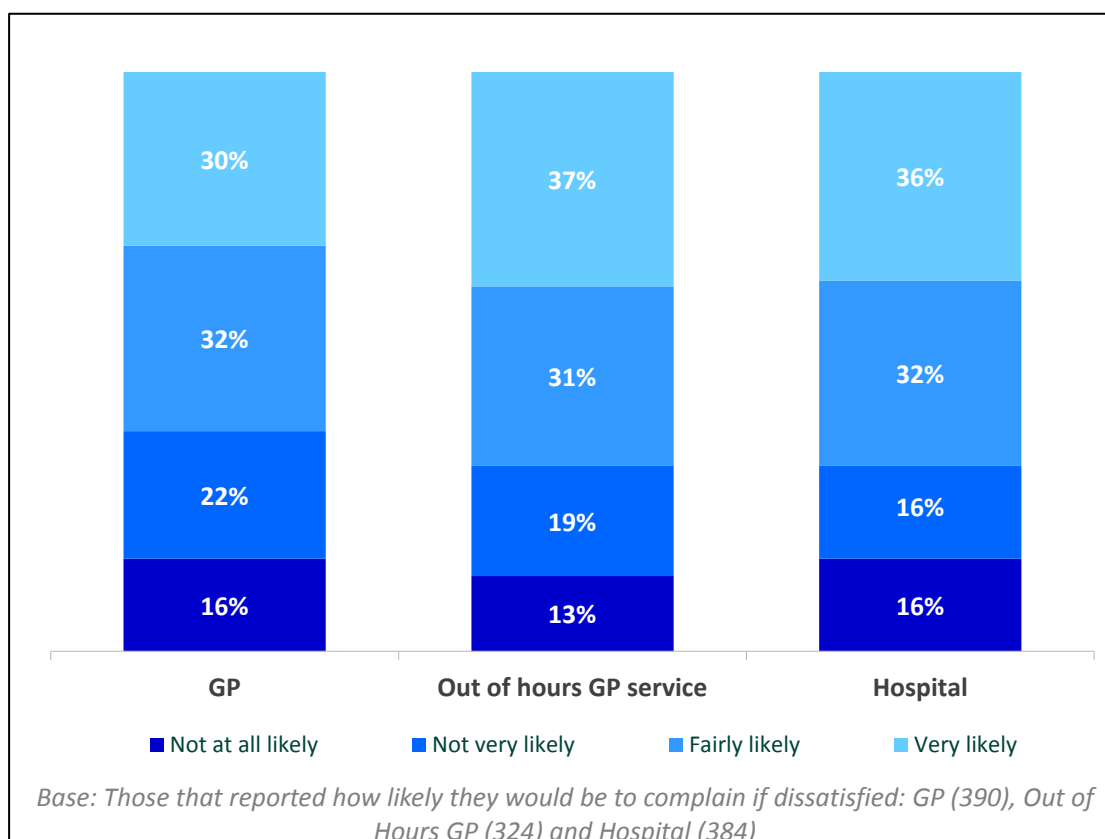


### **3.6 Complaints**

Service users were asked how likely they would be to complain if very dissatisfied with their GP, the out of hours GP services or an experience at hospital (Figure 3.3).

Service users were more likely to complain if very dissatisfied with out of hours GP services or an experience at hospital (68% respectively) than if they were very dissatisfied with their GP (62%).

**Figure 3.3: Likelihood of making a complaint by service type utilisation**



Looking at likelihood to complain across a number of demographic characteristics, there were no differences in terms of:

- Age;
- Gender;
- General health rating;
- Long term limiting illness;
- Local health board; and
- Rural / urban location.

Those who identified themselves as unlikely to make a complaint if very dissatisfied with their GP, out of hours GP services, or an experience at hospital were asked why this was. The most commonly offered reasons included:

- 25% said that they 'had nothing to complain about'. In these cases service users were unable to envisage ever being very dissatisfied with their GP, out of hours GP services, or an experience at hospital;

*I have always been treated with respect and my late wife was treated with respect and dignity and so was I would never see that happening.*

**Male, 60-69**

- 19% felt it is 'not in their nature to complain';

*I'm a very quiet type of person and I always think that people are doing their best in their job. Everybody makes mistakes so I'd never complain because I make mistakes myself, so I accept it.*

**Female, 60-69**

- 15% were sympathetic to staffing problems / lack of NHS funding;

*They're trying to do a job. They're under pressure. They only give you 15 minutes. They've got a lot to think about. They've got to give you the right medicine & right treatment. I wouldn't like to put them under more pressure.*

**Male, 60-69**

- 14% did not think complaining would make a difference;

*I know from past experience it is not followed up – frankly it would not do any good.*

**Female, 50-59**

- 9% expressed that they did not know how to make a complaint;
- 7% felt their dissatisfaction was caused by an isolated incident so it was not worth complaining about; and
- 5% were worried about repercussions / subsequent treatment.

## 4. Satisfaction with GP services and out of hours GP services

This chapter presents the level of satisfaction with medical and non-medical aspects of GP services and out of hours GP services. The chapter addresses the overall level of satisfaction with each service, differences between groups of patients, and discusses the reasons for satisfaction and dissatisfaction.

### Chapter summary:

- The National Survey for Wales found that 91% of individuals that had a GP appointment in the preceding 12 months were satisfied with the care they received
- The re-contact survey found overall satisfaction with medical care received at the GP to be comparatively high (94% satisfied).
- Men are more likely to be satisfied with the medical care received than women (98% satisfied vs. 91% satisfied). The most influential factors in terms of overall satisfaction with medical aspects of care were:
  - satisfaction with having all the information they needed when they left the appointment;
  - being treated with dignity and respect; and
  - the GP being aware of all their medical history.
- Overall satisfaction with non-medical aspects of their appointment at the GP was also positive, with 74% satisfied.
- Younger service users, and those who consider themselves to be in poor health, were least satisfied with non-medical aspects of their GP visit.
- Satisfaction with the process of setting up an appointment was the issue that most influenced overall satisfaction with non-medical aspects of care.
- 64% of service users saw their GP at the scheduled appointment time. Of those who did not, 74% were seen within 30 minutes of the scheduled appointment time.
- Getting to the GP surgery is not a significant problem, with 92% finding travelling to and from their appointment easy and 95% accessing the GP surgery and consulting rooms with ease.

The National Survey for Wales found that more than nine-tenths (91%) of individuals that had a GP appointment in the preceding 12 months were satisfied with the care they received.

In order to explore satisfaction with GP services in greater detail, the re-contact survey asked about satisfaction with 'non-medical' aspects of GP services in addition to the level of satisfaction with the 'medical care' received. If service users reported being satisfied or dissatisfied with either non-medical aspects of GP services or the medical care delivered, they were asked why they felt this way.

To identify the underlying reasons for satisfaction and dissatisfaction with GP services, service users were then asked how satisfied they were with various medical and non-medical aspects of GP services. Individuals that reported dissatisfaction with a specific element were then questioned on the experiences which caused them to feel dissatisfied<sup>16</sup>.

The re-contact survey also explored satisfaction with out of hours GP services; a component of NHS Wales which was not covered in the National Survey. As with GP services, satisfaction with out of hours GP services was assessed by differentiating between the medical care provided and the non-medical aspects of the service and by exploring satisfaction with and the experience of specific factors of out of hours GP services<sup>17</sup>.

However, it should be noted that these questions are based on very few respondents as only a small proportion had used out of hours GP Services. We are therefore only able to discuss these questions at the overall level – sub-group analysis and key driver analysis is not possible for this service.

#### **4.1 Overall satisfaction with GP medical care**

As with the results of the National Survey, service users had a positive perception of the medical care they received from GPs, with nine-tenths (94%) either very satisfied or fairly satisfied.

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<sup>16</sup> The questions asked of users of GP services are included in [Section A](#) of the questionnaire in Appendix C.

<sup>17</sup> The questions asked of users of Out of Hours GP services are included in [Section B](#) of the questionnaire in Appendix C.

#### **4.1.1 Demographic sub-group analysis**

Comparing different groups of service users reveals that men are more likely to be satisfied than women (98% satisfied vs. 91% satisfied).

There are no differences in satisfaction with GP services by the following demographic sub-groups:

- Age;
- General health rating;
- Long term limiting illness;
- Whether they speak Welsh or not;
- Rural/ urban location; and
- Local deprivation levels.

#### **4.1.2 Predictors of satisfaction – regression analysis**

We conducted Correlated Components Regression (CCR) analysis to rank satisfaction with various elements of their experience in order of importance or influence on overall satisfaction with GP medical care.

We conducted the analysis on satisfaction with GP medical care as the independent variable (A1 in the questionnaire), testing the following variables as predictors:

- Satisfaction that the GP was aware of the relevant background and medical history (A15\_1);
- Satisfaction that they were treated with dignity and respect (A15\_2);
- Satisfaction that they were involved in the treatment decision process (A15\_3);
- Satisfaction that they had all the information they needed when they left the appointment (A15\_4); and
- Satisfaction with the Welsh language provision during their last engagement with NHS services (E1).

Results of CCR analysis found that three of the five measures tested each contributed separately to the overall variance in satisfaction with GP medical care. Ranked in order of importance<sup>18</sup>, these measures were:

- Satisfaction that they had all the information they needed when they left the appointment (A15\_4);

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<sup>18</sup> In this context the term importance relates to how much each measure contributes to variance in satisfaction with GP medical care (the contribution of each predictor to R-squared)



- Satisfaction that they were treated with dignity and respect (A15\_2); and
- Satisfaction that the GP was aware of the relevant background and medical history (A15\_1).

[Table 7.6](#) in the technical appendix presents how much each predictor contributed to variance in the overall rating of NHS services.

#### 4.1.3 Reasons given for satisfaction

Service users were asked to comment on what their main reasons were for satisfaction with the medical aspects of care they received at their GP.

Good, effective treatment emerged as the most common reason given for satisfaction. For around one-quarter of service users (27%), being given a diagnosis and/or the required treatment was the main reason for satisfaction with medical care received. Similarly, one-quarter (25%) of service users commented that being given good information and advice was the main reason for their satisfaction. One-sixth (16%) noted they received a good service without issues, 15% stated they were satisfied as they received efficient or quick service and a further 15% felt the GP took their time and was thorough.

*It was explained to me well and I received the medication that I needed and the information that I needed.*

**Female, 50-59**

The other main theme illustrated as driving overall satisfaction was the demeanour and character of the GP. One-fifth of service users (22%) that were satisfied with medical care mentioned they felt that the GP listened to them. Similarly, 13% of service users highlighted the importance of having a GP who was empathetic and made the service user feel comfortable.

*Very nice, chatty, made you feel comfortable, put you at ease - doctors have been brilliant - and very helpful.*

**Female, 40-49**

#### 4.1.4 Reasons given for dissatisfaction

19 of the 376 people that attended a GP appointment in the past 12 months were dissatisfied with the medical care received.<sup>19</sup> The main reasons given for dissatisfaction generally mirror those reportedly driving satisfaction; with the GP demeanour and efficacy and thoroughness of addressing their medical needs being the main concerns. 14 service users who were dissatisfied with

<sup>19</sup> Numbers are reported rather than percentages due to a low base size.

the medical care they received said that they did not feel listened to by their GP or the GP showed a lack of empathy.

*The GP in question showed a great deal of attitude towards my medical complaint and didn't seem that happy to assist me. She spoke to me as though I was a little child.*

**Female, 40-49**

Five people felt dissatisfied with the medical care delivered because their medical issue was not resolved. Three service users that were dissatisfied with the medical care received felt that their GP was not knowledgeable enough, and a further three individuals were dissatisfied because they felt that the appointment was rushed.

*I had no resolution from them whatsoever; I had to come to it on my own. Made me not to want to go back in the future.*

**Female, 16-29**

#### **4.2 Satisfaction with specific elements of GP medical care**

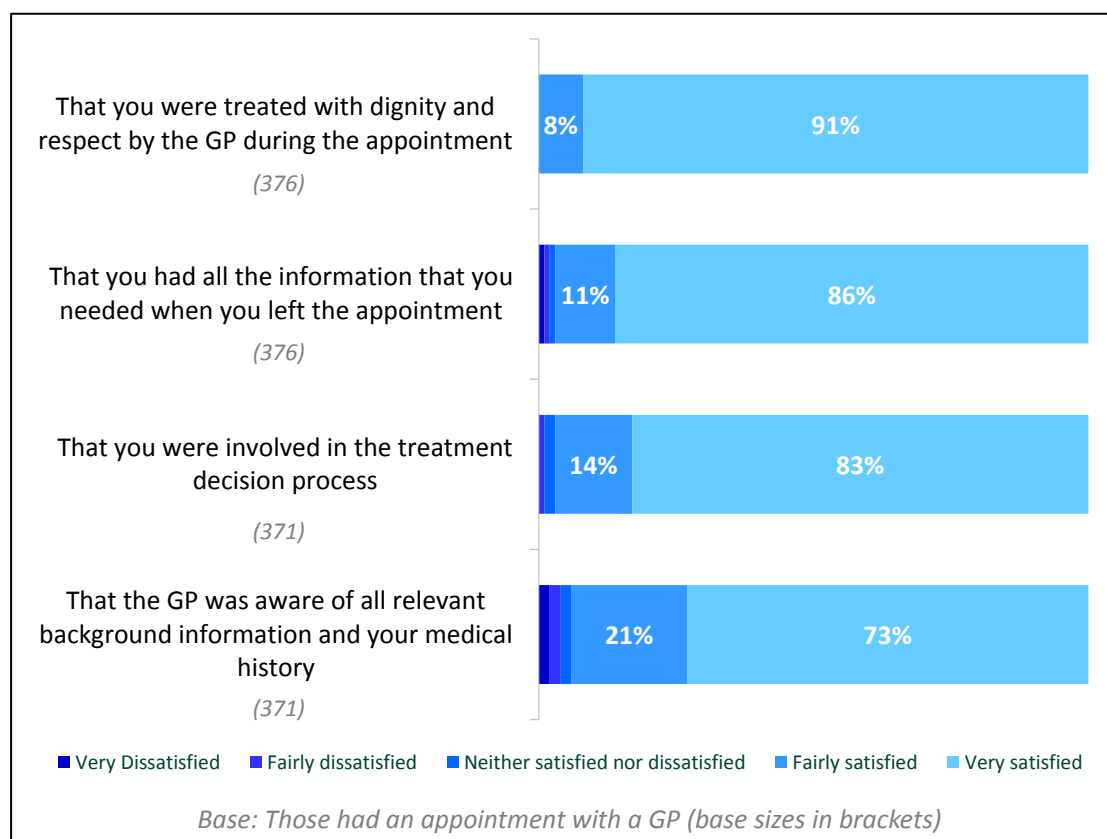
In the National Survey users of GP services were asked to express the extent to which they agreed or disagreed that they were treated with dignity and respect by their GP and whether they felt they were given all the information they needed at the GP appointment. The National Survey found that 86% of respondents either strongly agreed or tended to agree that they were treated with dignity and respect and 88% either strongly agreed or tended to agree that they were provided with all the information needed.

To further investigate why respondents were satisfied or dissatisfied with the overall medical care they received at the GP, the re-contact survey asked respondents to consider and comment on their satisfaction with the two specific elements of GP medical care previously covered in the National Survey and two additional elements. These four elements of GP medical care were whether respondents felt:

- they were treated with dignity and respect by their GP;
- they were involved in the treatment decision process;
- they had all of the information they needed when they left the appointment; and
- that the GP was aware of all relevant background and medical history.

As may be expected from the high overall level of satisfaction, there are high levels of satisfaction across all of the aforementioned specific elements of medical care received (shown in Figure 4.1 below).

**Figure 4.1: Satisfaction with elements of medical care received**



#### 4.2.1 Treatment with dignity and respect

Almost all service users (99%) were satisfied that they were treated with dignity and respect during their GP appointment; 91% very satisfied and 8% fairly satisfied. This is higher than the proportion of people that agreed that they were treated with dignity and respect in the National Survey (96%; 76% strongly agree, 20% tend to agree).<sup>20</sup>

Among the 6 service users that were dissatisfied that they were treated with dignity and respect, 3 felt this way because they disliked the attitude of the GP.<sup>21</sup>

*I find them to have an uncaring attitude.*

**Female, 50-59**

<sup>20</sup> A satisfaction scale was used throughout the re-contact survey for consistency and to facilitate key driver analysis between the overall level of satisfaction and satisfaction with elements of medical care.

<sup>21</sup> Numbers are reported rather than percentages due to a low base size.

*The general attitude of the GP; didn't make conversation, very sharp and short.*

**Male, 16-29**

#### **4.2.2 Involvement in treatment decision process**

97% service users were satisfied that they were involved in the treatment decision process, with 83% very satisfied and 14% fairly satisfied. Verbatim responses from the survey highlight that the main issue for those who were dissatisfied was the perception that the GP had made up their own mind about the best course of treatment and was not interested in listening to their patient's opinion.

*If he gets what he thinks is a direct diagnosis in his head, then there's no talking about it, there's no leeway on it anywhere. If you think it might be something else, he's not prepared to listen to anything else.*

**Male, 40-49**

*He didn't really discuss why he wasn't giving me medication for my chest and I don't think he was thorough as I'd had pneumonia and you feel he didn't take it into account. I know they don't give antibiotics willy nilly but I feel I needed them.*

**Female, 40-49**

#### **4.2.3 Awareness of background and medical history**

94% of service users were satisfied that the GP was aware of all their relevant background and medical history; 73% very satisfied, 21% fairly satisfied.

Of the 23 service users that were dissatisfied with their GPs awareness of background and medical history, 13 said that the reason for dissatisfaction was that their GP had not checked their medical records before the appointment.<sup>22</sup>

*I didn't feel like she read my notes because I had to discuss what a previous doctor had said to me which was all in the notes.*

**Female, 30-39**

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<sup>22</sup> Numbers are reported rather than percentages due to a low base size.

*He hadn't checked the computer before I went in. I told him what was wrong & he had to look at the computer. He didn't know this & he didn't know that. Basically, he didn't check the medical records.*

**Male, 60-69**

#### **4.2.4 Had all necessary information when leaving the appointment**

97% of service users were satisfied that they had all the information they needed when they left the appointment. More than four-fifths (86%) of service users were very satisfied with this element, with a further one-tenth (11%) fairly satisfied.

Of the small number (16 people) of service users that were, eight identified the main reason as not knowing what steps to take next when they left the appointment. Three people said that they were dissatisfied because specific questions were left unanswered.<sup>23</sup>

*I had all the information about the tablet I could take but no other information about other options I had to go onto the computer & research it myself. When I walked out, there was no difference from when I walked in.*

**Male, 60-69**

*I had to go out and find information myself, information should have provided to me about how I can help myself or who I can go to for help.*

**Female, 16-29**

### **4.3 Overall satisfaction with GP appointments (non-medical)**

Although lower than the level of satisfaction with medical care received at GP appointments, overall satisfaction with non-medical aspects was high, with three-quarters (74%) of service users saying they are satisfied.

#### **4.3.1 Demographic sub-group analysis**

Comparing different groups of service users reveals that younger service users are least satisfied (44% of those aged 16-29 vs. 77% of those aged 50 or over).

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<sup>23</sup> Numbers are reported rather than percentages due to a low base size.

Those who consider themselves to be in good health also tend to be more satisfied than those in poor health (75% vs. 56%).

There are no differences in satisfaction with GP services by the following demographic sub-groups:

- Gender;
- Long term limiting illness;
- Whether they speak Welsh or not;
- Local Area Health Board;
- Rural/ urban location; and
- Local deprivation levels.

#### **4.3.2 Predictors of satisfaction – regression analysis**

We conducted Correlated Components Regression (CCR) analysis to rank satisfaction with various elements of their experience in order of importance or influence on overall satisfaction with non-medical aspects of experience at the GP.

We conducted the analysis on overall satisfaction with non-medical aspects of experience at the GP as the independent variable (A3 in the questionnaire), testing the following variables as predictors:

- Satisfaction with the date and time of their appointment (A5\_1);
- Satisfaction with the process of arranging an appointment (A5\_2);
- The helpfulness of reception staff (A5\_3);
- The waiting area (A5\_4);
- The waiting time on the day of their appointment (A5\_5);
- The toilet facilities (A5\_6);
- Whether they saw the GP at the schedule appointment time (A10);
- Ease of travelling to and from the GP surgery (A12\_1);
- Ease accessing the building and consulting rooms (A12\_2);
- Satisfaction with the Welsh language provision during their last engagement with NHS services (E1).

Six of the ten measures tested were found to contribute uniquely to the overall variance in overall satisfaction with non-medical aspects of experience at the GP. Satisfaction with the process of setting up an appointment was the most important<sup>24</sup>. Other measures that had an influence (ranked in order of importance) include:

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<sup>24</sup> In this context the term importance relates to how much each measure contributes to variance in satisfaction with GP medical care (the contribution of each predictor to R-squared)

- Satisfaction with the helpfulness of reception staff (A5\_3);
- Satisfaction with the waiting time on the day of their appointment (A5\_5);
- Satisfaction with the waiting area (A5\_4);
- Whether they saw the GP at the schedule appointment time (A10); and
- Ease of travelling to and from the GP surgery (A12\_1).

[Table 7.7](#) in the technical appendix presents how much each predictor contributed to variance in the overall rating of NHS services.

### 4.3.3 Reasons given for satisfaction

Service users were given the opportunity to comment on their main reasons for satisfaction with non-medical aspects of their experience. The key non-medical theme which emerged was the ease and flexibility of booking an appointment. Around one-third (32%) of service users commented they were satisfied it was easy to book an appointment and a further one-tenth (13%) liked that they were able to book a same-day appointment.

*I got an appointment fairly quickly at a time that suited my working hours and I didn't have to wait too long in the waiting room. All the staff were pleasant and efficient.*

**Male, 50-59**

*I got an appointment when I wanted it. The lady in the surgery was ready to help me out and arrange an appointment that was convenient to me.*

**Female, 30-39**

Having a positive experience on the day was also an important factor in satisfaction; over one-quarter (28%) of service users were happy with receiving prompt service and not having to wait too long on the day. One-fifth (22%) of users commented that they had a positive interaction with reception staff (staff were friendly / polite / helpful) and a further 18% noted they received good service on the day without issue.

*Just a very efficient service to be honest with you, across the board, the receptionists are very good, doctors are very good, knowledgeable, compassionate and professional.*

**Male, 60-69**

#### **4.4.4 Reasons for dissatisfaction**

The key reasons for dissatisfaction with non-medical aspects of GPs related to the process of making an appointment. One-third (34%) of dissatisfied service users felt they had to wait a long time for appointment, one-quarter (28%) felt it was difficult to contact GP surgery on the phone to make an appointment and a further one-fifth (20%) commented that it was generally difficult to make an appointment.

*I was very dissatisfied with making the appointment – unless you phone at 8am for an emergency appointment you have to wait 2 weeks to get an appointment. It's just so hard to make an appointment with them.*

**Female, 16-29**

*To book an appointment around here is a lottery, You have to call up loads of times, the line is always engaged so you have to hang up and call back and once you get through you only have 1 or 2 slots to book yourself in.*

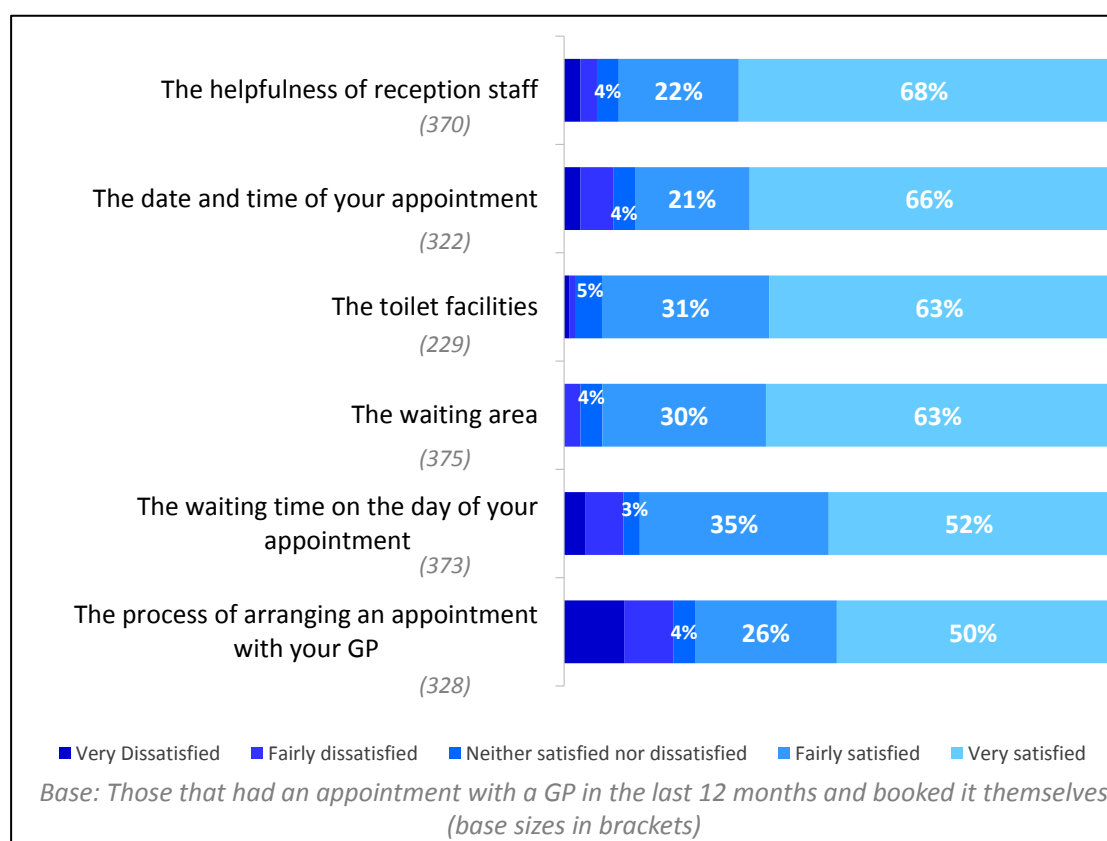
**Male, 30-39**

#### **4.4 Satisfaction with specific aspects of GP appointments (non-medical)**

Examination of specific non-medical aspects of GP services showed high levels of satisfaction for most aspects (Figure 4.2).



**Figure 4.2: Satisfaction with non-medical elements of GP appointments**



Satisfaction with the date and time of appointments was high, with 87% of service users satisfied (66% very satisfied, 21% fairly satisfied). Among the 31 who said they were dissatisfied with the date and time of their appointment, 17 stated this was due to the appointment being at an inconvenient date or time, with a further 8 dissatisfied with how far in the future their appointment was.<sup>25</sup>

Three-quarters (76%) of service users were satisfied with the process of arranging an appointment with their GP, with one-half (50%) very satisfied and an additional one-quarter (26%) of respondents fairly satisfied. Of those dissatisfied with the process of arranging an appointment, two-fifths (42%) of service users specified that the length of time it took to book an appointment was the main cause of their dissatisfaction. A smaller proportion of service users (19%) were dissatisfied with the length of time they had to wait for an appointment.

<sup>25</sup> Numbers are reported rather than percentages due to a low base size.

*It's just such a hassle, you have to phone at 8 o' clock and you have to wait and wait until someone answers the phone because they're so busy, constantly engaged and then when you do finally get through there might not be any emergency appointments left.*

**Female, 30-39**

86% of service users were satisfied with the waiting times on the day of the appointment, with half (52%) very satisfied and one-third (35%) fairly satisfied.

Satisfaction with the helpfulness of the reception staff was high, with almost nine-tenths (90%) of service users satisfied with their interaction (68% very, 22% fairly). Among the 27 dissatisfied service users, 16 found reception staff unhelpful, 10 felt that reception staff were rude, and 9 that they asked too many personal questions.<sup>26</sup>

*You feel as if they are setting up a barrier to seeing a doctor rather than helping you to see the doctor.*

**Female, 60-69**

Satisfaction with the GP waiting areas was very high; nine-tenths (93%) of service users expressed satisfaction. The most common reasons given for dissatisfaction with the waiting areas was that they are small or overcrowded (4 people), and old or depressing décor (7 people).

Almost two-fifths (37%) of service users were unable to comment upon their satisfaction with GP toilet facilities, suggesting that a considerable proportion did not use the facilities during their visit. Amongst those that were able to report their level of satisfaction with toilet facilities, more than nine-tenths (94%) were satisfied (63% very satisfied and 31% fairly satisfied).

#### **4.5 GP appointment times**

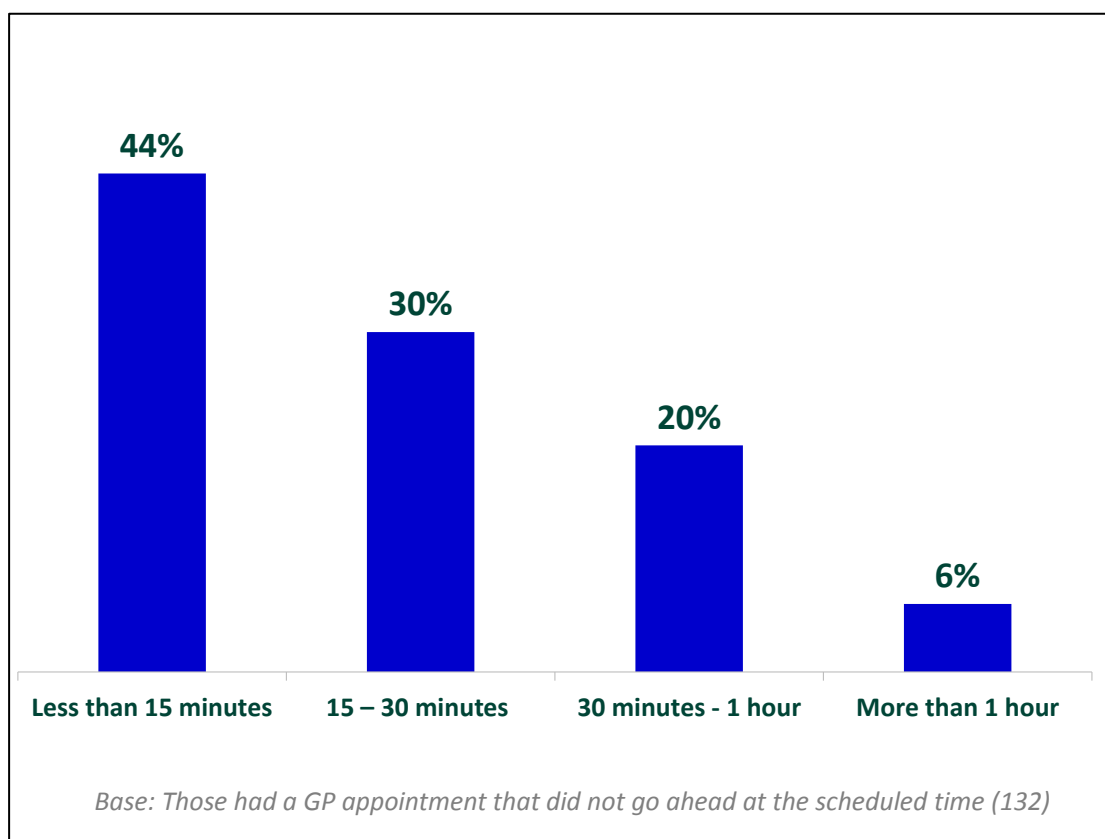
Two-thirds (64%) of service users saw their GP at the scheduled appointment time. The average wait for those who did not see their GP on time was 23 minutes.

Figure 4.3 illustrates the waiting times experienced by service users on the day of their appointment.

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<sup>26</sup> Numbers are reported rather than percentages due to a low base size.

**Figure 4.3: Waiting times on the day of appointment**



#### **4.6 Accessibility of GP surgeries**

The majority of service users reported no issue with accessing their GP appointment. In line with the findings of the National Survey for Wales, more than nine-tenths (92%) of service users found travelling to and from their appointment easy.

Of those who reported difficulty getting to and from their appointment, the most frequently stated reason was the lack of and unreliability of public transport (9 people). Limited parking at the GP surgery (3 people) and a lack of available transport options - such as unable to use public transport due to disability (2 people) - were cited as other barriers to accessibility.<sup>27</sup>

*The bus that comes up outside where I live comes at ten to the hour. If I miss the bus, there isn't another one for another hour. It would make it easier for me if the buses were more regular.*

**Female, 70-79**

<sup>27</sup> Numbers are reported rather than percentages due to a low base size.

The re-contact survey also asked service users how easy it was to access the GP surgery building and consulting facilities. More than nine-tenths of service users (95%) reported being able to do this with ease.

An insufficient number of parking spaces at the GP surgery was cited frequently as a barrier to accessing the GP surgery and consulting rooms (6 people).

*Parking is a problem; if it is full and you have a disabled person with you this is difficult. There are 15 parking spaces so if you have to park across the road this is difficult with a wheelchair and when you leave the doctors you have to push the wheelchair up a hill and cross a busy road.*

**Female, 70-79**

Other individuals reported that their GP surgery and consulting rooms are difficult to access because the doors are not suitable for some disabilities (2 people) and because the surgery does not have a ramp (1 person).

#### **4.7 Overall satisfaction with out of hours GP medical care**

This section of the report considers satisfaction with medical care from out of hours GP Services. It should be noted that only 29 individuals surveyed had used out of hours GP services during the preceding year – base sizes for this section are therefore low and we are only able to report at an overall level. It is not possible to conduct regression analysis to establish predictors of satisfaction, or reliably assess differences between demographic sub-groups.

Of the 29 patients who had used out of hours GP services, 23 were satisfied with the medical care they received (15 very satisfied).

The main reasons for satisfaction with the medical care received through GP out of hours services was the reported immediacy of service; 16 service users said that they were satisfied because their problem was dealt with promptly.

*They did what they needed to do – turned up and gave me an assessment and medication there and then.*

**Male, 40-49**

Similar to the importance of efficacy of medical care and advice for satisfaction with regular GP appointments, another reason given for satisfaction with out of hours GP services was that staff were knowledgeable and provided good advice (7 people).

*I felt that the doctor really checked everything. She was only a student doctor but she was very thorough and she told me what to do and gave me enough information.*

**Female, 30-39**

#### **4.8 Satisfaction with specific elements of medical care received from out of hours GP Services**

Satisfaction with the specific elements of the medical care delivered by out of hours GP services was high across the board; at least 22 were satisfied in each case. GPs' awareness of all relevant background information and medical history was the medical aspect of out of hours GP services with the highest number of dissatisfied service users. Of the 29 people that had used an out of hours GP service, five were dissatisfied with this aspect.

*He had never met me before so he didn't know the history that I had a series of problems before.*

**Female, 40-49**

Similarly, three users were not satisfied that they had all the information that they needed when the out of hours GP appointment finished. Comments from these users suggest a perception the doctors not knowing the information themselves.

*The doctor didn't know all the information that he needed to.*

**Female, 16-29**

*Because the information was incorrect/ I did not believe it was accurate so I followed it up the next day.*

**Female, 40-49**

#### **4.9 Overall satisfaction with out of hours GP Services (non-medical)**

As with medical aspects of out of hours GP services, it should be noted that only 29 individuals surveyed had used out of hours GP services during the preceding year. Base sizes for this section are therefore low and we are only able to report at an overall level. It is not possible to conduct regression analysis to establish predictors of satisfaction, or reliably assess differences between demographic sub-groups.

Overall satisfaction for non-medical aspects of out of hours GP services was high. Of the 29 individuals that had used an out of hours GP service in the past year, 22 were satisfied with the overall experience aside from the medical care.

Consistent with the main reason for satisfaction with the medical aspects of out of hours GP services, prompt service was the most common reason given for satisfaction with nonmedical aspects. This reason was mentioned by 11 people that were satisfied with the overall experience of out of hours GP services.

*They always phone back quickly. They don't take a chance with anything. The pain had gone by the appointment but they insisted I still kept the appointment and made sure that a doctor saw me.*

**Female, 30-39**

Another key reason for satisfaction with non-medical elements of out of hours GP services amongst users was the nature of staff. Recurring terms used to describe staff include polite, friendly, helpful and professional.

*They were very good and filled me with confidence. They were well-mannered & professional.*

**Male, 40-49**

#### **4.10 Satisfaction with specific aspects of out of hours GP appointments (non-medical)**

High levels of satisfaction were found across the non-medical components of the out of hours GP services. Most users of out of hours GP services were satisfied with the time of their appointment, the helpfulness of reception staff and the process of arranging an appointment (at least 18 in each case).

The process of arranging an out of hours GP appointment was the non-medical aspect for which the most service users expressed dissatisfaction. Of the 21 users that had booked the appointment they had attended, 2 were dissatisfied with process of booking an appointment because of difficulties with interacting with a new GP and the length of time it took to arrange.

*You won't get someone who knows the history from a personal side, the doctors should be on shifts so that it doesn't go to shop doc.*

**Male, 40-49**

*It took a lot of ringing around to get an appointment which took a long time of being on hold and being bounced around different services and took a long time to be seen.*

**Female, 50-59**

#### **4.11 Access to out of hours GP Services**

Similar to regular GP appointments, the majority of people who had visited an out of hours GP facility had no issue accessing services. Of the 22 people that had visited an out of hours GP facility, 18 found it easy to travel to and from the location, and 18 found it easy to access the facility and consulting rooms.

## 5. Satisfaction with hospitals

This chapter presents the overall level of satisfaction with NHS hospital services among those who had an appointment or procedure at a hospital in the last 12 months. The chapter begins by focusing on the overall level of satisfaction and dissatisfaction with the service before discussing difference across demographic subgroups and the key drivers of satisfaction.

### Chapter summary:

- The findings of the National Survey identified that 92% of individuals who had an appointment or procedure at an NHS hospital in the last 12 months reported being satisfied with the care they received
- The re-contact survey found that overall satisfaction with the medical care received at hospital was high (89%).
- Satisfaction that medical staff were aware of all the relevant background information and medical history has the greatest influence on overall satisfaction with hospital medical care.
- More than 80% of those that had a hospital appointment or procedure were satisfied with each of the specific elements of medical care that they were asked about.
- Overall satisfaction with non-medical aspects of their hospital appointment or procedure was very high with 91% satisfied.
- 69% of patients that had an outpatient appointment had their appointment at the scheduled time. Of those who did not, 71% were seen within an hour of the scheduled time.

In the National Survey for Wales, more than nine-tenths (92%) of individuals who had an appointment or procedure at an NHS hospital in the last 12 months reported being satisfied with the care they received.

As with the assessment of satisfaction with GP services and out of hours GP services, the re-contact survey explored satisfaction with hospital services by separately measuring satisfaction with 'medical' and 'non-medical' aspects of



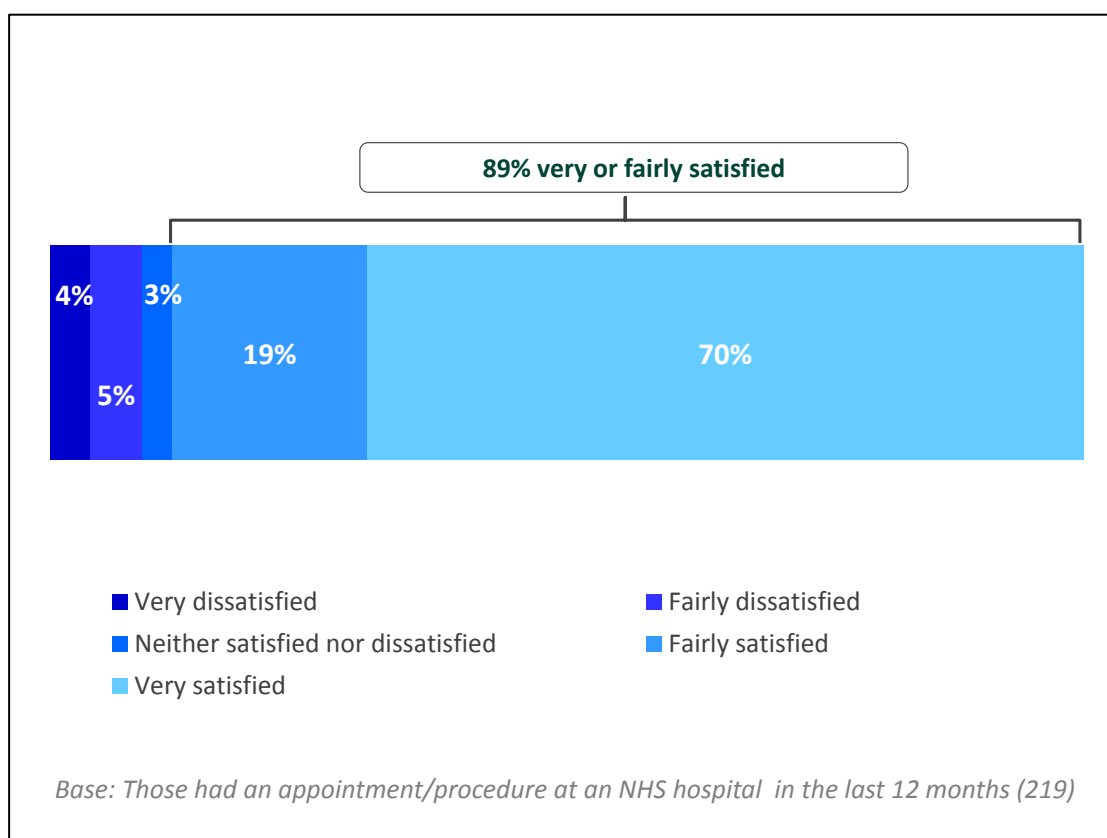
the service<sup>28</sup>. If service users reported being satisfied or dissatisfied with non-medical aspects of hospital services or the medical care delivered, they were asked to explain the experience that caused them to feel this way.

To uncover the specific elements which influence overall satisfaction with hospital services the re-contact survey measured satisfaction with specific factors of medical and non-medical aspects of hospital services. Individuals that were dissatisfied with any factors were then asked about the cause of dissatisfaction.

### 5.1 Overall satisfaction with hospital medical care

The re-contact survey found that around nine-tenths (89%) of those that attended an NHS hospital in Wales in the past 12 months were satisfied with the medical care delivered (Figure 5.1). Over two-thirds (70%) were very satisfied, whilst around one-fifth (19%) were fairly satisfied. Around one-tenth (8%) were dissatisfied with the medical care they received (5% fairly dissatisfied and 4% very dissatisfied).

**Figure 5.1: Overall satisfaction with hospital medical care**



<sup>28</sup> The questions asked of users of Hospital services are included in [Section C](#) of the questionnaire in Appendix C.

### **5.1.1 Demographic sub-group analysis**

Comparing different groups of service users reveals that men are more likely to be satisfied with medical care received at hospital than women (95% satisfied vs. 85% satisfied).

In terms of geography, those living in urban areas are more likely to be satisfied than those in rural parts of Wales (92% vs.83%).

There are no differences in satisfaction with hospital services by the following demographic sub-groups:

- Age;
- General health rating;
- Long term limiting illness;
- Whether they speak Welsh or not;
- Rural/ urban location; and
- Local deprivation levels.

### **5.1.2 Predictors of satisfaction – regression analysis**

We conducted Correlated Components Regression (CCR) analysis to rank satisfaction with various elements of their experience in order of importance or influence on overall satisfaction with hospital medical care.

We conducted the analysis on satisfaction with hospital medical care as the independent variable (C2 in the questionnaire), testing the following variables as predictors:

- Satisfaction that medical staff were aware of the relevant background and medical history (C13\_1);
- Satisfaction that medical staff treated them with dignity and respect (C13\_2);
- Satisfaction that the ward/location or room used for their appointment allowed their privacy to be maintained (C13\_3);
- Satisfaction that they were involved in the treatment decision process (C13\_4);
- Satisfaction that they had all the information they needed on their pre-appointment/admission letter (C13\_5);
- Satisfaction that they had all the information they needed during their visit/stay (C13\_6); and
- Satisfaction with the Welsh language provision during their last engagement with NHS services (E1).

Three of the seven measures tested were each found to contribute separately to the overall variance in satisfaction with hospital medical care. Satisfaction that medical staff were aware of all relevant background information and medical history was found to be most important<sup>29</sup>. Other measures that were found to be influential (ranked by importance) include:

- Satisfaction that medical staff aware of the relevant background and medical history (C13\_1)
- Satisfaction that medical staff treated them with dignity and respect (C13\_2); and
- Satisfaction that they were involved in the treatment decision process (C13\_4).

[Table 7.8](#) in the technical appendix presents how much each predictor contributed to variance in the overall rating of NHS services.

## **5.2 Satisfaction with specific elements of hospital medical care**

In the National Survey users of hospital services were asked to express the extent to which they agreed or disagreed that they were treated with dignity and respect at their hospital appointment. The National Survey found that 96% of respondents either strongly agreed or tended to agree that they were treated with dignity and respect.

To further investigate why respondents were satisfied or dissatisfied with the overall medical care they received during a hospital appointment or procedure, the re-contact survey asked respondents to consider and comment on their satisfaction with the dignity and respect they were shown during in addition to five other specific elements of hospital medical care. The elements of hospital medical care covered included whether respondents felt:

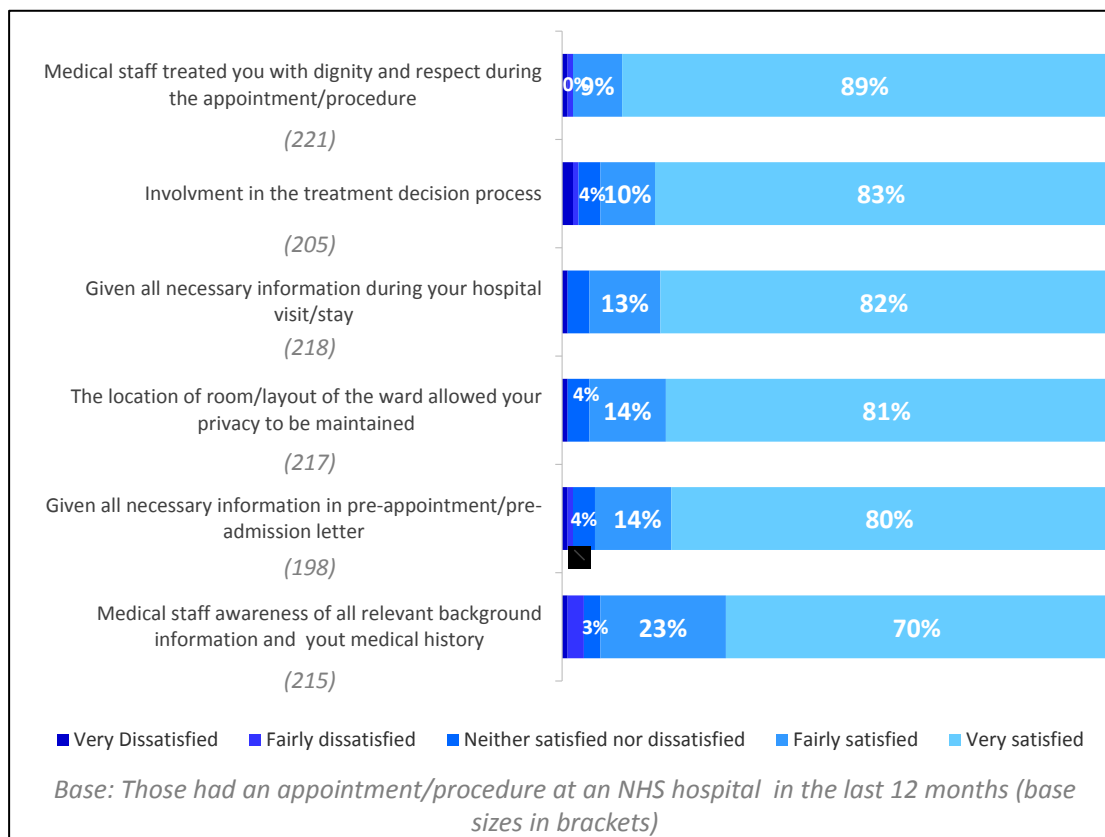
- Medical staff treated them with dignity and respect during the hospital appointment or procedure;
- the location of the room/the layout of the ward allowed their privacy to be maintained;
- they were given all the information they needed during their appointment or procedure;
- that they were involved in the treatment decision process; and
- that they were given all the necessary information in a pre-appointment/pre-admission letter.

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<sup>29</sup> In this context the term importance relates to how much each measure contributes to variance in satisfaction with GP medical care (the contribution of each predictor to R-squared)

As depicted in Figure 5.2, more than four out of five (>80%) of those that had a hospital appointment or procedure in the past year were satisfied with each of the specific elements of medical care that they were asked about

**Figure 5.2: Satisfaction with specific elements of hospital medical care**



The degree to which medical staff treated patients with dignity and respect during their appointment or procedure was the aspect of medical care with the highest level of satisfaction. Almost all (98%) individuals that had attended a hospital appointment or procedure over the past year were satisfied with this element of their hospital experience.

Demographic sub-group analysis illustrates that individuals with a limiting long standing illness, disability or infirmity were more likely to be very satisfied with the extent to which they were treated with dignity and respect than those without such a condition (95% vs 77%). Moreover, it was more likely for those that live in an urban area to be very satisfied with this element of medical care than those that live in a rural area (93% vs 82%).

Only 2% were found to be dissatisfied with the degree to which they were treated with dignity and respect by medical staff, consistent with the findings of the National Survey. Those that were dissatisfied with this aspect of medical care predominantly accredited these feelings to medical staff being impolite and impersonal.

*I felt I was just an object and did not feel like a human being.*

**Female, 70-79**

*The consultant was awful. He was rude and unprofessional.  
I'd rather not go into details.*

**Female, 30-39**

Dissatisfaction was highest with the awareness medical staff had of patients' background information and medical history; around one-twentieth (4%) were dissatisfied with this element of medical care.

Amongst those who were dissatisfied with the awareness medical staff had of their background and medical history, the most commonly cited reason for dissatisfaction was the belief that medical staff did not know anything about them. Of the 11 individuals that were dissatisfied with this aspect of their hospital experience, 8 mentioned that medical staff did not know anything about them.

*They didn't have a clue about my medical history and didn't ask about it, I've got a very extensive medical history... there were a couple of conditions & disabilities they should have known about*

**Male, 40-49**

One user said they were dissatisfied with the awareness medical staff had of their personal circumstances felt there was a lack of communication between medical staff within the hospital. In this instance, the lack of internal communication between staff resulted in the same task being undertaken several times.

*Each consultant wanted to do the same task that another one had done. None of them knew what the other one had done.*

**Female, 16-29**

Others who were dissatisfied with the awareness medical staff had of their background and medical history felt this way due to either the appointment being rushed or because staff did not pay attention to them (2 individuals in each case).

*They were in too much of a rush. They weren't really listening to what I was saying so they weren't going to get any background info because they didn't have time. They were too eager to get rid of you and send you home, that's what it seemed like to me, anyway.*

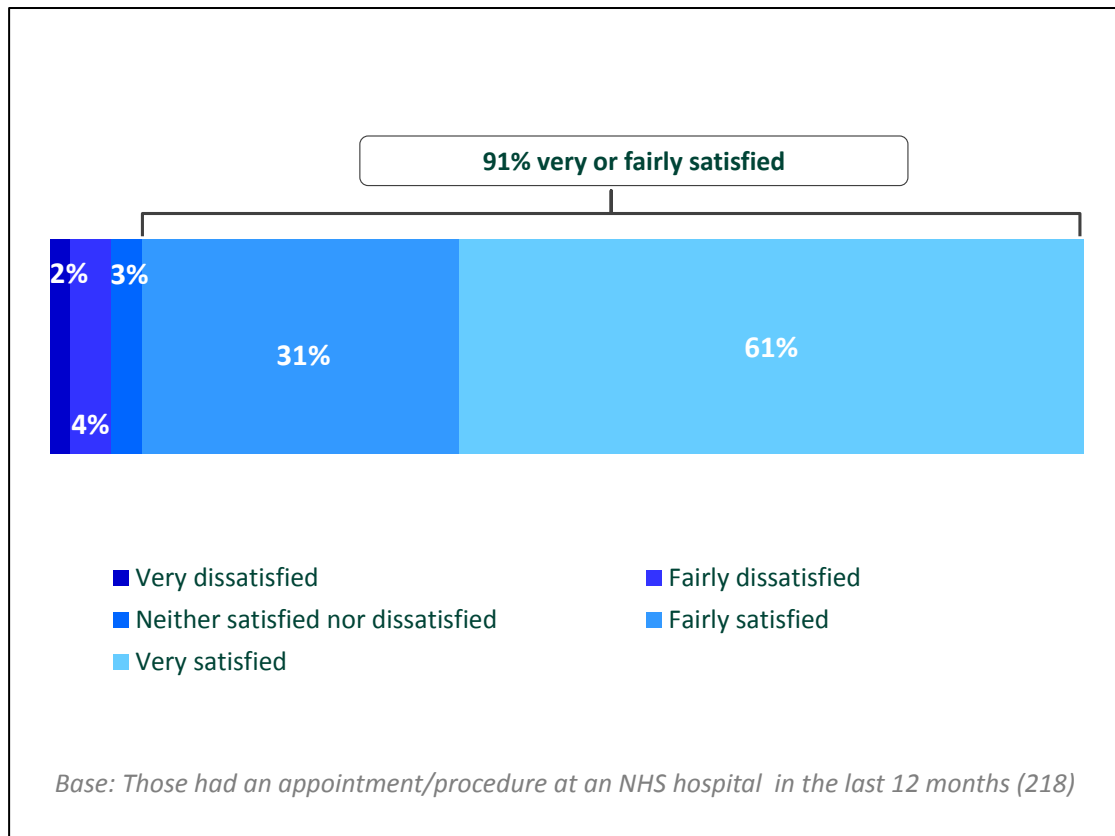
**Female, 60-69**

Despite a relatively high level of dissatisfaction with the awareness medical staff had of background information and medical history, nine-tenths (93%) of those that engaged with a hospital in the preceding 12 months were satisfied with this aspect of medical care.

### 5.3 Overall satisfaction with hospitals (non-medical)

Nine-tenths (91%) of those who attended an NHS hospital in Wales in the past 12 months were satisfied with the non-medical elements of the service provided, with three-fifths (61%) very satisfied (see Figure 5.4). Only 6% were dissatisfied with the non-medical service received (4% fairly dissatisfied and 2% very dissatisfied).

**Figure 5.3: Overall satisfaction with non-medical aspects of hospitals**



### **5.3.1 Demographic sub-group analysis**

There are no differences in satisfaction with hospital services by the following demographic sub-groups:

- Gender;
- Long term limiting illness;
- Self-reported health;
- Rural/ urban location; and
- Local deprivation levels.

### **5.3.2 Predictors of satisfaction – regression analysis**

We conducted Correlated Components Regression (CCR) analysis to rank satisfaction with various elements of their experience in order of importance or influence on overall satisfaction with non-medical aspects of hospital experience.

We conducted the analysis on satisfaction with non-medical aspects of hospital visits as the independent variable (C4 in the questionnaire), testing the following variables as predictors:

- Satisfaction with the date and time of their appointment/procedure (C6\_1);
- The helpfulness of reception staff (C6\_2);
- The waiting area (C6\_3);
- The toilet facilities (C6\_4);
- Whether their appointment went ahead at the scheduled time (C11);
- Satisfaction with the Welsh language provision during their last engagement with NHS services (E1).

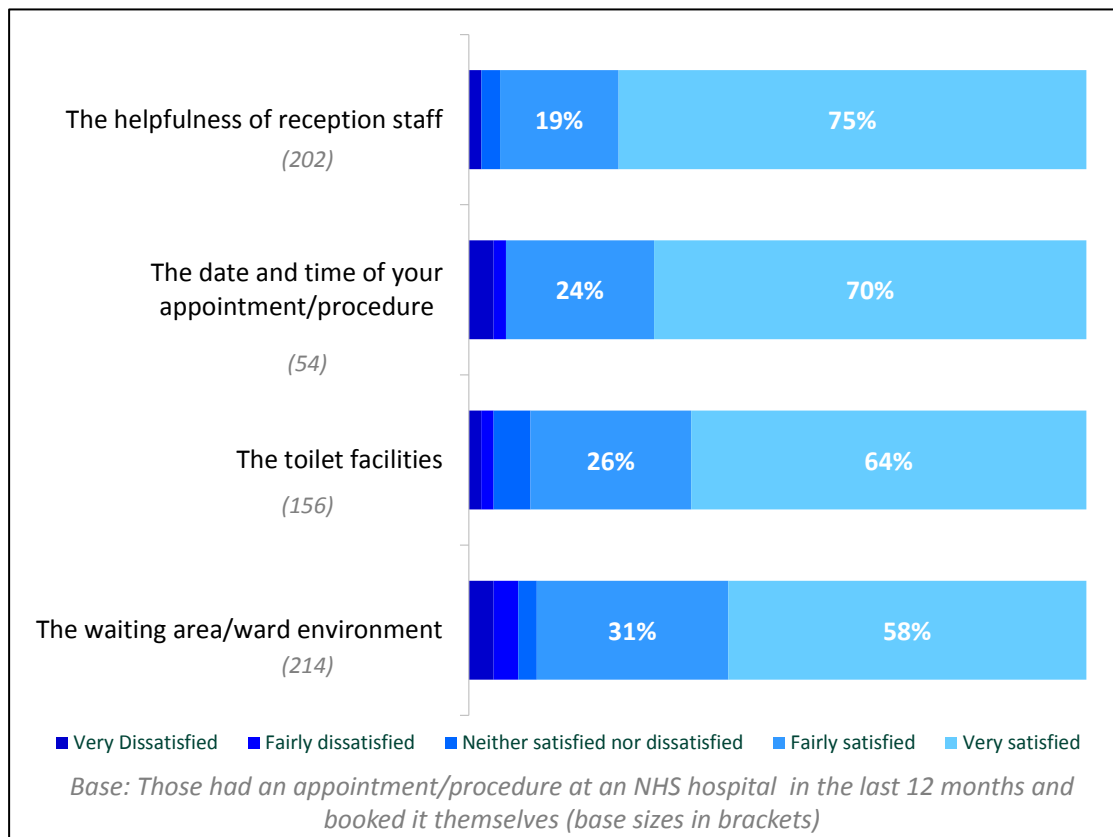
Results showed a low level of correlation between the overall satisfaction with non-medical care delivered by hospitals and the predictor variables listed above. [Table 7.9](#) in the technical appendix presents how much each predictor contributed to variance in the overall rating of NHS services

### **5.4 Satisfaction with specific aspects of hospitals (non-medical)**

As illustrated in Figure 5.5, more than four-fifths (>80%) of those who attended a hospital in the past 12 months were satisfied with the date and time of their appointment or procedure, the helpfulness of reception staff, the toilet facilities and the waiting area or ward. As with all analysis in this report, “Don’t know” and “Refused” responses have been excluded. However, it is worth noting that, in the case of the toilet facilities, a high proportion gave a

“don’t know” response (28%); this will likely be due to many people not having used these facilities during their visit.

**Figure 5.4: Satisfaction with specific aspects of hospitals (non-medical)**



The date and time of an appointment or procedure and the helpfulness of reception staff were the non-medical element of hospital services which had the greatest level of satisfaction (94% in each case).

Around one in twenty (6%) were dissatisfied with the date and time of their appointment or procedure. It was more common for individuals to report dissatisfaction with the date and time of their hospital appointment or procedure due to it being considered to be too far in the future than due to a long wait whilst at the hospital itself. Of those who were dissatisfied the date and time of their hospital appointment or procedure, 3 people claimed to feel this way because the scheduled date and time was too far ahead in the future and 2 felt dissatisfied because of the length of time they had to wait at the hospital.<sup>30</sup>

*We waited 6-9 months and that's so long I'd almost forgotten that I had an appointment*

**Female, 50-59**

<sup>30</sup> Numbers are reported rather than percentages due to a low base size.



*I waited an hour and half and when I asked reception how long the wait is they replied with, 'how long is a piece of string'*

**Female, 16-29**

Only 5 individuals were dissatisfied with the helpfulness of reception staff during their hospital appointment or procedure. The individuals that felt dissatisfied with this non-medical element reported experiences of reception staff being dismissive and unforthcoming about waiting times.

The hospital waiting area or ward environment was the non-medical element with the highest level of dissatisfaction; one-twelfth (8%) of those that had visited a hospital in the preceding 12 months were dissatisfied with this facility (4% fairly dissatisfied and 4% very dissatisfied).

The most common cause of dissatisfaction with the hospital waiting area or ward environment was a lack of space. This reason was cited by 11 of the 21 service users who were dissatisfied with the waiting area or ward environment.

*It was packed ... I was squeezed into a row of chairs. They are trying to do too many people at once. When you are called it is by the intercom and very few people can actually see the screen.*

**Female, 70-79**

Three hospital users were dissatisfied with the hospital waiting area or ward environment because of the temperature of the facility; commenting that the waiting area or ward environment was too hot or too cold.

*It was very cold and I felt there wasn't enough staff to give you the right treatment. It could have been improved by being at the right temperature and more staff*

**Female, over 80**

A further three people that were dissatisfied with the waiting area or ward environment felt this way because there was a lack of staff to provide them with support.

*I was left for over 8 hours before anyone came to see me. I think that it's very unfair and more staff are needed*

**Female, 16-29**

Although the hospital waiting area or ward environment was the non-medical element with the highest level of dissatisfaction, over four-fifths (89%) of

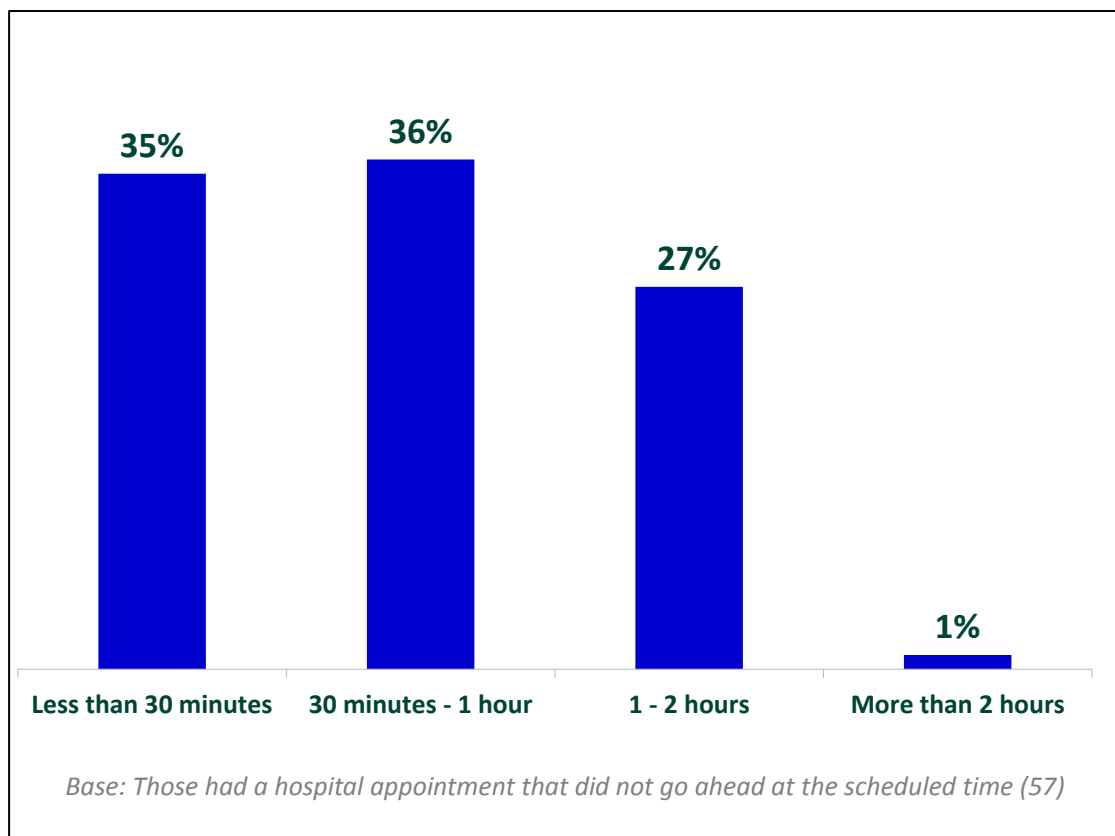
individuals that had visited a hospital in the preceding 12 months were satisfied with this non-medical aspect of hospitals.

### 5.5 Hospital waiting times

Over two-thirds (69%) of individuals that had attended a hospital appointment as an outpatient said that their appointment went ahead at the scheduled time.

Among the hospital outpatients whose appointment did not take place at the scheduled time, the average length of time they had to wait for the appointment to take place was 48 minutes. Figure 5.7 presents the waiting times experienced by outpatients on the day of their appointment.

**Figure 5.5: Waiting times for hospital appointments or procedures**



## 6. Conclusions and recommendations

The purpose of the re-contact survey was to explore in greater depth the reasons behind satisfaction or dissatisfaction with GP and (NHS) hospital services in Wales; and on the basis of this exploration, recommend actions that can be taken to improve satisfaction levels.

### 6.1 Overall satisfaction

Older service users and those living in the most deprived areas of Wales, tend to be most positive about NHS services.

### 6.1 GP services - medical care

Overall satisfaction with the care received from GPs was found to be very high in the National Survey, with 91% satisfied. The re-contact survey found over nine-tenths (94%) were satisfied with the **medical** care delivered by GPs.

To identify the key drivers of satisfaction and dissatisfaction with the medical care delivered by GP services Correlated Components Regression (CCR) analysis was undertaken. Three elements of GP medical care were found to contribute uniquely to overall satisfaction with GP medical care. Ranked in order of importance<sup>31</sup>, these elements were:

- satisfaction with being given all the information needed at the appointment;
- feeling treated with dignity and respect by medical staff; and
- feeling that the GP is aware of the relevant background information and medical history.

Acknowledging that satisfaction levels are already high, it is recommended that actions to improve still further satisfaction levels with GP medical care should focus on actions should focus on:

- ensuring that users of GP services are always given sufficient information about their diagnosis and the next steps to take before the appointment finishes;
- ensuring that service users always feel they are treated with dignity and respect by GPs; and
- improving the awareness GPs have of relevant background information and their medical history of service users.

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<sup>31</sup> In this context the term importance relates to how much each measure contributes to variance in satisfaction with GP medical care (the contribution of each predictor to R-squared).

## **6.2 GP services - non-medical care**

Overall satisfaction with the non-medical care received from GPs was high, with around three-quarters (74%) either very satisfied or fairly satisfied.

To identify the key drivers of satisfaction and dissatisfaction with the non-medical care delivered by GP services Correlated Components Regression (CCR) analysis was undertaken. Six non-medical elements of GP services were found to contribute uniquely to overall satisfaction with non-medical elements of GP services. Ranked in order of importance, these elements were:

- satisfaction with the process of setting up an appointment;
- satisfaction with the helpfulness of reception staff;
- satisfaction with the waiting area;
- satisfaction with the waiting time on the day of the appointment;
- being seen by the GP at the scheduled appointment time; and
- finding it easy travelling to and from the GP surgery.

In light of the above, it is recommended that the following actions would further improve measures to improve satisfaction levels with the non-medical aspects of GP services care:

- conducting a feedback survey with service users to understand how they think the appointment system and the décor of waiting areas can be improved;
- providing reception staff with training on how to be more accommodating and polite to service users;
- setting targets to reduce appointment waiting times; and
- working with public transport providers and local businesses to develop transport links to and from GP surgeries.

## **6.3 Out of hours GP services**

Only 29 individuals surveyed had engaged with out of hours GP services during the preceding year. The majority of the individuals that had used out of hours GP services were satisfied with the medical and non-medical care they received for this aspect of Welsh NHS services (23 and 22 respectively).

Given the very low base size it is not appropriate for recommendations of how to improve out of hours GP services to be made.

## 6.4 Hospital services - medical care

Overall satisfaction with the medical care received during a hospital appointment or procedure was found to be very high in the National Survey, with around nine-tenths (92%) satisfied. This finding is comparable to the level of satisfaction identified in the re-contact survey; around nine-tenths (92%) are either fairly satisfied or very satisfied.

To identify the key drivers of satisfaction and dissatisfaction with the medical care delivered by hospital services Correlated Components Regression (CCR) analysis was undertaken. Three elements are found to influence overall satisfaction with hospital medical care. Ranked in order of importance, these elements are:

- feeling that the medical staff are aware of the relevant background information and medical history;
- feeling treated with dignity and respect by medical staff; and
- feeling involved in decisions about treatment.

Analysis of demographic sub-groups identified that satisfaction with medical care received during a hospital appointment or procedure is lower among female service users than their male counterparts. Moreover, satisfaction is lower among services users in rural parts of Wales compared to those in urban parts of Wales.

In light of the above, it is recommended that the following actions are taken to improve satisfaction levels with hospital medical care:

- conducting a feedback survey with hospital medical staff to identify ways in which their awareness of relevant background information and the medical history of service users can be improved;
- providing hospital medical staff with training on how to treat service users with dignity and respect; and
- conducting a feedback survey with service users to understand how they would like to be involved in the treatment decision process.

## **6.5 Hospital services – non-medical care**

Overall satisfaction with non-medical elements of hospital services is very high, with nine-tenths (91%) either very satisfied or fairly satisfied.

Correlated Components Regression (CCR) analysis did not identify any key drivers of overall satisfaction with the non-medical care delivered by hospitals. In the absence of key drivers it is not possible to recommend aspects of non-medical care which should be prioritised in attempts to improve overall satisfaction.

## 7. Appendix A: Technical Annex

### 7.1 Sampling and weighting

The sample source for the survey was the National Survey for Wales 2014-15. Specifically, individuals identified as having had a GP or hospital appointment in twelve months prior to taking part in the survey and who had consented to be re-contacted for further research. The 2014-15 National Survey identified 6,132 individuals identified as having had a GP or hospital appointment in the previous twelve months, of whom 4,111 agreed to be re-contacted.

Our aim was to match the profile of the entire population *who had seen a GP or been to the hospital within 12 months of taking part in the National Survey*. We could only draw sample from those who had agreed to be re-contacted; however, a comparison of the profiles of these two populations revealed that there were few differences. We could therefore be confident that drawing a random sample among those who agreed to be re-contacted would return a similar profile.

The target number of interviews to be completed was 400, and in order to achieve this, it was determined that a starting sample of around 1,150 respondents would be required, assuming a conversion rate of around 40% (the number of completes as a proportion of all sample issued). Therefore, a sample of 1,000 respondents was drawn at random from the total available starting sample of 4,111.

However, in order to ensure that key groups of interest would be adequately represented, certain groups were oversampled in addition to the core sample of 1,000 respondents. Some preliminary analysis revealed that only the satisfaction sub-categories needed over-sampling as the rest of the aforementioned factors would fall out naturally – both at an overall level and within the satisfaction sub-categories - to be in line with the larger population data of anyone who had been to a GP or hospital in the previous 12 months.

We therefore over-sampled the following satisfaction groups:

- all of the respondents available for the dissatisfied (259)
- 600 of the 675 available 'fairly satisfied' respondents

This brought the total sample to 1,150.

Table 7.1 below shows the respective counts for the total population of all GP or hospital service users available for re-contact, the total drawn sample of 1,150 respondents, and the total achieved interviews.

**Table 7.1: Sample counts**

	Total health service user population		All health service users available for re-contact		Total drawn sample		Achieved interviews	
<b>Overall satisfaction – very satisfied</b>	3,956	65%	2,636	64%	318	28%	128	32%
<b>Overall satisfaction – fairly satisfied</b>	1,561	25%	1,051	26%	600	52%	165	41%
<b>Overall satisfaction – dissatisfied</b>	610	10%	421	10%	294	26%	107	27%
<b>People with long term limiting illness</b>	2,257	37%	1,411	34%	403	35%	134	34%
<b>Fluent in Welsh</b>	593	10%	372	9%	104	9%	63	16%
<b>16-29</b>	691	11%	498	12%	115	10%	31	8%
<b>30-39</b>	745	12%	536	13%	138	12%	37	9%
<b>40-49</b>	870	14%	662	16%	161	14%	63	16%
<b>50-59</b>	954	16%	663	16%	173	15%	87	22%
<b>60-69</b>	1,279	21%	862	21%	242	21%	96	24%
<b>70-79</b>	1,018	17%	606	15%	184	16%	64	16%
<b>80+</b>	573	9%	284	7%	137	12%	21	5%
<b>Urban/ rural - urban</b>	4,334	71%	2,958	72%	794	69%	241	60%
<b>Urban/ rural - rural</b>	1,798	29%	1,153	28%	356	31%	159	40%
<b>TOTAL:</b>	<b>6,132</b>	<b>-</b>	<b>4,111</b>	<b>-</b>	<b>1,150</b>	<b>-</b>	<b>400</b>	<b>-</b>



It was important to have all the key target groups in line with the total health service users population. Checking the survey profile against the population, most key variables were reasonably close. However, two showed a notable difference between the two samples and thus needed to be weighted:

- Urban / rural
- Overall satisfaction with services

We therefore applied a simple non-response weight on each variable, using IBM Dimensions data processing software – an integrated data collection and analysis package used to manage all aspects of the survey.

A comparison of the unweighted and weighted profiles with the total non-user population is shown in the table below. This shows that a very close match with the total health service user population was achieved through the weighting, with the only difference being that the weighted data still over-represent the rural service users (39% compared with 19% of the population).

**Table 7.2: Sample counts**

	<b>Total health service user population</b>	<b>Achieved interviews (unweighted)</b>	<b>Weighted profile</b>
<b>Urban/ rural - urban</b>	81%	61%	60%
<b>Urban/ rural - rural</b>	19%	39%	40%
<b>Overall satisfaction – very satisfied</b>	65%	32%	65%
<b>Overall satisfaction – fairly satisfied</b>	25%	41%	25%
<b>Overall satisfaction – dissatisfied</b>	10%	27%	10%

## 7.2 Response rates

Overall, 400 telephone interviews were completed between 18<sup>th</sup> January and 4<sup>th</sup> February 2016. The table below outlines a breakdown of final fieldwork outcomes. Those listed as 'no definite outcome achieved' were all respondents still in play (for example respondents that had not been called yet, or for whom an appointment had been set) when their relevant quota closed. 'Unusable' respondents include those for which the supplied telephone number did not work or had gone out of use, or was a business number.

**Table 7.3: Overall response rates**

<b>Final outcome</b>	<b>Records</b>
<b>Completed</b>	<b>400</b>
Refused	91
Not available during fieldwork	101
No definite outcome achieved	356
Unusable <sup>32</sup>	200
<b>Total</b>	<b>1,150</b>
<b>Total definite outcome<sup>33</sup></b>	<b>794</b>
<b>Final response rate</b> <i>(completed interviews divided by usable sample)</i>	<b>50%<sup>34</sup></b>

## 7.3 Approach to including Welsh speakers

It was important that the research allowed Welsh speakers to participate in the language of their choice. Those who had originally completed the National Survey in Welsh or indicated in the National Survey that they were fluent in Welsh were identified prior to the beginning of fieldwork. These

<sup>32</sup> Including business numbers, non-working phone numbers.

<sup>33</sup> All with a definite outcome: completed, refused, breakdown, not available during fieldwork.

<sup>34</sup> As a proportion of all sample issued, the response rate is 32%.

respondents were called by Welsh interviewers, and the interviewers initially mirrored the language used by the person picking up the phone, reflecting the fact that some household members might not be Welsh speakers.

At the beginning of the interview, all respondents were given the option of continuing in Welsh or English. If the interviewer was able to proceed in the language chosen by the respondent, the interview would go ahead immediately. If a respondent requested to speak in Welsh while speaking to an English speaking interviewer, the interviewer would flag the record as requesting a Welsh call back, and inform the respondent that a Welsh speaking interviewer would be in touch within the next few days.<sup>35</sup>

In the National Survey, 12% of those who had a GP or hospital appointment in the previous 12 months were identified as fluent in Welsh.

In the re-contact survey, 63 interviews were completed in Welsh (16% of the total of 400 interviews).

#### **7.4 Statistical analysis approach**

Correlated Component Regression (CCR) was undertaken to establish key drivers of satisfaction. CCR is a form of regression analysis which is used to identify key drivers in datasets with a high number of correlated predictors and a relatively small sample size.<sup>36</sup>

We tested the following dependent variables (question numbers shown in brackets):

- Overall views of NHS services in Wales (F4);
- Satisfaction with medical care received by GPs (A1);
- Satisfaction with non-medical aspects of GP visits (A3);
- Satisfaction with medical care received in hospital (C2); and
- Satisfaction with non-medical aspects of hospital visits (C4).

The following table shows which independent (predictor) variables were tested in each case.

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<sup>35</sup> Given that all those who stated they were fluent in Welsh in the National Survey were called by a Welsh interviewer, this scenario did not in fact occur during this survey.

<sup>36</sup> A methodological summary of CCR can be found here, co-drafted by our statistics consultant, Gary Bennett, who carried out this analysis: <http://www.statspeople.com/service/predictive-modelling-software/>

**Table 7.4: Correlated Component Regression (CCR) Analysis - Summary**

Dependent variable	Independent (predictor) variables
Overall views of NHS services in Wales (F4)	<ul style="list-style-type: none"> <li>• Satisfaction with their last visit to the GP (A1);</li> <li>• Satisfaction with their last visit an NHS hospital – medical care (C2);</li> <li>• Satisfaction with their last visit an NHS hospital – non-medical aspects (C4); and</li> <li>• Satisfaction with the Welsh language provision during your last engagement with NHS services (E1).</li> </ul>
Satisfaction with medical care received by GPs (A1)	<ul style="list-style-type: none"> <li>• Satisfaction that the GP was aware of the relevant background and medical history (A15_1);</li> <li>• Satisfaction that they were treated with dignity and respect (A15_2);</li> <li>• Satisfaction that they were involved in the treatment decision process (A15_3);</li> <li>• Satisfaction that they had all the information they needed when they left the appointment; and</li> <li>• Satisfaction with the Welsh language provision during your last engagement with NHS services (E1).</li> </ul>
Satisfaction with non-medical aspects of GP visits (A3)	<ul style="list-style-type: none"> <li>• Satisfaction with the date and time of their appointment (A5_1);</li> <li>• Satisfaction with the process of arranging an appointment (A5_2);</li> <li>• The helpfulness of reception staff (A5_3);</li> <li>• The waiting area (A5_4);</li> <li>• The waiting time on the day of their appointment (A5_5);</li> <li>• The toilet facilities (A5_6);</li> <li>• Whether they saw the GP at the schedule appointment time (A10);</li> <li>• Ease of travelling to and from the GP surgery (A12_1);</li> <li>• Ease accessing the building and consulting rooms (A12_2);</li> <li>• Satisfaction with the Welsh language provision during your last engagement with NHS services (E1).</li> </ul>
Satisfaction with medical care received in hospital (C2)	<ul style="list-style-type: none"> <li>• Satisfaction that medical staff aware of the relevant background and medical history (C13_1);</li> <li>• Satisfaction that medical staff treated them with dignity and respect (C13_2);</li> <li>• Satisfaction that the ward/location or room used for their appointment allowed their privacy to be maintained (C13_3);</li> </ul>

	<ul style="list-style-type: none"> <li>• Satisfaction that they were involved in the treatment decision process (C13_4);</li> <li>• Satisfaction that they had all the information they needed on their pre-appointment/admission letter (C13_5);</li> <li>• Satisfaction that they had all the information they needed during their visit/stay (C13_6); and</li> <li>• Satisfaction with the Welsh language provision during your last engagement with NHS services (E1).</li> </ul>
Satisfaction with non-medical aspects of hospital visits (C4)	<ul style="list-style-type: none"> <li>• Satisfaction with the date and time of their appointment/procedure (C6_1);</li> <li>• The helpfulness of reception staff (C6_2);</li> <li>• The waiting area (C6_3);</li> <li>• The toilet facilities (C6_4);</li> <li>• Whether their appointment went ahead at the scheduled time (C11);</li> <li>• Satisfaction with the Welsh language provision during your last engagement with NHS services (E1).</li> </ul>

The CCR regression produced a drivers model that made optimal predictions for new cases, rather than the cases on which the model was built, using a unique cross validation procedure which ran the modelling process thousands of times and then identified the optimal specification for predicting new cases. Predictors which did not contribute anything unique to the relationship with the dependent variable (DV) were screened out.

As these dependent variables are scale questions (participants give an answer on a scale of 0-10), and several specific aspects of satisfaction with Welsh NHS services were used as predictors, a multiple linear regression CCR was used.

Any 'don't know' answers for any of the dependent variables were removed from the analysis. Any 'don't know' responses given for the predictor variables were replaced with a mean score and included in the model.

The key drivers for each model are shown in the separate tables below. Within each model drivers are ranked according to their importance (the contribution of each predictor to explaining the variance, measured by the R-squared value). For example in Table 7.5, satisfaction with GP medical care explained 68% of the total variance in overall ratings of NHS services in Wales. Where a small R-squared value is returned, this means that very little of the variance in satisfaction is explained by the tested predictors – in these cases, it is not appropriate to report the figures.

The 'correlation' column shows the strength of the impact the predictor has on the dependent variable. The correlation coefficient is generally a value between 0 and 1 with stronger relationships being closer to 1.<sup>37</sup> Generally this is categorised as follows:

- 0-0.25 small
- 0.25- 0.5 medium
- +0.5 large

Small correlation coefficients <0.25 illustrate that the predictor variable does not have a notable impact on the dependent variable and will definitely not be a statistically significant finding; whereas medium and large correlation coefficients are usually statistically significant findings.

The 'effect' column - the standardised effect - indicates the relative effect and direction of a one standard deviation change in the predictor on the outcome. Like correlation, the higher the value, the larger the effect.

**Table 7.5: CCR Results – Overall rating of Welsh NHS Services**

<b>R-sq CV: 8.5%</b>	<b>Effect</b>	<b>Correlation</b>	<b>Importance<sup>38</sup></b>
A1: Satisfaction with the medical care you received the last time you visited the GP	0.2563	0.2781	68%
C2: Satisfaction with the medical care you received the last time you attended an NHS hospital	0.0981	0.1716	16%
C4: Overall satisfaction from the point of being informed of the date and time of your appointment to your experience in the hospital	0.1006	0.1632	16%

<sup>37</sup> It is possible to have a negative correlation coefficient which shows that a predictor has a negative impact on a dependent variable. The correlation is correlation with the logit (used to predict the probability) rather than directly with the DV.

<sup>38</sup> The proportion of the total variance explained by each predictor.

**Table 7.6: CCR Results – Satisfaction with GP medical care**

<b>R-sq CV: 39.4%</b>	<b>Effect</b>	<b>Correlation</b>	<b>Importance</b>
A15_4: Satisfaction - That you had all the information that you needed when you left the appointment	0.2721	0.5381	37%
A15_2: Satisfaction - That you were treated with dignity and respect by the GP during the appointment	0.2550	0.5042	33%
A15_1: Satisfaction - That the GP was aware of all relevant background information and your medical history	0.2449	0.4843	30%

**Table 7.7: CCR Results – Satisfaction with non-medical aspects of experience at the GP**

<b>R-sq CV: 51.9%</b>	<b>Effect</b>	<b>Correlation</b>	<b>Importance</b>
A5_2: Satisfaction - The process of arranging an appointment with your GP	0.3775	0.6251	45%
A5_3: Satisfaction - The helpfulness of reception staff	0.2550	0.5492	27%
A5_4: Satisfaction - The waiting time on the day of your appointment	0.1450	0.4675	13%
A5_4: Satisfaction - The waiting area	0.1210	0.3967	9%
A10: Seeing the GP at the scheduled appointment time	0.0587	0.2419	3%
A12_1: Travelling to and from the GP surgery (Easy/difficult)	0.0741	0.1764	3%

**Table 7.8: CCR Results – Satisfaction with hospital medical care**

<b>R-sq CV: 49.5%</b>	<b>Effect</b>	<b>Correlation</b>	<b>Importance</b>
Satisfaction - That medical staff were aware of all relevant background information and your medical history	0.4395	0.6187	55%
Satisfaction - That medical staff treated you with dignity and respect during the appointment/procedure	0.2455	0.5395	27%
Satisfaction - That you were involved in the treatment decision process	0.1858	0.4858	18%

**Table 7.9: CCR Results – Satisfaction with non-medical aspects of their hospital experience**

<b>R-sq CV: 12.7%</b>	<b>Effect</b>	<b>Correlation</b>	<b>Importance</b>
C6_3: Satisfaction - The waiting area/ward environment	0.1781	0.2985	42%
E1: Satisfaction with the Welsh language provision during your last engagement with NHS services	0.1373	0.2301	25%
C6_2: Satisfaction - The helpfulness of reception staff	0.1343	0.2252	24%
C6_1: Satisfaction - The date and time of your appointment/procedure	0.0850	0.1424	10%



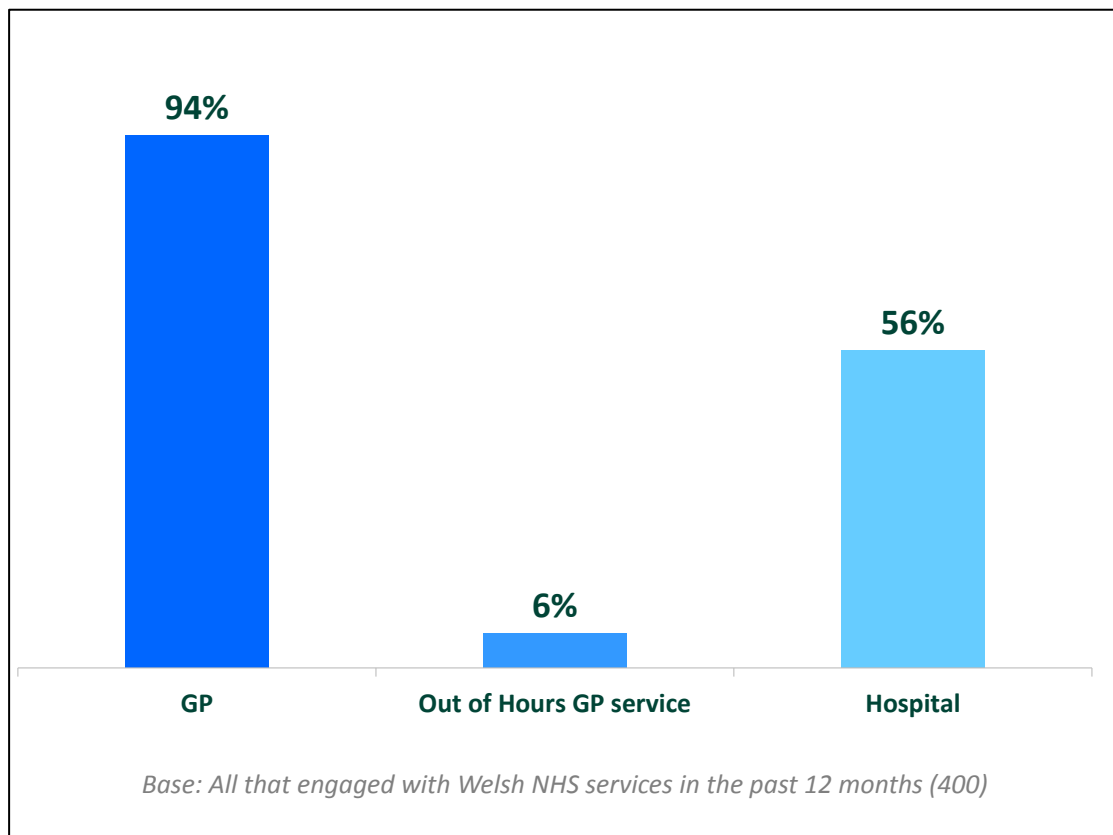
## 8. Appendix B: Service usage and respondent profiles

This section provides an overview of the types of services used by those who took part in the survey (in terms of GPs, out of hours GP services and hospitals), as well as drawing out differences in service use by demographic subgroups.

### 8.1 Service usage

The majority had been to both a GP and a hospital within the last 12 months. As illustrated in Figure 8.1, GP appointments were the most commonly used service type, followed by those who had been to a hospital and then those who had utilised out of hours GP services. It is important to note the small base size for out of hours GP services users (29 people) means that all statistical analyses should be seen as indicative only. They are reported at the overall level in this chart but excluded from other analysis due to the low base size.

**Figure 8.1: Service usage**



### **8.1.1 GPs**

Of those who had seen a GP in the previous 12 months:

- 4% had also used out of hours GP services in the previous 12 months; and
- One in two (53%) of GP service users had also had a hospital appointment in the previous 12 months.

### **8.1.2 Out of hours GP services**

Only 29 service users had engaged with out of hours GP services. Two-thirds (68%) of out of hours GP service users had also been to see a GP in regular hours and two-thirds (67%) had also been to the hospital. Of the out of hours GP service users:

- One-quarter (24%) had a home visit (5 people); and
- Almost three-quarters (72%) visited a health care facility (17 people).

### **8.1.3 Hospitals**

Of those who had used a hospital, almost nine-tenths (89%) had also seen a GP in the previous 12 months, and 7% had used out of hours GP services.

Of the hospital service users:

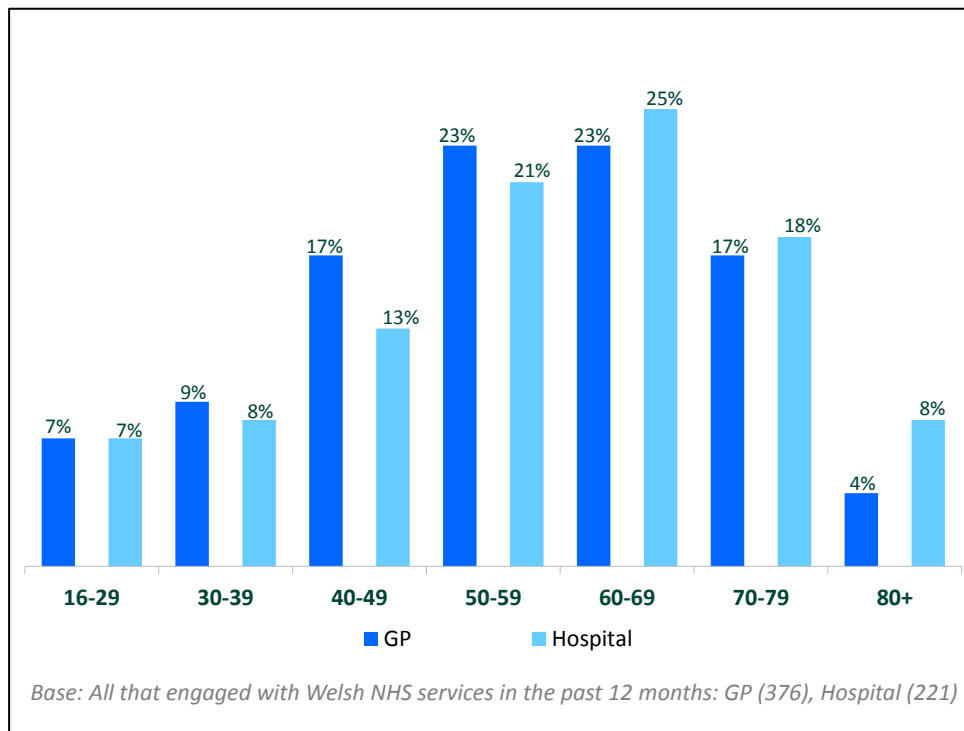
- More than four-fifths (85%) were outpatient appointments (189 people);
- 9% were inpatient stays (20 people); and
- 6% were day patients (14 people).

## **8.2 Service usage by demographics**

### **8.2.1 Age**

The age profile of GP and hospital patients shown in Figure 8.2 closely matched that of the National Survey. There is no distinct age distribution for users of out of hours GP services (not collected in the National Survey) probably due to the small base size for this group (29 people).

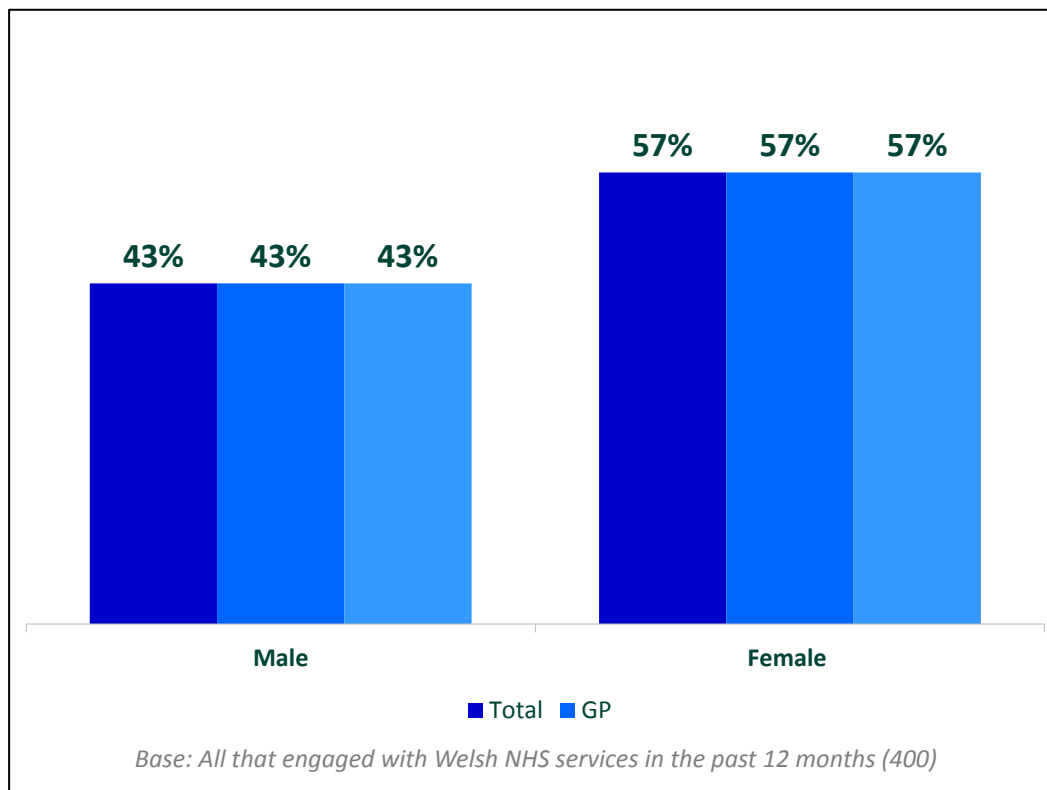
**Figure 8.2: Type of service used by age**



### 8.2.2 Gender

There were more female respondents (57%) than male (43%).

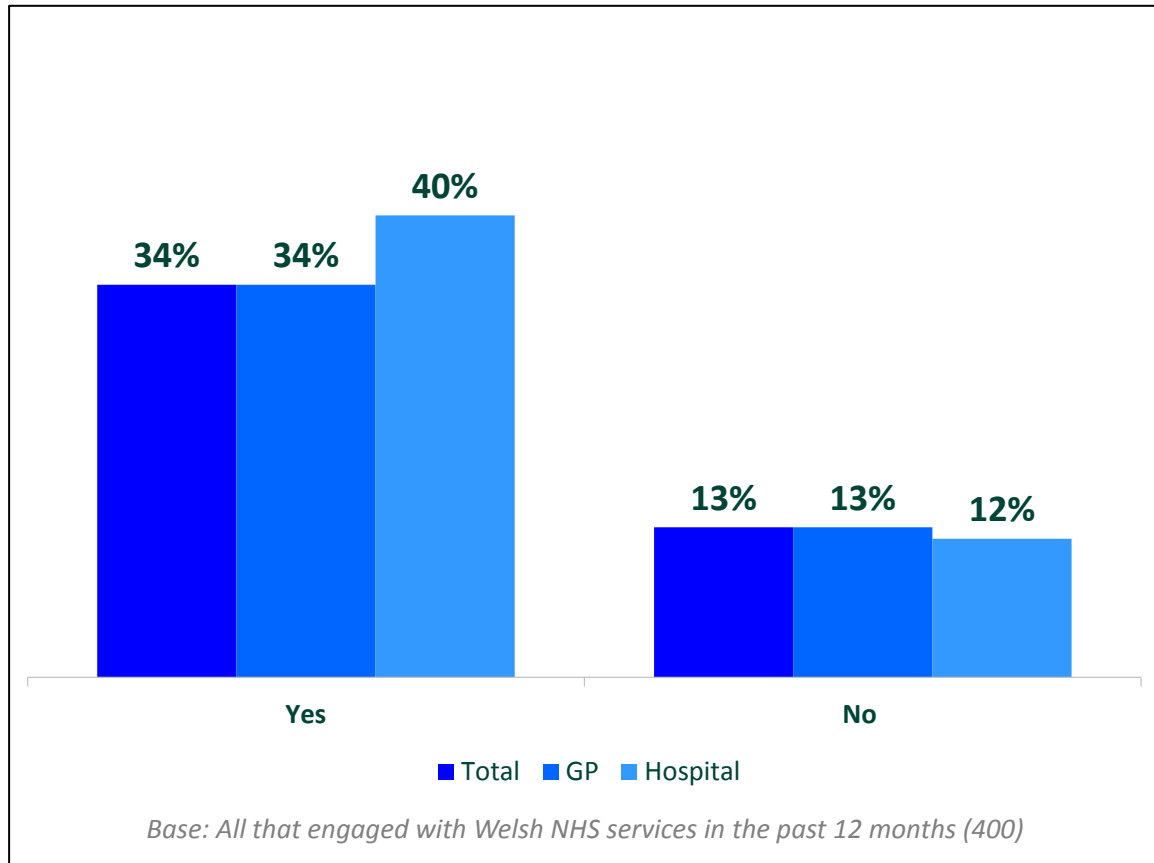
**Figure 8.3: Type of service used by gender**



### 8.2.3 Long term limiting illness

Around a third of service users (34%) identified themselves as having a limiting long term medical condition; the same identified by the same question in the original National Survey (34%).

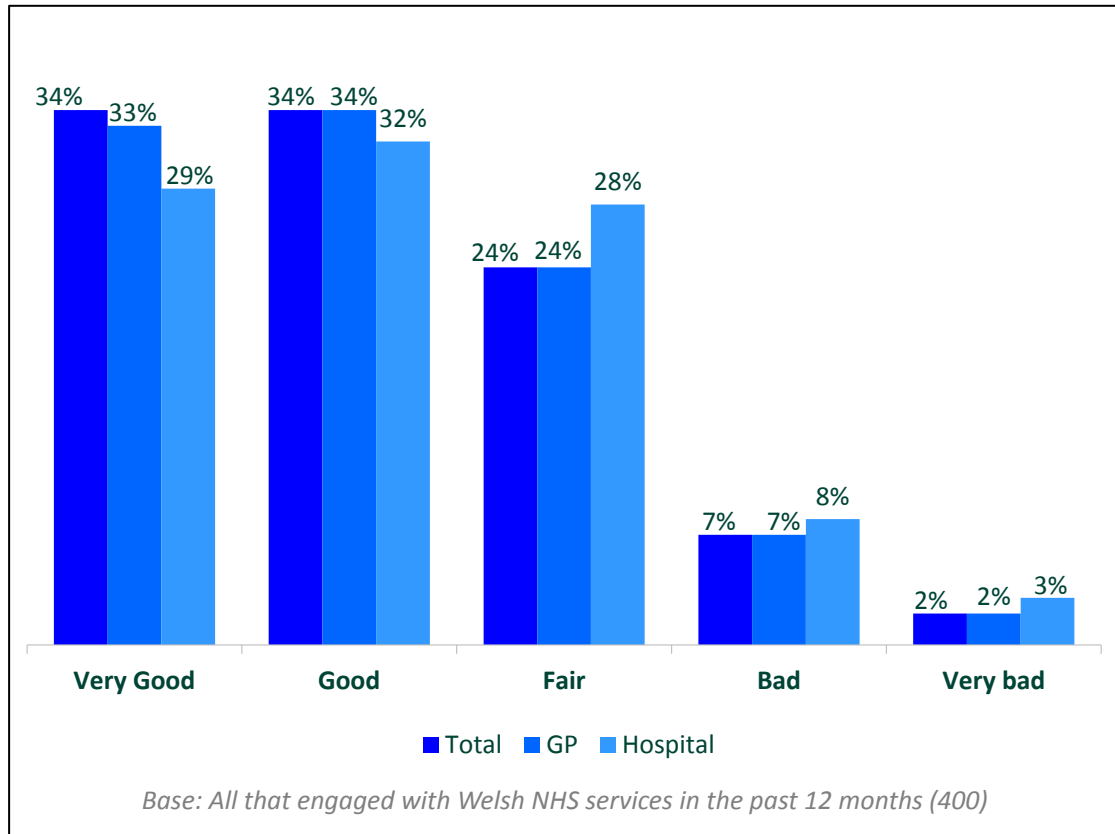
**Figure 8.4: Type of service used by limiting long term illness**



## 8.2.4 General health rating

Two out of three (68%) respondents rated their general health as good. The proportions of service users who rated their health as being good were similar between those who had used GP services (76%) and hospitals (62%)

**Figure 8.5: Type of service used by general health rating**



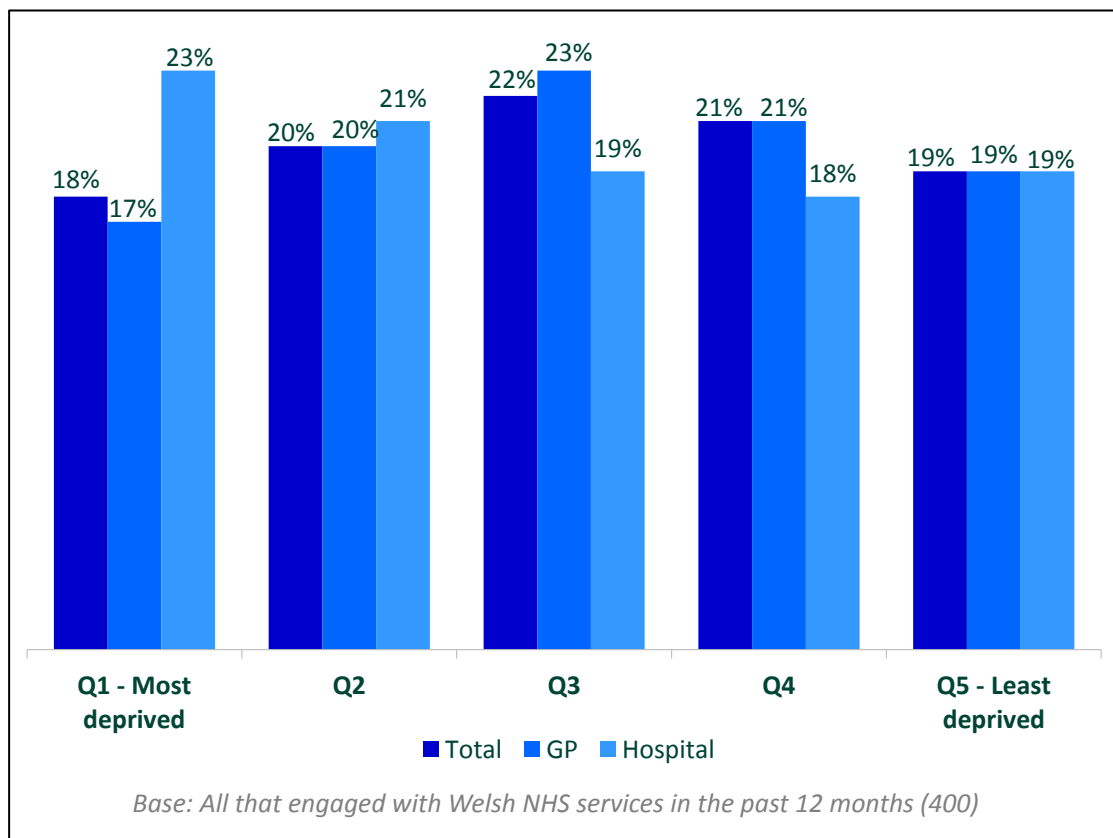
### 8.2.5 Welsh Index of Multiple Deprivation (WIMD)

WIMD is the official measure of relative deprivation at the local level in Wales. It is designed to identify those areas where there are the highest concentrations of several different types of deprivation.

WIMD is currently made up of eight separate domains (or types) of deprivation. Each domain is compiled from a range of different indicators: Income, Employment, Health, Education, Access to Services, Community Safety, Physical Environment, and Housing.

These domains are used to rate each area in Wales into five quintiles, where quintile one represents the most deprived and quintile 5 the least deprived. There was an even spread across the five quintiles, with around 20% in each, as illustrated in Figure 8.6.

**Figure 8.6: Type of service used by WIMD**

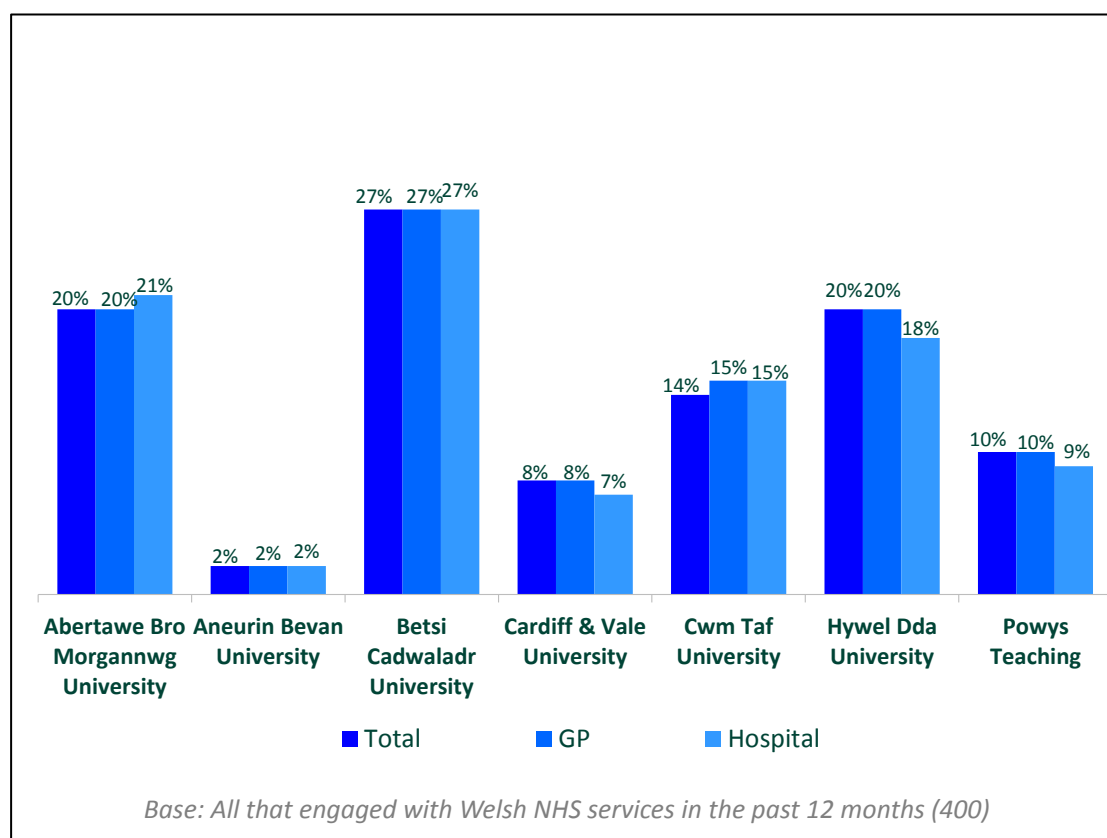


## 8.2.6 Urban/ rural and local health area

Three-fifths (60%) of those taking part in the survey live in urban areas.

All seven local health boards were represented in the sample, although survey participants were not distributed evenly across them (Figure 8.10) – this limits the extent to which we can reliably compare survey results across the areas.

**Figure 8.10: Type of service used by Local Health Board Area**



## 8.2.7 Welsh language

16% of those interviewed (63 people) had previously identified themselves as fluent in Welsh in the National Survey. However, only 47 service users did so at this point and therefore completed the Welsh language provision section of the survey. There are no notable difference in service use between those fluent in Welsh and those not.

## 9. Appendix C: Questionnaire

### S Screener

ASK PERSON WHO ANSWERS PHONE

S1 IF FLUENT IN WELSH (FROM SAMPLE): **Good morning, bora da / Good afternoon, Prynawn da / Good evening, Noswaith dda**

IF NOT FLUENT IN WELSH: **Good morning / afternoon / evening.**

ALL: **My name is NAME and I'm calling from IFF Research, on behalf of the Welsh Government. Please can I speak to NAME?**

Respondent answers phone	1	CONTINUE
Transferred to respondent	2	
Hard appointment	3	MAKE APPOINTMENT
Soft Appointment	4	
Respondent would like to be contacted by Welsh speaker	5	
Refusal	6	CLOSE
Not available in deadline	7	
Engaged	9	
Fax Line	10	
No reply / Answer phone	11	
Business Number	12	
Dead line	13	



ASK ALL  
 S2 IF FLUENT IN WELSH (FROM SAMPLE): **Good morning, bora da / Good afternoon, Prynhawn da / Good evening, Noswaith dda**

IF NOT FLUENT IN WELSH: **Good morning / afternoon / evening.**

ALL: **My name is NAME, calling from IFF Research, an independent market research company. We're conducting a survey on behalf of The Welsh Government on the level of satisfaction with GPs and NHS hospital services in Wales.**

**You took part in the National Survey for Wales between April 2014 and April 2015, and you kindly agreed that you were happy to be contacted for further research.**

**Are you happy to take part now or would you rather make an appointment for a later date?**

Continue	1	CONTINUE
Hard appointment	2	MAKE APPOINTMENT
Soft appointment	3	
Reassurances	4	GO TO S3a
Refusal	5	THANK AND CLOSE
Refusal – taken part in recent survey	6	THANK AND CLOSE
Not available in deadline	7	THANK AND CLOSE

ASK IF ASKED FOR REASSURANCES (S2=4)  
 S3 **This call may be recorded for quality and training purposes only.**

**REASSURANCES TO USE IF NECESSARY**

The interview will take around 15 minutes to complete.

We got your contact details from the National Survey for Wales, which was a 25 minute face to face interview that you participated in between April 2014 and April 2015.

This research will help the Welsh Government improve health services across Wales.

IFF Research is an independent market research company.

Please note that all data will be reported in aggregate form and your answers will not be reported to the Welsh Government in any way that would allow you to be identified.

If you wish to confirm validity of survey or get more information about aims and objectives, you can call:

- **MRS: Market Research Society on 0500396999**
- **IFF: Alex Pearson ([alex.pearson@iffresearch.com](mailto:alex.pearson@iffresearch.com)) and Nicky Esterman ([nicky.esterman@iffresearch.com](mailto:nicky.esterman@iffresearch.com)): 0207 250 3035**
- **WELSH GOVERNMENT: Siobhan Evans: 029 2082 6345**

ASK IF HARD OR SOFT APPOINTMENT AND FLUENT IN WELSH (S2 = 2 OR 3 AND WELSHFLUENT=1)

S4 **Would you prefer us to call you back in Welsh or English?**

*DO NOT READ OUT. SINGLE CODE.*

<b>Welsh</b>	1	CONTINUE TO APPOINTMENT SCREEN (VARIABLE TO BE SET TO ENSURE CALLBACK IS IN WELSH)
<b>English</b>	2	CONTINUE TO APPOINTMENT SCREEN

ASK ALL FLUENT IN WELSH (WELSHFLUENT = 1)

S5 **Would you prefer the interview to be carried out in Welsh or English?**

*DO NOT READ OUT. SINGLE CODE.*

<b>Welsh</b>	1	CONTINUE (SCRIPT TO SHOW IN WELSH)
<b>English</b>	2	CONTINUE

- ASK ALL
- S6 **Firstly, can I just check, in the last 12 months have you attended an appointment for your own health with...?**  
*READ OUT. MULTICODE.*

*ADD IF NECESSARY: GP OUT OF HOURS SERVICES ARE OUTSIDE NORMAL SURGERY HOURS I.E. AFTER 6PM AND BEFORE 8AM ON A WEEKDAY, ON A WEEKEND AND ON A BANK HOLIDAY.*

<b>A GP</b>	1	CONTINUE
<b>A GP out of hours service</b>	2	CONTINUE
<b>An NHS hospital</b>	3	CONTINUE
DO NOT READ OUT: None of the above	4	THANK AND CLOSE
DO NOT READ OUT: Don't know	5	THANK AND CLOSE
DO NOT READ OUT: Refused	6	THANK AND CLOSE

- ASK ALL
- S7 **And did you make the appointment yourself [IF >1 CODED AT S6: for each of these]?**  
*DO NOT READ OUT. SINGLE CODE FOR EACH.*

	YES	NO	DON'T KNOW	REFUSED
<b>_1 [IF S6=1] GP</b>	1	2	3	4
<b>_2 [IF S6=2] GP out of hours service</b>	1	2	3	4
<b>_3 [IF S6=3] Hospital</b>	1	2	3	4

## A Satisfaction with GPs

ASK IF HAD AN APPOINTMENT WITH A GP (S6=1).

**I'm now going to ask some questions about your satisfaction with your experience of GP services. Please only think of your most recent visit to your GP.**

- A1 **Thinking about the last time you visited the GP; how satisfied or dissatisfied were you with the medical care you received? Were you...?**

*READ OUT. SINGLE CODE.*

<b>Very satisfied</b>	1	
<b>Fairly satisfied</b>	2	
<b>Neither satisfied nor dissatisfied</b>	3	
<b>Fairly dissatisfied</b>	4	
<b>Very dissatisfied</b>	5	
DO NOT READ OUT: Don't know	6	
DO NOT READ OUT: Refused	7	

- A2 **ASK IF SATISFIED WITH MEDICAL CARE OF GP (A1=1/2)**  
**Could you please tell me why you felt satisfied with the medical care you received from the GP?**

***PROBE FULLY: What else contributed to your overall satisfaction with the medical care? What else?***

WRITE IN		
Don't know	1	
Refused	2	

ASK IF DISSATISFIED WITH MEDICAL CARE OF GP (A1=4/5)

A2a **Could you please tell me why you felt dissatisfied with the medical care you received from the GP?**

*PROBE FULLY: What else contributed to your overall dissatisfaction with the medical care? What else?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF HAD AN APPOINTMENT WITH A GP (S6=1)

A3 **And leaving aside the medical care, how satisfied or dissatisfied were you overall from the point of booking the appointment to your experience at the GP surgery? Were you...?**

*READ OUT. SINGLE CODE.*

<b>Very satisfied</b>	1	
<b>Fairly satisfied</b>	2	
<b>Neither satisfied nor dissatisfied</b>	3	
<b>Fairly dissatisfied</b>	4	
<b>Very dissatisfied</b>	5	
DO NOT READ OUT: Don't know	6	
DO NOT READ OUT: Refused	7	

ASK IF SATISFIED WITH OVERALL EXPERIENCE OF GP (A3=1/2)  
 A4 **Could you please tell me why you felt satisfied with the overall experience, again leaving aside medical care?**

**PROBE FULLY: What else contributed to your satisfaction with the overall experience? What else?**

WRITE IN		
Don't know	1	
Refused	2	

ASK IF DISSATISFIED WITH OVERALL EXPERIENCE OF GP (A3=4/5)  
 A4b **Could you please tell me why you felt dissatisfied with the overall experience, again leaving aside medical care?**

**PROBE FULLY: What else contributed to your dissatisfaction with the overall experience? What else?**

WRITE IN		
Don't know	1	
Refused	2	

- ASK IF HAD AN APPOINTMENT WITH A GP (S6=1)
- A5 **Moving on to specific elements of your most recent visit to your GP, could you please tell how satisfied or dissatisfied you were with each of the following...?**

**For each could you please tell me whether you were very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fairly dissatisfied or very dissatisfied.**

*READ OUT. SINGLE CODE FOR EACH.*

*DS – ROTATE LIST. BUT ALWAYS KEEP \_1 BEFORE \_2*

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very Dissatisfied	DK	REF
<b>_1 [IF S7_1=1] The date and time of your appointment</b>	1	2	3	4	5	6	7
<b>_2 [IF S7_1=1] The process of arranging an appointment with your GP</b>	1	2	3	4	5	6	7
<b>_3 The helpfulness of reception staff</b>	1	2	3	4	5	6	7
<b>_4 The waiting area</b>	1	2	3	4	5	6	7
<b>_5 The waiting time on the day of your appointment</b>	1	2	3	4	5	6	7
<b>_6 The toilet facilities</b>	1	2	3	4	5	6	7

ASK IF DISSATISFIED WITH THE DATE AND TIME OF THEIR APPOINTMENT (A5\_1=4/5)

- A6 **Could you please tell me why you felt dissatisfied with the date and time of your appointment?**

*DO NOT READ OUT. MULTICODE.*

Too far away (in future)	1	
Inconvenient date / time	2	
Other (specify)	3	
DO NOT READ OUT: Don't know	4	
DO NOT READ OUT: Refused	5	

ASK IF DISSATISFIED WITH THE PROCESS OF MAKING AN APPOINTMENT  
 (A5\_2=4/5)  
 A7 **Could you please tell me why you felt dissatisfied with the process of making a GP appointment?**

*PROBE FULLY: What else caused you to feel dissatisfied with the process? How do you think the process could be improved?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF DISSATISFIED WITH THE HELPFULNESS OF RECEPTION STAFF  
 (A5\_3=4/5)  
 A8 **Could you please tell me why you felt dissatisfied with the helpfulness of the reception staff?**

*PROBE FULLY: What else caused you to feel dissatisfied? How do you think the helpfulness of reception staff could be improved?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF DISSATISFIED WITH THE WAITING AREA (A5\_4=4/5)  
 A8a **Could you please tell me why you felt dissatisfied with the waiting area?**

*PROBE FULLY: What else caused you to feel dissatisfied? How do you think the waiting area could be improved?*

WRITE IN		
Don't know	1	
Refused	2	



ASK IF DISSATISFIED WITH THE TOILET FACILITIES (A5\_6=4/5)  
 A9 **Could you please tell me why you felt dissatisfied with the toilet facilities?**

*PROBE FULLY: What else caused you to feel dissatisfied? How do you think the toilet facilities could be improved?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF HAD AN APPOINTMENT WITH A GP (S6=1)  
 A10 **Did you see your GP at the scheduled appointment time?**

*DO NOT READ OUT. SINGLE CODE.*

Yes	1	
No	2	
Don't know	3	
Refused	4	

- ASK IF NOT SEEN AT SCHEDULED APPOINTMENT TIME (A10=2)
- A11 **How long after the scheduled appointment time did the appointment with your GP actually take place? ADD IF NECESSARY: So, how long did you have to wait at the GP's surgery itself?**

PROMPT AS NECESSARY.SINGLECODE.

Less than 15 minutes	1	
15 – 30 minutes	2	
30 – 45 minutes	3	
45 – 60 minutes	4	
1-2 hours	5	
2-3 hours	6	
3-4 hours	7	
4-8 hours	8	
More than 8 hours	9	
DO NOT READ OUT: Don't know	10	
DO NOT READ OUT: Refused	11	

- ASK THOSE THAT HAVE HAD AN APPOINTMENT WITH A GP (S6=1)
- A12 **And could you tell me how easy or difficult you found the following?**

**For each could you please tell me whether you found it very easy, fairly easy, fairly difficult or very difficult.**

	Very easy	Fairly easy	Fairly difficult	Very difficult	N/a as visited at home	DK	REF
<b>_1 Travelling to and from the GP surgery</b>	1	2	3	4	5	6	7
<b>_2 Accessing the building and consulting rooms</b>	1	2	3	4	5	6	7

ASK IF FOUND TRAVELLING TO AND FROM THE GP TO BE DIFFICULT  
(A12\_1=3/4)

A13 **Could you please tell me why you found it difficult to travel to and from the GP surgery?**

*PROBE FULLY: What else made the task of travelling to and from the GP surgery difficult? How could travelling to and from the GP surgery be made easier?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF FOUND ACCESSING THE BUILDING AND CONSULTING ROOMS TO BE DIFFICULT (A12\_2=3/4)

A14 **Could you please tell me why you found it difficult to access the GP surgery?**

*PROBE FULLY: What else made it difficult to access the GP surgery? How could the GP surgery be made more accessible?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF HAD AN APPOINTMENT WITH A GP (S6=1)  
 A15 **And now thinking about specific elements of the medical care you received during the most recent visit to your GP, could you please tell me how satisfied or dissatisfied you were with each of the following...?**

**For each could you please tell me whether you were very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fairly dissatisfied or very dissatisfied.**

*READ OUT. SINGLE CODE FOR EACH.*

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very Dissatisfied	DK	REF
<b>_1 That the GP was aware of all relevant background information and your medical history</b>	1	2	3	4	5	6	7
<b>_2 That you were treated with dignity and respect by the GP during the appointment</b>	1	2	3	4	5	6	7
<b>_3 That you were involved in the treatment decision process</b>	1	2	3	4	5	6	7
<b>_4 That you had all the information that you needed when you left the appointment</b>	1	2	3	4	5	6	7

ASK IF DISSATISFIED WITH THE GP'S AWARENESS OF BACKGROUND AND MEDICAL HISTORY (A15\_1=4/5)  
 A16 **Could you please tell me why you were dissatisfied with the GP's awareness of relevant background information and your medical history?**

**PROBE FULLY: Why else were you dissatisfied with the GP's awareness of relevant background information and your medical history?**

WRITE IN		
Don't know	1	
Refused	2	

ASK IF DISSATISFIED WITH THE EXTENT TO WHICH TREATED WITH DIGNITY AND RESPECT (A15\_2=4/5)

A17 **Could you please tell me why you were dissatisfied with the level of dignity and respect shown by your GP during the appointment?**

*PROBE FULLY: Why else do you feel as though the GP did not treat you with enough dignity and respect?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF DISSATISFIED WITH INVOLVEMENT IN THE TREATMENT DECISION PROCESS (A15\_3=4/5)

A18 **Could you please tell me why you were dissatisfied with the amount of involvement you had in the treatment decision process?**

*PROBE FULLY: Why else were you dissatisfied with your involvement in this process?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF YOU WERE DISSATISFIED WITH THE AMOUNT OF INFORMATION (A15\_4=4/5)

A19 **Could you please tell me why you felt that you didn't have all the information you needed when you left the appointment?**

*PROBE FULLY: Why else were you dissatisfied the amount of information the GP provided you with? What information did you need that wasn't provided?*

WRITE IN		
Don't know	1	
Refused	2	

## B Satisfaction with out of hours GP service

ASK IF HAD AN APPOINTMENT WITH A GP OUT OF HOURS (S6=2)

**I'm now going to ask some questions about your satisfaction with your experience of out of hours GP services. Please only think of your most recent engagement with out of hours GP services.**

ASK IF HAD AN APPOINTMENT WITH A GP OUT OF HOURS (S6=2)

- B1 **First of all can I check, the last time you engaged with out of hours GP services, were you visited at home by a GP or did you attend a healthcare facility (e.g. an NHS Walk-in-Centre or Minor Injuries Unit)?**

*DO NOT READ OUT. SINGLE CODE.*

Home visit	1	
Visited healthcare facility	2	
DO NOT READ OUT: Don't know	3	
DO NOT READ OUT: Refused	4	

ASK IF HAD AN APPOINTMENT WITH A GP OUT OF HOURS (S6=2)

- B2 **Thinking about the last time you engaged with the GP out of hour's service; how satisfied or dissatisfied were you with the medical care you received? Were you...?**

*READ OUT. SINGLE CODE.*

<b>Very satisfied</b>	1	
<b>Fairly satisfied</b>	2	
<b>Neither satisfied nor dissatisfied</b>	3	
<b>Fairly dissatisfied</b>	4	
<b>Very dissatisfied</b>	5	
DO NOT READ OUT: Don't know	6	
DO NOT READ OUT: Refused	7	

- B3 ASK IF SATISFIED WITH MEDICAL CARE OF GP OUT OF HOURS (B2=1/2)  
**Could you please tell me why you felt satisfied with the medical care you received from the GP out of hours service?**

*PROBE FULLY: What else contributed to your overall satisfaction with the medical care? What else?*

WRITE IN		
Don't know	1	
Refused	2	

- B3a ASK IF DISSATISFIED WITH MEDICAL CARE OF GP OUT OF HOURS (B2=4/5)  
**Could you please tell me why you felt dissatisfied with the medical care you received from the GP out of hours service?**

*PROBE FULLY: What else contributed to your overall dissatisfaction with the medical care? What else?*

WRITE IN		
Don't know	1	
Refused	2	

- B4 ASK IF HAD AN APPOINTMENT WITH A GP OUT OF HOURS (S6=2)  
**And leaving aside the medical care, how satisfied or dissatisfied were you overall from the point of contacting the out-of-hours service up until the point at which you were seen by a GP? Were you...?**

*READ OUT. SINGLE CODE.*

<b>Very satisfied</b>	1	
<b>Fairly satisfied</b>	2	
<b>Neither satisfied nor dissatisfied</b>	3	
<b>Fairly dissatisfied</b>	4	
<b>Very dissatisfied</b>	5	
DO NOT READ OUT: Don't know	6	
DO NOT READ OUT: Refused	7	



ASK IF SATISFIED WITH OVERALL EXPERIENCE OF GP OUT OF HOURS (B4=1/2)  
 B5 **Could you please tell me why you felt satisfied with the overall experience, again leaving aside medical care?**

*PROBE FULLY: What else contributed to your satisfaction with the overall experience? What else?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF DISSATISFIED WITH OVERALL EXPERIENCE OF GP OUT OF HOURS  
 (B4=4/5)

B5a **Could you please tell me why you felt dissatisfied with the overall experience, again leaving aside medical care?**

*PROBE FULLY: What else contributed to your dissatisfaction with the overall experience? What else?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF HAD AN APPOINTMENT WITH A GP OUT OF HOURS (S6=2)  
 B6 **Moving on to specific elements of your most recent engagement with GP out of hours services, could you please tell me how satisfied or dissatisfied you were with each of the following...?**

**For each could you please tell me whether you were very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fairly dissatisfied or very dissatisfied.**

*READ OUT. SINGLE CODE FOR EACH.*

*DS – ROTATE LIST. BUT ALWAYS KEEP \_1 BEFORE \_2*

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very Dissatisfied	DK	REF
<b>_1 [IF S7_2=1] The time of your out of hours appointment</b>	1	2	3	4	5	6	7
<b>_2 [IF S7_2=1] The process of arranging an out of hours GP appointment</b>	1	2	3	4	5	6	7
<b>_3 The helpfulness of reception staff [IF B1=1: on the phone]</b>	1	2	3	4	5	6	7

ASK IF DISSATISFIED WITH THE DATE AND TIME OF THEIR APPOINTMENT (B6\_1=4/5)

B7 **Could you please tell me why you felt dissatisfied with the time of your appointment?**

WRITE IN		
Don't know	14	
Refused	25	

ASK IF DISSATISFIED WITH THE PROCESS OF MAKING AN APPOINTMENT  
(B6\_2=4/5)

B8 **Could you please tell me why you felt dissatisfied with the process of making an out of hours GP appointment?**

*PROBE FULLY: What else caused you to feel dissatisfied with the process? How do you think the process could be improved?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF DISSATISFIED WITH THE HELPFULNESS OF RECEPTION STAFF  
(B6\_3=4/5)

B9 **Could you please tell me why you felt dissatisfied with the helpfulness of the reception staff?**

*PROBE FULLY: What else caused you to feel dissatisfied? How do you think the helpfulness of reception staff could be improved?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF HAD AN APPOINTMENT WITH GP OUT OF HOURS (S6=2).  
**B10 How long did you have to wait from when you phoned up to book until your appointment took place?**

*PROMPT AS NECESSARY. SINGLE CODE.*

Less than 1 hour	1	
1-2 hours	2	
2-3 hours	3	
3-4 hours	4	
4-8 hours	5	
8-16 hours	6	
16-24 hours	7	
Over 24 hours	8	
DO NOT READ OUT: Don't know	9	
DO NOT READ OUT: Refused	10	

ASK IF VISITED GP OUT OF HOURS FACILITY (B1=2)  
**B11 And could you tell me how easy or difficult you found the following?**

**For each could you please tell me whether you found the following very easy, fairly easy, fairly difficult or very difficult.**

	Very easy	Fairly easy	Fairly difficult	Very difficult	N/A	DK	REF
<b>_1 Travelling to and from the GP out of hours facility</b>	1	2	3	4	5	6	7
<b>_2 Accessing the GP out of hours facility and consulting rooms</b>	1	2	3	4	5	6	7

ASK IF FOUND TRAVELLING TO AND FROM THE GP TO BE DIFFICULT  
(B11\_1=3/4)

B12 **Could you please tell me why you found it difficult to travel to and from the GP out of hours facility?**

*PROBE FULLY: What else made the task of travelling to and from the GP out of hours facility difficult? How could travelling to and from the GP out of hours facility be made easier?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF FOUND ACCESSING THE BUILDING AND CONSULTING ROOMS TO BE DIFFICULT (B11\_2=3/4)

B13 **Could you please tell me why you found it difficult to access the GP out of hours facility?**

*PROBE FULLY: What else made it difficult to access the GP out of hours facility? How could the GP out of hours facility be made more accessible?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF HAD AN APPOINTMENT WITH A GP OUT OF HOURS (S6=2)  
 B14 **And now thinking about specific elements of the medical care you received during the most recent engagement with GP out of hours services, could you please tell how satisfied or dissatisfied you were with each of the following...?**

**For each could you please tell me whether you were very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fairly dissatisfied or very dissatisfied.**

*READ OUT. SINGLE CODE FOR EACH.*

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very Dissatisfied	DK	REF
<b>_1 That the GP was aware of all relevant background information and your medical history</b>	1	2	3	4	5	6	7
<b>_2 That you were treated with dignity and respect by the GP during the appointment</b>	1	2	3	4	5	6	7
<b>_3 That you were involved in the treatment decision process</b>	1	2	3	4	5	6	7
<b>_4 That you had all the information that you needed when the appointment finished</b>	1	2	3	4	5	6	7

ASK IF DISSATISFIED WITH THE GP'S AWARENESS OF BACKGROUND AND MEDICAL HISTORY (B14\_1=4/5)  
 B15 **Could you please tell me why you felt that the GP was not aware of relevant background information and your medical history?**

*PROBE FULLY: Why else were you dissatisfied with the GP's awareness of relevant background information and your medical history?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF DISSATISFIED WITH THE EXTENT TO WHICH TREATED WITH DIGNITY AND RESPECT (B14\_2=4/5)

**B16 Could you please tell me why you felt as though you were not treated with enough dignity and respect by the GP during the appointment?**

*PROBE FULLY: Why else do you feel as though the GP did not treat you with enough dignity and respect?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF DISSATISFIED WITH INVOLVEMENT IN THE TREATMENT DECISION PROCESS (B14\_3=4/5)

**B17 Could you please tell me why you were dissatisfied with the amount of involvement you had in the treatment decision process?**

*PROBE FULLY: Why else were you dissatisfied with your involvement in this process?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF YOU WERE DISSATISFIED WITH THE AMOUNT OF INFORMATION (B14\_4=4/5)

**B18 Could you please tell me why you felt that you didn't have all the information you needed when the appointment finished?**

*PROBE FULLY: Why else were you dissatisfied the amount of information the GP provided you with? What information did you need that wasn't provided?*

WRITE IN		
Don't know	1	
Refused	2	

## C Satisfaction with hospitals

ASK IF HAD AN APPOINTMENT AT AN NHS HOSPITAL (S6=3)

**I'm now going to ask some questions about your satisfaction with your experience of NHS hospital services. Please only think of your most recent visit to a hospital.**

- C1 ASK IF HAD AN APPOINTMENT WITH AT AN NHS HOSPITAL (S6=3)  
**First of all, thinking about the last time you attended an NHS hospital in Wales, was this as an outpatient, a day patient or an inpatient?**

*PROMPT IF NECESSARY:*

- **An outpatient is a patient at a hospital who is not admitted to a hospital bed.**
- **A day patient is admitted to a hospital bed, but does not need an overnight stay**
- **An inpatient is a patient who stays at the hospital overnight.**

*DO NOT READ OUT. SINGLE CODE.*

Outpatient	1	
Inpatient	2	
Day patient	3	
Don't know	4	
Refused	5	



- ASK IF HAD AN APPOINTMENT WITH AT AN NHS HOSPITAL (S6=3)
- C2 **Thinking about the last time you attended an NHS hospital; to what extent were you satisfied with the medical care you received? Were you...?**

*READ OUT. SINGLE CODE.*

<b>Very satisfied</b>	1	
<b>Fairly satisfied</b>	2	
<b>Neither satisfied nor dissatisfied</b>	3	
<b>Fairly dissatisfied</b>	4	
<b>Very dissatisfied</b>	5	
DO NOT READ OUT: Don't know	6	
DO NOT READ OUT: Refused	7	

- ASK IF SATISFIED WITH MEDICAL TREATMENT AT HOSPITAL (C2=1/2)
- C3 **Could you please tell me why you felt satisfied with the medical care you received from during your last hospital visit?**

*PROBE FULLY: What else contributed to your overall satisfaction with the medical care? What else?*

WRITE IN		
Don't know	1	
Refused	2	

- ASK IF DISSATISFIED WITH MEDICAL TREATMENT AT HOSPITAL (C2=4/5)
- C3a **Could you please tell me why you felt dissatisfied with the medical care you received from during your last hospital visit?**

*PROBE FULLY: What else contributed to your overall dissatisfaction with the medical care? What else?*

WRITE IN		
Don't know	1	
Refused	2	

- ASK IF HAD AN APPOINTMENT WITH AT AN NHS HOSPITAL (S6=3)
- C4 **And leaving aside medical care, how satisfied were you overall, from the point of being informed of the date and time of your appointment to your experience in the hospital? Were you...?**

*READ OUT. SINGLE CODE.*

<b>Very satisfied</b>	1	
<b>Fairly satisfied</b>	2	
<b>Neither satisfied nor dissatisfied</b>	3	
<b>Fairly dissatisfied</b>	4	
<b>Very dissatisfied</b>	5	
DO NOT READ OUT: Don't know	6	
DO NOT READ OUT: Refused	7	

- ASK IF SATISFIED WITH OVERALL EXPERIENCE OF HOSPITAL (C4=1/2)
- C5 **Could you please tell me why you felt satisfied with the overall experience, again leaving aside medical care?**

*PROBE FULLY: What else contributed to your satisfaction with the overall experience? What else?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF DISSATISFIED WITH OVERALL EXPERIENCE OF HOSPITAL (C4=4/5)  
 C5a **Could you please tell me why you felt dissatisfied with the overall experience, again leaving aside medical care?**

*PROBE FULLY: What else contributed to your dissatisfaction with the overall experience? What else?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF HAD AN APPOINTMENT WITH AT AN NHS HOSPITAL (S6=3)  
 C6 **Moving on to specific elements of your most recent visit to an NHS hospital, could you please tell how satisfied or dissatisfied you were with each of the following...?**

**For each could you please tell me whether you were very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fairly dissatisfied or very dissatisfied.**

*READ OUT. SINGLE CODE FOR EACH.*

*DS – ROTATE LIST. BUT ALWAYS KEEP \_1 BEFORE \_2*

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very Dissatisfied	DK	REF
<b>_1</b> [IF S7_3=1] <b>The date and time of your appointment / IF C1 = 2/3: procedure]</b>	1	2	3	4	5	6	7
<b>_2</b> <b>The helpfulness of reception staff</b>	1	2	3	4	5	6	7
<b>_3</b> <b>The [IF C1=1: waiting area] [IF C1 = 2/3: ward environment]</b>	1	2	3	4	5	6	7
<b>_4</b> <b>The toilet facilities</b>	1	2	3	4	5	6	7

ASK IF DISSATISFIED WITH THE DATE AND TIME OF THEIR APPOINTMENT  
(C6\_1=4/5)

- C7 **Could you please tell me why you felt dissatisfied with the date and time of your hospital** [IF C1=1: **appointment**] [IF C1 = 2/3: **procedure**]?  
*DO NOT READ OUT. MULTICODE.*

Too far away (in the future)	1	
Inconvenient date / time	2	
Other (specify)	3	
DO NOT READ OUT: Don't know	4	
DO NOT READ OUT: Refused	5	

ASK IF DISSATISFIED WITH THE DATE AND TIME OF THEIR APPOINTMENT  
(C6\_1=4/5)

- C8 **Were you given the opportunity to re-arrange the date and time of your** [IF C1=1: **appointment**] [IF C1 = 2/3: **procedure**]?  
*DO NOT READ OUT. SINGLECODE.*

Yes	1	
No	2	
DO NOT READ OUT: Don't know	3	
DO NOT READ OUT: Refused	4	

ASK IF DISSATISFIED WITH THE HELPFULNESS OF RECEPTION STAFF  
(C6\_2=4/5)

- C9 **Could you please tell me why you felt dissatisfied with the helpfulness of the reception staff?**

*PROBE FULLY: What else caused you to feel dissatisfied? How do you think the helpfulness of reception staff could be improved?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF DISSATISFIED WITH THE WAITING AREA OR WARD ENVIRONMENT  
(C6\_3=4/5)

C9a **Could you please tell me why you felt dissatisfied with the [IF C1=1: waiting area]  
[IF C1 = 2/3: ward environment]?**

*PROBE FULLY: What else caused you to feel dissatisfied? How do you think the  
[IF C1=1: waiting area] [IF C1 = 2/3: ward environment] could be improved?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF DISSATISFIED WITH THE TOILET FACILITIES (C6\_4=4/5)

C10 **Could you please tell me why you felt dissatisfied with the toilet facilities?**

*PROBE FULLY: What else caused you to feel dissatisfied? How do you think the  
toilet facilities could be improved?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF HAD AN APPOINTMENT AT A HOSPITAL AS OUTPATIENT (S6=3 AND  
C1=1).

C11 **Did your hospital appointment go ahead at the scheduled time?**

*DO NOT READ OUT. SINGLE CODE.*

Yes	1	
No	2	
Don't know	3	
Refused	4	

ASK IF HOSPITAL APPOINTMENT DID NOT GO AHEAD AT SCHEDULED TIME (C11=2).

C12 **How long after the scheduled appointment did the appointment actually take place?**

*PROMPT AS NECESSARY. SINGLECODE.*

Less than 30 minutes	1	
30 – 60 minutes	2	
1-2 hours	3	
2-3 hours	4	
3-4 hours	5	
4-8 hours	6	
8-12 hours	7	
12-24 hours	8	
More than 24 hours	9	
DO NOT READ OUT: Don't know	10	
DO NOT READ OUT: Refused	11	

ASK IF HAD AN APPOINTMENT AT HOSPITAL (S6=3)

C13 **And now thinking about specific elements of the medical care you received during your most recent visit to hospital, could you please tell me how satisfied or dissatisfied you were with each of the following...?**

**For each could you please tell me whether you were very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fairly dissatisfied or very dissatisfied.**

*READ OUT. SINGLE CODE FOR EACH.*

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very Dissatisfied	DK	REF
<b>_1 That medical staff were aware of all relevant background information and your medical history</b>	1	2	3	4	5	6	7
<b>_2 That medical staff treated you with dignity and respect during the [IF C1=1: appointment] [IF C1 = 2/3: procedure]</b>	1	2	3	4	5	6	7
<b>_3 That the [IF C1=1: location or room used for the appointment] [IF C1 = 2/3: layout of the ward] allowed your privacy to be maintained</b>	1	2	3	4	5	6	7
<b>_4 That you were involved in the treatment decision process</b>	1	2	3	4	5	6	7
<b>_5 That you were given all the information that you needed on your [IF C1=1: pre-appointment / IF C1=2-3: pre-admission] letter</b>	1	2	3	4	5	6	7
<b>_6 That you were given all the information that you needed during your hospital [IF C1=1 OR 2: visit / IF C1=3: stay]</b>	1	2	3	4	5	6	7

ASK IF DISSATISFIED WITH THE HOSPITAL'S AWARENESS OF BACKGROUND AND MEDICAL HISTORY (C13\_1=4/5)

- C14 **Could you please tell me why you were dissatisfied with the awareness medical staff at the hospital had of relevant background information and your medical history?**

*PROBE FULLY: Why else were you dissatisfied with the awareness medical staff at the hospital had of relevant background information and your medical history?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF DISSATISFIED WITH THE EXTENT TO WHICH TREATED WITH DIGNITY AND RESPECT (C13\_2=4/5)

- C15 **Could you please tell me why you were dissatisfied with the level of dignity and respect shown to you by medical staff?**

*PROBE FULLY: Why else do you feel as though you were not treated with enough dignity and respect?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF DISSATISFIED WITH THE EXTENT TO WHICH PRIVACY MAINTAINED (C13\_3=4/5)

- C16 **Could you please tell me in what way the [IF C1=1: location or room used for the appointment] [IF C1=2/3: layout of the ward] did not allow your privacy to be maintained?**

*PROBE FULLY: What other ways?*

WRITE IN		
Don't know	1	
Refused	2	



ASK IF DISSATISFIED WITH INVOLVEMENT IN THE TREATMENT DECISION PROCESS (C13\_4=4/5)

- C17 **Could you please tell me why you were dissatisfied with the amount of involvement you had in the treatment decision process?**

*PROBE FULLY: Why else were you dissatisfied with your involvement in this process?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF YOU WERE DISSATISFIED WITH THE AMOUNT OF INFORMATION (C13\_5=4/5)

- C18 **Could you please tell me why you felt that you didn't have all the information you needed on your [pre-appointment / pre-admission] letter?**

*PROBE FULLY: What information did you need that wasn't provided?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF YOU WERE DISSATISFIED WITH THE AMOUNT OF INFORMATION (C13\_6=4/5)

- C19 **Could you please tell me why you felt that you didn't have all the information you needed during your hospital [IF C1=1 OR 2: visit] [IF C1=3: stay]?**

*PROBE FULLY: Why else were you dissatisfied the amount of information provided to you? What information did you need that wasn't provided?*

WRITE IN		
Don't know	1	
Refused	2	

## D Long Term Conditions

ASK ALL

**I'm now going to move on to a few questions about your health.**

ASK ALL

D1 **How is your health in general? Is it...?**

*READ OUT. SINGLE CODE.*

<b>Very good</b>	1	
<b>Good</b>	2	
<b>Fair</b>	3	
<b>Bad</b>	4	
<b>Very bad</b>	5	
DO NOT READ OUT: Don't know	6	
DO NOT READ OUT: Refused		

ASK ALL

D2 **And do you have a limiting long term medical condition?**

ADD IF NECESSARY: **By this I mean any physical or mental health condition lasting, or expected to last, for 12 months or more which reduces your ability to carry out day-to-day activities.**

*DO NOT READ OUT. SINGLE CODE.*

Yes	1	
No	2	
Don't know	3	
Refused	4	

- ASK IF HAVE LONG TERM CONDITION (D2 = 1)
- D3 **How confident do you feel in managing your long term condition?**  
*READ OUT. SINGLE CODE.*

<b>Very confident</b>	1	
<b>Fairly confident</b>	2	
<b>Not very confident</b>	3	
<b>Not at all confident</b>	4	
DO NOT READ OUT: Don't know	5	
DO NOT READ OUT: Refused	6	

- ASK IF HAVE LONG TERM CONDITION (D2 = 1)
- D4 **How satisfied or dissatisfied are you with the level of information and support you receive about managing your long term condition?**  
*READ OUT. SINGLE CODE.*

<b>Very satisfied</b>	1	
<b>Fairly satisfied</b>	2	
<b>Neither satisfied nor dissatisfied</b>	3	
<b>Fairly dissatisfied</b>	4	
<b>Very dissatisfied</b>	5	
DO NOT READ OUT: Don't know	6	
DO NOT READ OUT: Refused	7	

- ASK IF DISSATISFIED WITH SUPPORT AND INFORMATION (D4=4/5)
- D5 **What type of support or information would you like to help you manage your long term condition?**

*PROMPT FULLY: What else?*

WRITE IN		
Don't know	1	
Refused	2	

## E Welsh Speakers

ASK IF WELSH SPEAKER (WELSHFLUENT=1)

- E1 **I'm now going to ask some questions about the Welsh language provision during your last engagement with NHS services.**

**How satisfied or dissatisfied were you with the Welsh language provision during your last engagement with NHS services? Were you...?**

*READ OUT. SINGLE CODE.*

<b>Very satisfied</b>	1	
<b>Fairly satisfied</b>	2	
<b>Neither satisfied nor dissatisfied</b>	3	
<b>Fairly dissatisfied</b>	4	
<b>Very dissatisfied</b>	5	
DO NOT READ OUT: Don't know	6	
DO NOT READ OUT: Refused	7	

ASK IF SATISFIED WITH WELSH LANGUAGE PROVISION WELSH SPEAKER  
(E1=1/2)

- E2 **Could you please tell me why you felt satisfied with the Welsh language provision?**

*PROBE FULLY: What else? What could have been improved?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF DISSATISFIED WITH WELSH LANGUAGE PROVISION WELSH SPEAKER  
(E1=4/5)

E2a **Could you please tell me why you felt dissatisfied with the Welsh language provision?**

*PROBE FULLY: What else? What could have been improved?*

WRITE IN		
Don't know	1	
Refused	2	

ASK IF WELSH SPEAKER (WELSHFLUENT=1)

E3 **In the future, would you like to access healthcare services in Welsh...?**

*READ OUT. SINGLE CODE.*

<b>Every time</b>	1	
<b>Some of the time</b>	2	
<b>Rarely</b>	3	
<b>Never</b>	4	
DO NOT READ OUT: Don't know	5	
DO NOT READ OUT: Refused	6	

ASK IF WOULD LIKE TO ACCESS IN WELSH SOME OF THE TIME (E3=2-3)

E4 **You said just now that you would like to access healthcare services in Welsh [IF E3=2: some of the time / IF E3=3: rarely]. To clarify, under what circumstances would you want to access healthcare services in Welsh?**

*PROBE FULLY: Could you provide an example of a situation when you would want to access services in Welsh? And an example of when you would not?*

WRITE IN		
Don't know	1	
Refused	2	

## F Wrap up

ASK ALL

**We're very close to finishing now. I just have a few more questions left. Thank you very much for your time so far.**

ASK ALL

- F1 **Firstly, do you have any further comments about your most recent engagement with Welsh NHS services that you would like to add?**

*PROBE FULLY.*

WRITE IN		
Nothing further to add	1	

ASK ALL

- F2 **Now thinking more generally, how likely would you be to make a complaint if you were very dissatisfied with...?**

*READ OUT. SINGLE CODE FOR EACH.*

	Very likely	Fairly likely	Not very likely	Not at all likely	DK	REF
<b>_1 Your GP</b>	1	2	3	4	5	6
<b>_2 The GP out of hours service</b>	1	2	3	4	5	6
<b>_3 An experience at hospital</b>	1	2	3	4	5	6

OR ANY F2 OPTION CODED 3 OR 4

- F3 **Why would you be unlikely to complain?**  
DO NOT READ OUT. MULTICODE

Do not know how to make a complaint	1	
Do not think it would make a difference	2	
Other (SPECIFY)	3	
None of these	4	
Don't know	5	

ASK ALL

- F4 **Finally, I would like you to think about all aspects of NHS services in Wales, from GPs to pharmacies, NHS dentists, opticians, community health services and hospitals. How would you rate these services as a whole on a scale of nought to ten, where nought is 'extremely bad' and ten is 'extremely good'?**

Extremely bad										Extremely good
0	1	2	3	4	5	6	7	8	9	10

ASK ALL

- F5 **Thank you very much for taking the time to speak to us today. Would you be willing for us to call you back regarding:**  
*READ OUT. MULTICODE*

This particular study – if we need to clarify any of the information	1	
Other research studies which may be relevant to you	2	
Neither of these	3	

IF CONSENT TO RE-CONTACT

- F6 **And could I just check, is [NUMBER] the best number to call you on?**

Yes	1	
No - write in number	2	

ASK ALL

- F7 **Thank you very much once more, for talking to us today. Your contribution to this piece of research will help to provide the Welsh Government with a better understanding of how satisfied users are with GPs and NHS hospital services in Wales.**

Name: RECORD DETAILS OF RESPONDENT WHO COMPLETED INTERVIEW	
Job title:	
Email address:	

ASK ALL

THANK RESPONDENT AND CLOSE INTERVIEW

Finally I would just like to confirm that this survey has been carried out under IFF instructions and within the rules of the MRS Code of Conduct. Thank you very much for your help today.