

**Patient Survey:  
Providing More Personal Information  
to the NHS**

**Western Infirmary  
Out-patients Department  
Glasgow  
21st August 2006**



**NHS Greater Glasgow & Clyde  
in collaboration with  
Equality & Diversity Information Programme,  
Information Services Division.  
National Services Scotland  
and National Resource Centre for  
Ethnic Minority Health.  
Health Scotland**



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یہ طبع مختلف زبانوں اور بڑے چہاب میں دستیاب کی جاسکتی ہے، برائلی (صرف انگریزی میں)۔ اپنی کمیونٹی کے زبان میں اس طبع کے ترجمے کے بارے میں معلومات حاصل کرنے کے لئے، براہ کرم مندرجہ ذیل نمبر پر فون کیجئے۔

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## BACKGROUND AND METHODS

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This paper outlines the findings of a survey carried out at the Western Infirmary Out-patients Department on 21 August 2006. Patients were asked to share their views around providing the NHS with more personal information about their

- Ethnic Group
- Religion/Denomination/Faith group
- Spiritual Needs
- Preferred speaking language
- Need for Interpreting/Advocacy/Induction Loop
- Information format
- Dietary preference
- Gender of Healthcare professional
- Access to hospital
- Sexual orientation

The survey was designed and a questionnaire developed by a steering group from NHS Greater Glasgow & Clyde (NHSGGC), the Equality & Diversity Information Programme (EDIP) within Information Services Division (ISD), and the National Resource Centre for Ethnic Minority Health (NRCEMH), Health Scotland utilising a combination of administered (willingness) and self-completed (personal information) questionnaires (see Appendix 1) which built on earlier race equality demonstration projects in NHS Lothian and NHS Glasgow in 2005. The questionnaires were piloted with 6 patients to sense check questions and readability.

From the outset all Outpatient stakeholders (Consultants, nurses, administrative & clerical, and Samaritan Society cafe volunteers), the North Glasgow Information Director, and Data Protection Officer were kept fully informed of the study aims and progress by the Site Health Records Manager and Senior Health Records Assistant.

The study was carried out on a Monday as there was a mix of clinics: General (71 patients), Renal (77) and Dermatology (74) which gave in total a pool of 222 booked patients from which to obtain the interviews. Three interviewers from NRCEMH and ISD administered the study and throughout the day the Site Health Records Manager and Senior Health Records Assistant were on hand to lend support. The questionnaire was administered within three time slots: 9 - 10.30am; 11am - 12.30pm; 1.30pm - 3pm. Patients were selected at random with interviewers using discretion as to who to approach. The interviewers administered the 'willingness' questionnaire and the patients were then left to self-complete their personal information details form (with assistance on hand if



necessary), which they were asked to return to a box provided in the clinic. Participants and their companions were offered tea/coffee vouchers to use at the Samaritan Society café located in the department by way of thanks.

There were a few logistical problems. All the clinics were scheduled to be held at the same location but on the day the survey took place one clinic was moved to a different location which meant that tea and coffee facilities were not available at the new location for patients to redeem their vouchers, and that the interviewer with interpreting skills was on a different floor. At busy times it also proved difficult to provide confidentiality for patients, which had an effect on the number of interviews obtained. However, administering the questionnaire generally ran smoothly due to the extensive groundwork by the Records Manager and staff.

# RESULTS

## 1. Patient Responses

In all 89 patients were approached for inclusion in the study; 79 patients agreed to take part in the survey and 10 patients refused.

### 1.1 Willingness to answer questions on specified equality and diversity items

Patients were first asked whether or not they would be willing to answer questions on the following range of equality and diversity items.

**Table 1 - Patients Willingness to Answer Question on the following: (n=79)**

ITEM	Yes		No		Don't Know		Missing	
	n	%	n	%	n	%	n	%
Ethnic group	77	97%	2	3%	0	0%	0	0%
Religion, Denomination, Faith Group	71	90%	6	8%	2	3%	0	0%
Spiritual Needs, Talking to someone about your illness	66	84%	8	10%	5	6%	0	0%
Preferred speaking language	71	90%	7	9%	1	1%	0	0%
Need for interpreting/Advocacy/ Induction loop	71	90%	8	10%	0	0%	0	0%
Information format	74	94%	2	3%	1	1%	1	1%
Dietary preference	71	90%	7	9%	1	1%	0	0%
Gender of healthcare professional	70	89%	8	10%	1	1%	0	0%
Access to hospital	72	91%	6	8%	1	1%	0	0%
Describing sexual orientation	57	72%	13	16%	6	8%	2	3%

As can be seen from Table 1, the survey shows that approximately 90% of respondents would be willing to answer questions on the majority of items with 97% indicating that they would be willing to state which ethnic group they belonged to.

Sexual orientation had the fewest positive responses. However, a substantial majority (72%) were



willing to answer this question with 8% staying 'on the fence'. 16% would not answer this question.

The slightly lower positive response rate re spiritual needs may reflect the fact that this was a difficult concept for interviewers to explain and patients to understand.

## 1.2 Who, Where and When

Patients were then asked who they felt should ask these questions, and where and when they should be asked.

**Table 2a - Who Do You feel Should Ask These Questions? (n=79)**

	n	%
Doctor	20	25%
Nurse	8	10%
Clinical	14	18%
Receptionist	12	15%
No Preference	24	30%
Missing	1	1%

**Table 2b - Where Do You Think These Questions Should be Asked? (n=79)**

	n	%
GP Surgery	36	46%
Hospital Clinic	15	19%
No preference	27	34%
Missing	1	1%

**Table 2c - When Do You Think These Questions Should be Asked? (n=79)**

	n	%
GP Registration	40	51%
Out-patient Appointment	15	19%
No preference	23	29%
Missing	1	1%

As can be seen from Tables 2a to 2c approximately one-third of patients had no particular preference as to who asked these questions or where and when they were asked.

However, as can be seen from Table 2a just over half (53%) felt a 'clinical' person (doctor, nurse and clinical) should ask these questions i.e. 77% of those who did state a preference.

These responses suggests that there is an understanding that these data should be collected at early stage with approximately half of the patients stating a preference for these question being asked at their GP surgery during registration.

It is also of interest that a number of patients emphasised that these questions should be asked in a private setting (16.5% (n=13)). This may in part explain the preference for a 'clinical' person to ask these questions as patients usually meet these staff in a private area. It may also have been more prominent in these patients' minds if the clinic was particularly busy when they were interviewed.

### 1.3 Sharing Information

Patients were finally asked whether they felt it was acceptable to share this information with other agencies (e.g. social workers, home help) and whether consent should obtained before doing this.

**Table 3 - Sharing Information with Other Agencies**

	Yes		No		Don't Know		Missing	
	n	%	n	%	n	%	n	%
Acceptable to share information with those outside NHS	61	77%	14	18%	1	1%	3	4%
Should consent be obtained before sharing information	64	84%	10	13%	1	1%	4	5%

Generally speaking, the majority of patients thought it was acceptable to share this information with those outside NHS providing consent was obtained before doing this (Table 3).

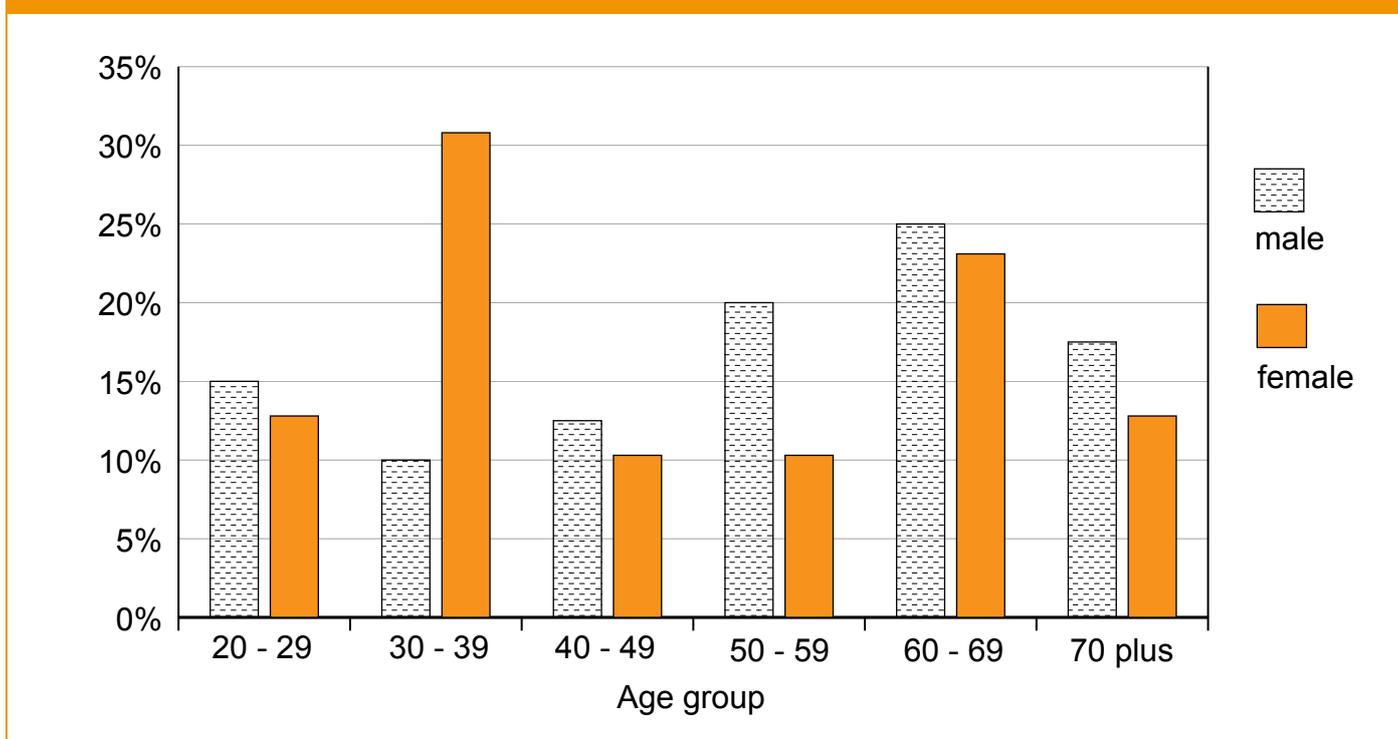
However, a few patients had concerns as to the adequacy of outside agencies to respond to and act on this information, possibly prompted in part by the examples given.

## 2. Patient Demographics and Characteristics from Self-completed Forms

All but one of the 79 patients who were interviewed in part 1 of the survey went on to self-complete the form for part 2. The patient who couldn't complete the form was called away after filling in details of their age and gender.

### 2.1 Age and Gender of Patients

Figure 1 - Age and gender distribution of patients (n=79) % by gender



50.6% (n=40) of patients were male and 49.4% (n=39) female. The mean age for all patients was 50.3 years (males 53.0, females 47.6). As can be seen from Figure 1 the highest proportion of females was in the 30 to 39 year group (30.8%); the highest proportion of males was in the 60 to 69 year group (25.0%). 53.8% of females were under 50 compared with 37.5% of males.

It should be noted however that there was a mix of clinics on this day (as outlined in background and methods section), which could have an influence on these distributions.

## 2.2 Ethnic Group

92.3% (n=72) of patients belonged to a white ethnic group. As could be expected the majority of these were white Scottish (78.2% (n=61)). 7.7% came from a Black and Minority Ethnic Group (BME). 4 patients were Pakistani (5.1%); 1 patient was Chinese and 1 came from a Mixed Background.

Analysis of the 2001 Census shows that approximately 4.5% of the total GGNHSB population belonged to a BME group. The largest single ethnic group was Pakistani (2.1%). The proportion of BME patients in this study is larger (although it is based on a relatively small sample). However, these proportions vary across different areas in Glasgow with up to 20% of the total population in parts of this hospital's catchment area such as Woodlands belonging to a BME group. 1

## 2.3 Current Religion, Denomination or Faith Group

Nearly 70% of patients were 'Christian' (n=53). This group includes affiliations described as Church of Scotland, Church of England, Catholic, and Protestant. Four patients were Muslim (5.1%) and 1 was Buddhist.

23.1% of the patients stated that they had no religion (n=18).

## 2.4 Preferred Speaking Language

As expected from the ethnic group analysis the majority of patients spoke English (91.1%, n=72). 2 patients stated Urdu was their preferred speaking language and 1 patient preferred language was Punjabi.

As a follow up to this question patients were also asked whether they needed an interpreter or assistance with communication. Although 3 patients stated their preferred speaking language one other than English only 1 stated that they would require assistance. However, this could be explained by the fact that the two Punjabi speakers also mentioned English alongside Punjabi as their preferred speaking language.

## 2.5 Dietary Preference

11.4% (n=9) of patients stated that they had a dietary preference. 4 were Halal, 2 Diabetic, 1 Vegetarian and 2 'other'. The 'other' diets were renal/low fat and high protein/low potassium, which are probably related to the patients' condition.



This suggests that future studies will need to consider whether to focus specifically on cultural reasons for dietary preference as medical reasons could be picked up elsewhere.

## **2.6 Preferred Gender of Healthcare Professional**

7 patients (8.9%) expressed a preference with regards the gender of their health care provider; 3 stated that they would prefer a female and 1 a male. For two patients this would be dependant on their illness/condition or type of clinic. 1 patient did not answer.

This suggests that these responses are not purely determined by cultural choice.

## **2.7 Disability**

15 patients (19.0%) considered themselves disabled. When asked if there was anything we could help them with just over half (53%, n=8) said no; 5 needed help with transport and parking and 2 expressed concerns regarding wheelchair access.

This question will need to be expanded to gain more information in order to better understand this group of patients' needs.

## DISCUSSION

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The results of this study are encouraging; a high proportion of patients expressed no concern regarding answering questions on the majority of diversity items.

We were not surprised to find that a smaller proportion of patients were willing to answer questions on sexual orientation. Given the widespread hesitation around asking such a question, it is important to stress that 72% of patients expressed no problem with this question. If we had known this beforehand, we would have included a question on sexual orientation in the self-completed form.

There was also a smaller proportion of patients willing to answer questions on spiritual needs. We believe that this may reflect a problem in understanding just what was meant by this term. Patients are more familiar with the terms religion and faith.

The survey suggests there is an understanding that:

- such data should be collected at an early stage
- it would be generally acceptable to share this information with outside agencies as long as consent was first obtained, and the information was used to improve health care.

However, we need to be careful that we have not influenced these responses by the examples provided for the administrators. This will be addressed as the questionnaire is revised.

Privacy was seen as an issue among a significant number of patients. There was no specific prompt in the questionnaire regarding this; so it is of interest that so many patients felt it worth mentioning. There may also be recognition of this in the 'who' question as patients generally see doctors and nurses in a private setting.

As indicated in the results section several aspects of the questionnaire need to be revised. We need more contextual information: type of clinic, for example, can have bearing on a patient's response. Although we know what clinics ran on the day we did not record what particular clinic a patient was attending. Such information could help us understand the patient's dietary preference and preference of health care provider.

The biggest challenge will almost certainly be in revising the disability questions. The question as stands in the attached Questionnaire (Appendix 1) does not provide enough information to allow us to properly respond to the patients needs. In collaboration with Fair for all - Disability and the



Disability Rights Commission, better structured questions are being tested – however, we will have to ensure that we strike the correct balance between obtaining better information and not overloading the questionnaire with disability related items.

One of the keys to the success of this study lies in the fact that it was a collaborative effort drawing on the considerable experience of a number of local and national stakeholders. We relied heavily on local champions who firmly prepared the ground and obtained a substantial amount of ‘buy in’ to the project. This cannot be over-emphasised. The ultimate success of this type of study rests upon such collaboration.

## Reference

- 1 Greater Glasgow NHS Board. Ethnic Group Profile from the 2001 Census, Glasgow 2005.

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Further copies of this Report and other NHS Board documents (e.g. BME Census Profile, BME Health & Wellbeing Study Report) available at:

[http://www.nhsgg.org.uk/content/assetList.asp?aType=15&page=s16\\_2](http://www.nhsgg.org.uk/content/assetList.asp?aType=15&page=s16_2)

### For further information about this Outpatient Survey or Copies of the New Questionnaire, please contact:

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### Useful resource:

An Ethnic Monitoring and Communication Toolkit is available at:  
[www.isdscotland.org/ethnicmonitoringtoolkit](http://www.isdscotland.org/ethnicmonitoringtoolkit)



## Appendix 1 - Questionnaires used in survey

NHS Greater Glasgow & Clyde  
in collaboration with  
Equality and Diversity Information Programme  
and Information Services Division



### Patients Survey

Today, as you attend the Clinic we are doing a survey. This is part of our ongoing monitoring of patients services. Taking part in this survey is voluntary but we would very much appreciate your help.

#### What is it about?

This survey is asking you how willing you are to give more personal information to support your health care.

#### Why are we asking you this?

We want to find ways to make better use of information and improve the care you receive.

Your responses will be used to help us:

- To understand what your needs are
- To provide care that meets your needs

To find out more about the Equality and Diversity Information Programme visit:

[www.isdscotland.org/equalityanddiversity](http://www.isdscotland.org/equalityanddiversity)

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## Your views - Part 1

Would you be willing to complete a confidential form answering the following questions if the main intention was to use the data to improve the care you receive from the NHS?

1 **Ethnic group** (Everyone belongs to an ethnic group. Ethnic group describes how you see yourself and is a mixture of culture, religion, skin colour, language and the origins of your family.)

- yes
- no
- don't know

2 **Religion/Denomination/Faith group**

- yes
- no
- don't know

3 **Spiritual needs/talking to someone about your illness**

- yes
- no
- don't know

4 **Language you would prefer to speak**

- yes
- no
- don't know

5 **Need for Interpreting/Advocacy/Induction Loop**

- yes
- no
- don't know

6 **Format you would like to receive information** (e.g. oral/written/DVD)

- yes
- no
- don't know

**7 Dietary preference (Halal/Kosher/Vegan)?**

- yes  
 no  
 don't know

**8 Gender of Healthcare professional (male, female, other)**

- yes  
 no  
 don't know

**9 Access to hospital e.g. wheelchair access, transport**

- yes  
 no  
 don't know

**10 Describe your sexual orientation**

(Bisexual - A person who is sexually and emotionally attracted to people of both sexes.  
Heterosexual - A person who is sexually and emotionally attracted primarily to people of the opposite sex.  
Homosexual - A person whose primary sexual attraction is toward people of the same sex. This term is primarily used as a formal classification and is a term lesbians, gay men or bisexuals rarely use to define themselves.)

- yes  
 no  
 don't know

**Who do you think should ask these questions? (e.g. doctor, nurse, receptionist etc.)**

-----

**Where do you think these questions should be asked? (e.g. GP surgery, hospital clinic etc)**

-----

**When do you think these questions should be asked? (e.g. GP registration, when you attend out patients, if you are admitted to hospital etc)**

-----



## Your views - Part 2

1. **Would it be acceptable to you if the above information were made available to people outside the NHS? (e.g. Social Care Services such as social workers, home help organisers)**

- yes
- no
- don't know

2. **Should the NHS ask for your consent before sharing any of the above information to people outside the NHS?**

- yes
- no
- don't know

Not for re use

## Survey Form - Note for administrators of survey

Having answered the above, would you now be willing to complete this Survey Form. It may help you to feel what it is like to give this information.

- It is confidential
- Anonymous – no one can find out who you are
- It takes about 2 minutes to complete

Thank you for your time to answer these questions and complete the Survey Form.

In appreciation of your time, please use this Voucher for Tea/Coffee that is valid for today at the WRVS counter.

## Equality and Diversity Information

### Out Patient Survey - Part 3



It would be helpful if you would self complete this form and place in the "BOX" provided.  
If you would like assistance in completing this form, please ask.

What is your age? .....

What is your gender?

- Male  
 Female  
 Other - please specify .....

Do you consider yourself disabled?

- Yes  
 No

if **Yes**, is there anything we can help you with? (e.g. wheelchair access, transport)

.....

What is your preferred speaking language? .....

Do you require an interpreter/assistance with communication?

- Yes  
 No

If **Yes** what type of assistance? (e.g. induction loop, Braille, Information in large print, interpreter, advocacy)

.....

What is your current Religion/Denomination/Faith group? .....

Do you have dietary preference? (Halal, Kosher, Vegan)

- Yes  
 No

If **Yes**, please state preference .....

Do you have a preference of the Gender of healthcare staff?

- Yes  
 No

if **Yes**, please state preference .....

Please turn page over



**What is your ethnic group?**

Choose ONE section from A to E and then tick the appropriate box to indicate your cultural background

**A White**

- Scottish
- Other British
- Irish
- Any other White background please write below

.....

**B Mixed**

- Any mixed background, please write below

.....

**C Asian, Asian Scottish or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background please write in below

.....

**D Black, Black Scottish or Black British**

- Caribbean
- African
- Any other background, please write in below

.....

**E Other ethnic background**

- Any other background, please write in below

.....

- If you do not want to give any of this information please tick this box.

*Working Together To Improve Your Care*

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