



NHS Grampian 2015 Involvement and Consultation Events with members of our Local Ethnic Communities in Fraserburgh and Aberdeen

Feedback from the 5 events held in 2015, together with comparisons with the feedback received from similar events in 2013. All events were managed and facilitated by Grampian Regional Equality Council.

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Executive Summary

- **182 members of our local ethnic communities participated in the five involvement and consultation events held in November 2015. This is the largest ever number of participants at these events.**
- **Two events were held in Fraserburgh and three in Aberdeen.**
- **English was the second language of almost all of the participants. Most participants were non-English speaking.**
- **“Face to face” Interpretation was provided for 12 different languages including Polish, Russian, Lithuanian, Arabic, Urdu, Bengali, Mandarin and Spanish.**
- **The 2015 results suggest generally high levels of patient satisfaction with NHS services. However, the results highlight a number of areas where further work is required.**
- **Patient satisfaction levels with Hospital Services, Community Nursing, Pharmacy and Ophthalmology Services are consistently high.**
- **Overall, satisfaction levels with health care services are higher in Aberdeen than in Fraserburgh. This is most marked in GP services.**
- **The annual involvement and consultation events (2008-2015) have yielded a great deal of useful health care related information and are a very effective way of identifying areas where further improvements are needed. It is recommended that these events should continue on an annual basis, subject to finance and staffing being available.**

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1. Introduction

NHS Grampian ensures the ongoing input of the local ethnic communities into the NHS Grampian Racial Equality Action Plans in a number of ways. This involvement includes the setting of priorities, the planning of work and the implementation of the Action Plans. This input is achieved through:

(i) The NHS Grampian Racial Equality Working Group

This is a multi-disciplinary group which meets on a regular basis and includes representation from a number of local ethnic community groups.

(ii) Involvement and consultation events

At least five involvement and consultation events are held every year. These events are a valuable way of obtaining the views of members of the local ethnic communities on the health care services provided.

In 2008, NHS Grampian commissioned and funded the Grampian Regional Equality council (GREC) to facilitate a series of consultation events with the local minority ethnic communities. The 2008 events produced a great deal of useful information. Accordingly, NHS Grampian has commissioned and funded GREC to facilitate further annual events from 2008 onwards.

The events take place in Aberdeen and Fraserburgh/Peterhead. These locations were chosen because they have the largest concentration of recent migrant workers and their families, as well as the largest concentration of more established local minority ethnic communities.

(iii) Regular contact with local ethnic community organisations and individuals

NHS Grampian staff who have regular daily contact with members of our local minority ethnic communities, and their representative organisations and groups, are also encouraged to provide input.

The above input together with the input from the 2015 involvement and consultation events will feed into the NHS Grampian Equality Outcomes.

2. The 2015 Involvement and Consultation Events: Methodology

There were two events held in Fraserburgh on November 14th 2016 and three in Aberdeen on November 21st 2015.

To try and get some indication of progress year on year, as many of the previous participants as possible were contacted and invited to attend one of the 2015 events. The events were also widely advertised in a range of local minority ethnic community languages via flyers and posters. These adverts were distributed through the GREC network of contacts with local ethnic community groups, NHS services, contacts made by the GREC Health Link Worker and through relevant community groups and initiatives. Word of mouth was also an effective way of promoting the events.

Part of the success of the previous events was the staging of the events on Saturdays, at times convenient to participants, which led to good levels of attendance. The same pattern was followed in 2015. The events in Fraserburgh started later than in previous years since previous feedback suggested this would boost attendance. At each event, refreshments were provided, travel costs were reimbursed on request, and a small gift voucher was given to each participant as a thankyou for giving some of their time.

Participants were welcomed as they entered the venues and introduced to an interpreter for their preferred language. When the participants had assembled, a brief introduction was given by the group facilitator to explain the purpose of the involvement and consultation events and what NHS Grampian hoped to learn. Individuals were then asked to complete a detailed questionnaire in their own/preferred language, with interpreter support if required.

A similar questionnaire was used to previous years, with the main change being a move to more “tick-box” questions. This change was made following feedback from participants that the previous questionnaires were too lengthy. It was hoped that making the questionnaire more user-friendly would make it more likely that participants to complete. The topic of each question remained the same to allow for a year-on-year comparison to continue, and two open-ended questions remained in every section. The questionnaire was originally designed to cover a wide range of health care topics and was compiled by the NHS Grampian Racial Equality Working Group.

The six topic areas covered by the questionnaire were:

- **GP Services** (including GPs, practice nurses, baby clinics, physiotherapy, well man and woman clinics, travel clinics, chiropody, occupational therapy)
- **Community Services** (including health visitors, district nurses, community midwives, community nurses)
- **Dental Services**

- **Ophthalmic and Pharmacy Services**
- **Hospital Services**
- **Contraception and Sexual Health Services**

Within each topic area, the questions asked were:

- Use/Experience of the service
- Sources and availability of information on the service
- Service accessibility
- How the service could be improved
- Personal experiences, if any, of using the service
- The availability of Language Line or face-to-face interpreters for non-English speaking patients
- Availability of information in participants' own language
- If participants had attended a previous event, whether they had noticed any improvements in the service.

As with the questionnaires used from 2010 onwards, a quantitative summary with a Likert Scale was included to obtain an overall rating of each of the above 6 services.

After completing the questionnaires, participants entered into group discussions in their preferred language. The group discussions were led by English-speaking facilitators who were assisted by interpreters for the appropriate language. The discussions allowed participants to expand on any issues covered in the questionnaires. Participants could also raise any other health related issues or queries. Scribes were on hand to record the output of these discussions. NHS Grampian staff were also available to answer any questions from participants that were not resolved through the group discussions.

3. Information from the 2015 Fraserburgh event questionnaires

This was the fourth time that involvement and consultation events had been held in Fraserburgh. The 64 participants in 2015 encompassed a diversity of ethnic/national origins, with participants defining their origins as Polish, Russian, Lithuanian, Latvian, Brazilian, Italian, Scottish and British. English was the first language of only 5 participants. A full profile of the participants is shown at Appendix I.

The length of time that all of the participants (except for 1) had been in the UK was the same as the time they had been in Aberdeen or Aberdeenshire. This suggests that most of the participants came directly from their country of origin to the local area.

The information provided by participants in response to each of the questions on the questionnaire is summarised below.

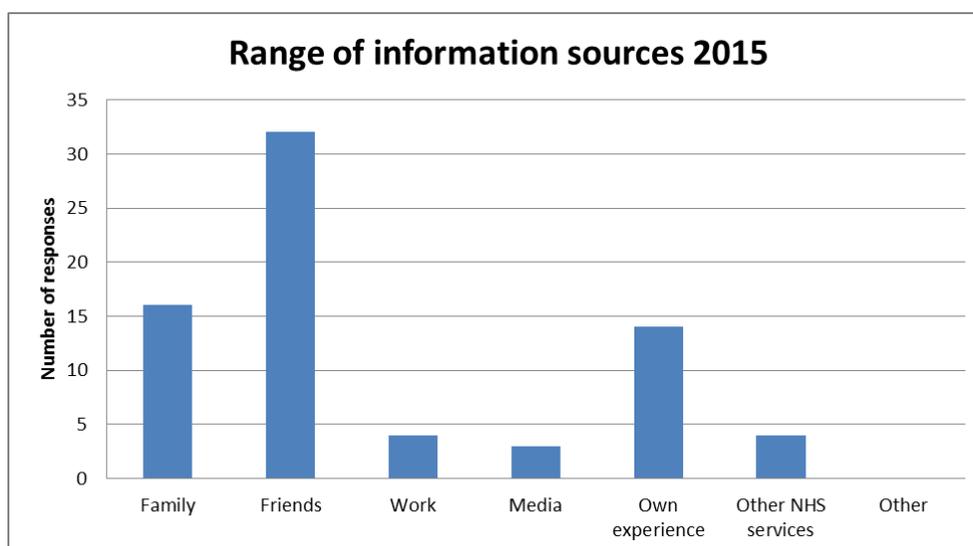
Section One:

GP Services (doctors, practice nurses, baby clinics, physiotherapy, well man and woman clinics, travel clinics, chiropody, occupational therapy)

Nearly all participants, 61 of 64 (95%) stated that they had used GP services. Two people (3%) stated that they had not used GP services. One person (2%) did not answer this question. The number of respondents who had used GP services increased from 2013, when 84% stated that they had used them.

a) How did you find out about GP Services?

Many participants cited more than one information source; therefore the number of responses is higher than the number of respondents. The main sources of information were informal sources such as friends (50% of participants), family (25% of participants) and learning through own experience (22% of participants). Others gained information through other health services they had used (6% of participants), work colleagues (6% of participants) or media (5% of participants). These results are illustrated by the graph below. The balance between informal and formal sources of information is similar to the results from previous years.



b) Was it easy to obtain information about GP Services?

67% (43 participants) responded that it was easy to obtain information. 14 respondents (22%) said it was not. The number of respondents who found it easy increased from 2013, when 60% of respondents found it easy to access information.

c) How easy was it to access GP services?

Of those who responded to the question, 20 participants (36%) felt it was easy or very easy to access GP services; 16 participants (29%) felt it was difficult or very difficult. The table below illustrates the detailed findings. Similarly in 2013, 20 participants felt it was easy or very easy to access GP services; 11 participants felt it was difficult or very difficult.

Very Difficult	1	2	3	4	5	Very Easy
Count	6	10	21	14	6	

d) What would make the service(s) better for you?

The biggest issue was a problem with getting appointments with a GP and long waiting times (21 participants). Other issues involved inadequate attention to patients' problems (5 participants) and lack of ambulances in Fraserburgh (4 participants). 3 participants provided positive feedback. Comments included:

“Walk in appointments rather than at [specified] times, as that does not work (doctors are late up to 2 hours even), extremely hard to get an appointment” (Polish, Female, 25-44).

“It is quite difficult to get an appointment. It usually takes a while to get one.” (Latvian, Female, 16-24).

“There are not enough appointments when calling in the morning.” (Polish, Female, 25-44).

“Better access to doctors. A new surgery in Fraserburgh because the two that operate now seem to be too busy.” (Polish, Female, 25-44).

“More appointments and less waiting times for referrals” (British, Female, 25-44).

“Sometimes I had to wait more than one week to access the GP” (Italian, Male, 25-44).

“The possibility of booking consultation at any time. (The only time for booking is 8-8.30, it is impossible)” (Brazilian, Female, 45-64).

“Lack of ambulances in Fraserburgh... Lack of a surgeon on weekends... Arranging appointments by telephone - problem with arranging appointment on the same day” (Polish, Male, 25-44)

e) Can you offer any personal experiences of using GP services?

The biggest issue was a problem with getting appointments with a GP and long waiting times (10 participants). 5 participants also complained about problems with getting referrals to a specialist. 3 comments were positive.

“No, I'm happy in general with it.” (Polish, Female, 25-44).

“I am satisfied” (Polish, Male, 45-64)

“Yes, I have a little baby boy and he struggles with skin problems and allergies, but it is difficult for me to get an appointment with a doctor. Every time I phone I am offered a specialist nurse...” (Polish, Female, 25-44).

“Doctors appointment times running late, on the last time I have been told that doctor won't assess me as it's too late. (Polish, Female, 25-44).

“Yes, my fingers were badly cut and I went to Aberdeen emergency and turned out I had to have an emergency surgery (cut tendons & nerves).” (Latvian, Female, 16-24).

“Waited a long time for colposcopy”. (British, Female, 25-44).

“Refused early smear”. (British, Female, 25-44).

f) Were you offered the support of Language Line or face-to-face interpreters when accessing a GP?

Of those who answered that question, 34 participants (61%) were not offered Language Line or face-to-face interpreting services. However, one of them stated that “no, there is no such need”. Twenty participants (36%) were offered language support, while one participant selected both yes and no answers. The number of participants who were

offered language support increased from 2013, when 24% stated that they were offered and 74% were not offered.

g) Was there adequate information about GPs in English or your own language?

Of those who answered that question, 24 participants (45%) felt that information about GPs was adequate, whereas 28 participants (53%) felt it was inadequate and one participant selected both yes and no answers. These results are similar to 2013 when 44% of participants felt that information about GPs was adequate, whereas 52% felt it was inadequate.

h) If you attended a previous involvement and consultation events, have you noticed any improvements to GP Services?

Of those 33 participants who answered the question, 1 respondent had noticed positive change, while 32 had noticed no change.

Quantitative Summary Results

Overall how would you rate your satisfaction with GP services? (1 being least satisfied and 7 being most satisfied).

Scale	1	2	3	4	5	6	7
Count	10	6	12	6	12	5	7

The above table implies mixed attitudes towards GP services, following the trend set by previous years' results. Although there are some positive results, more participants scored at the lower end of the scale than at the higher end (28 versus 24).

Results of the 2013 Quantitative summary:

Scale	1	2	3	4	5	6	7
Count	4	5	8	10	5	5	5

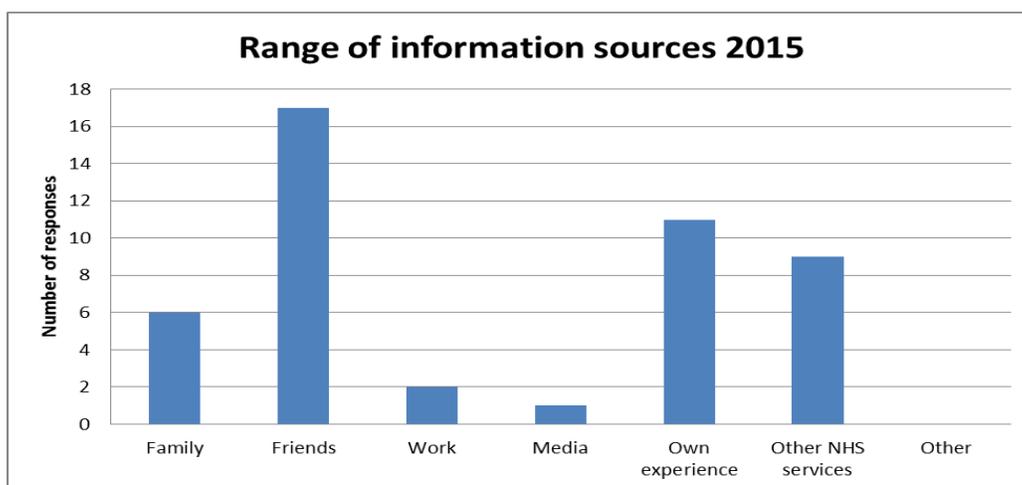
Section Two

Community Services (e.g. health visitors, district nurses, community midwives, community nurses)

More than half of participants, 37 of 64 (58%) stated that they had used Community Services, while 24 respondents (38%) stated that they had not used these services. Four participants (5%) did not answer this question. The number of respondents who had used Community Services increased from 2013, when 35% stated that they had used them.

a) How did you find out about Community Services (e.g. health visitors, district nurses, community midwives, community nurses)?

Many participants cited more than one information source; therefore the number of responses is higher than the number of respondents. The main sources of information were sources such as friends (27% of participants), own experience (17% of participants) and other NHS services (14%). Others gained information from family (9% of participants), work colleagues (3%) and media (2%). These results are illustrated by the graph below. This pattern of gaining information from informal and formal sources is similar to the results from previous years.



b) Was it easy to obtain information about Community Services (e.g. health visitors, district nurses, community midwives, community nurses)?

23 respondents (36% of participants) felt accessing information was easy while 17 participants (27%) felt it wasn't. The number of those who found it easy to access increased from 2013, when 24% found it easy.

c) How easy was it to access Community Services (e.g. health visitors, district nurses, community midwives, community nurses)?

Of those who answered that question, 20 participants (51%) felt it was easy or very easy to access Community Services; 10 participants (26%) felt it was difficult or very difficult. The table below illustrates the detailed findings. In 2013, 8 respondents (40%) found these services very easy to access. 2 participants (12%) felt that it was difficult or very difficult to access these services.

Very Difficult	1	2	3	4	5	Very Easy
Count	5	5	9	11	9	

d) What would make the service(s) better for you?

4 participants provided positive feedback. 4 participants asked for more information about services. 2 participants suggested communication between GP and nurses. These included the following comments:

“All services - midwives were at a very high standard” (Polish, Female, 25-44)

“Better situation than with doctors, shorter waiting time” (Polish, Female, 25-44)

“I would prefer more information, printed brochures possibly” (Russian, Female, 45-64)

“It would be beneficial if a health visitor could book a GP appointment for my son if she thinks it is necessary” (Polish, Female, 25-44)

“Put more attention to pregnant women and little children” (Russian, Male, 25-44)

e) Can you offer any personal experiences of using Community Services (e.g. health visitors, district nurses, community midwives, community nurses)?

Personal experiences shared by participants included the following comments:

“Friendly service, short waiting time” (Polish, Female, 25-44)

“Midwife - very business like, helpful, available when was needed” (Polish, Female, 25-44)

“Midwife visited, filled in her paperwork and left. She did not even look at the child.” (Latvian, Female, 25-44)

“Yes, when I explained to the nurse my problems, she had a big book she opened & found my symptoms & prescribed me some medication, even though I said these pills give me bad side effects she said I still need to take them as there are no other options.” (Latvian/white, Female, 16-24)

f) Were you offered the support of Language Line or face-to-face interpreters when accessing Community Services (e.g. health visitors, district nurses, community midwives, community nurses)?

Of those who answered that question, 10 participants (28%) were offered Language Line or face-to-face interpreting services, while one participant (3%) was offered it but not always. 25 participants (70%) stated that they were not offered language support. However, one of them stated that “no, I could manage to speak”. In 2013, 3 participants (16%) were offered language support and 13 participants (68%) were not.

g) Was there adequate information about Community Services (e.g. health visitors, district nurses, community midwives, community nurses) in English or your own language?

Of those who answered that question, 21 participants (62%) felt that information about Community Services was adequate, whereas 13 participants (38%) felt it was inadequate. The number of those who felt information was adequate increased from 2013, when 42% felt it was adequate and 47% felt it was inadequate.

h) If you attended a previous involvement and consultation events, have you noticed any improvements to Community Services?

Of those who answered that question, 3 respondents (14%) noticed positive change, while 19 participants (86%) had noticed no change.

Quantitative Summary Results

Overall how would you rate your satisfaction with Community Services? (1 being least satisfied and 7 being most satisfied.)

Scale	1	2	3	4	5	6	7
Count	1	2	3	5	12	3	4

The above table suggests mainly positive attitudes towards Community Services, contrary to the trend from previous years when attitudes were mixed. Three times as many participants scored at the higher end of the table than at the lower end (19 versus 6).

The Quantitative Summary results from 2013:

Scale	1	2	3	4	5	6	7
Count	1	0	5	8	2	3	3

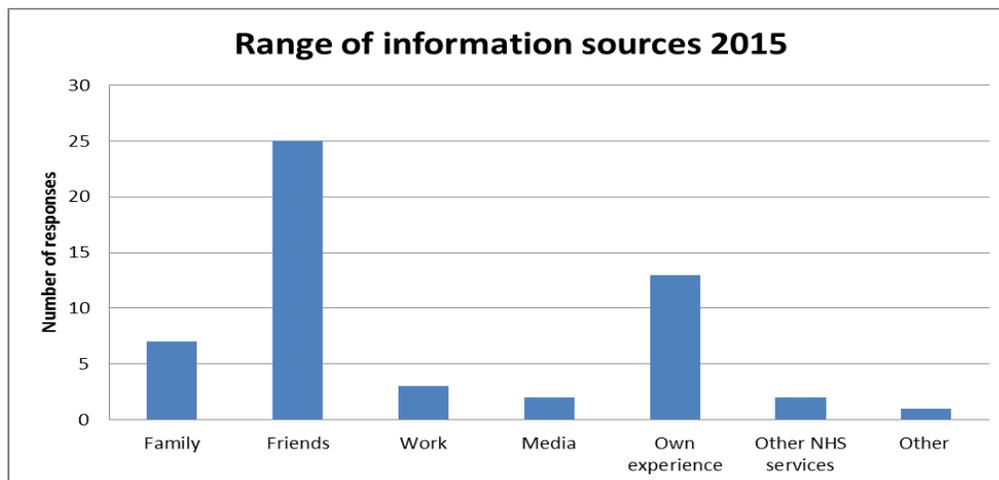
Section Three Dental Services

The majority of participants, 44 of 64 (69%) stated that they had used Dental Services. 16 people (25%) stated that they had not used Dental Services. 4 participants (6%) did not answer this question. The number of respondents who had used Dental Services increased from 2013, when 60% stated that they had used them.

a) How did you find out about dental services?

Many participants cited more than one information source; therefore the number of responses is higher than the number of respondents. The main sources of information were informal sources such as friends (39% of participants), own experience (20%) and

family (11%). Others gained information through work colleagues (5% of participants), other health services they had used (3%), or media (3%). One participant stated they had used Google. These results are illustrated by the graph below. The balance between informal and formal sources of information is similar to the results from previous years.



b) Was it easy to obtain information about dental services?

28 participants (44%) responded that it was easy to obtain information. 15 respondents (23%) said it was not. The number of respondents who found it easy was similar to 2013, when 42% of respondents found it easy to access information and 16% felt it was not.

c) How easy was it to access dental services?

Of those who responded to the question, 25 participants (57%) felt it was easy or very easy to access Dental Services; 9 participants (20%) felt it was difficult or very difficult. The table below illustrates the detailed findings. The number of participants who thought it was easy or very easy to access services was the same as in 2013, while the number of participants who felt access to services was difficult or very difficult decreased from 2013, when 31% participants felt that it was difficult or very difficult.

Very Difficult	1	2	3	4	5	Very Easy
Count	3	6	10	12	13	

d) What would make the service(s) better for you?

8 participants suggested improvements for dentist services in terms of increasing the number of dentists, employing a Polish dentist, providing dentist services on weekends and at night. 2 participants would like more appointments available and shorter waiting times. 3 participants suggested that more information about services is needed. 2 participants provided positive feedback. Comments included:

“In my opinion they are well organised” (Polish, Male, 25-44)

“Help with emergency problems during Saturdays, Sundays, might help” (Polish, Female, 25-44)

“More appointments and less waiting between treatments“ (British, Female, 25-44)

“More visible whether the dentist is private or not, price lists for all treatment (I never know what I'll pay and why) “ (Polish, Female, 25-44)

“More qualified dentists in the area” (Russian, Male, 25-44)

e) Can you offer any personal experiences of using dental services?

Personal experiences shared by participants included the following comments:

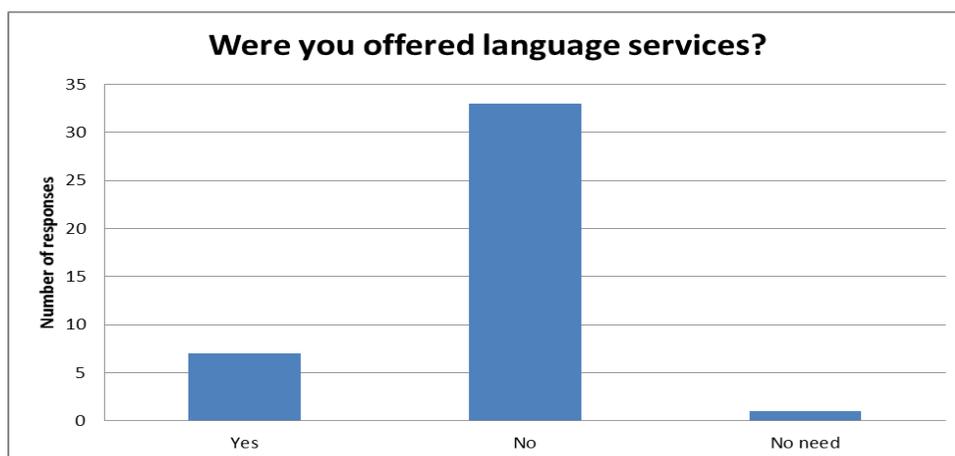
“I was afraid of going to a dentist in Poland, here I went for the first time and I was, and I am, satisfied!!!” (Polish, Male, 25-44)

“It has taken 3 months to get a very simple root canal which resulted in very sore teeth” (British, Female, 25-44)

“After taking out teeth roots, did not get prescription for antibiotics. Results was very bad, don't want to speak about it” (Latvian, Female, 65-74)

f) Were you offered the support of Language Line or face-to-face interpreters when accessing dental services?

Of those who answered the question, 33 participants (80%) were not offered Language Line or face-to-face interpreting services. One stated that they do not need it. 7 participants (17%) were offered language support. These results are illustrated by the graph below. The number of participants who were offered language support decreased from 2013, when 24% were offered it and 70% were not.



g) Was there adequate information about dental services?

Of those who answered that question, 13 participants (33%) felt that information about Dental Services was adequate, whereas 27 participants (68%) felt it was inadequate. In 2013, the same number of participants (16) felt that information was adequate and inadequate.

h) If you attended a previous involvement and consultation events, have you noticed any improvements to dental services?

Of those 28 participants who answered that question, 5 respondents (18%) had noticed positive change, while 23 (82%) had noticed no change. No one provided a comment regarding improvements. In 2013, 2 respondents had noticed positive change, 8 had seen no change at all.

Quantitative Summary Results

Overall how would you rate your satisfaction with dental services? (1 being least satisfied and 7 being most satisfied.)

Scale	1	2	3	4	5	6	7
Count	5	6	7	6	5	6	3

The above table implies mixed attitudes towards Dental Services, following the trend set by previous years' results. Although there are some positive results, more participants scored at the lower end of the scale than at the higher end (18 versus 14).

The corresponding results from 2013 are:

Scale	1	2	3	4	5	6	7
Count	3	4	4	7	5	3	5

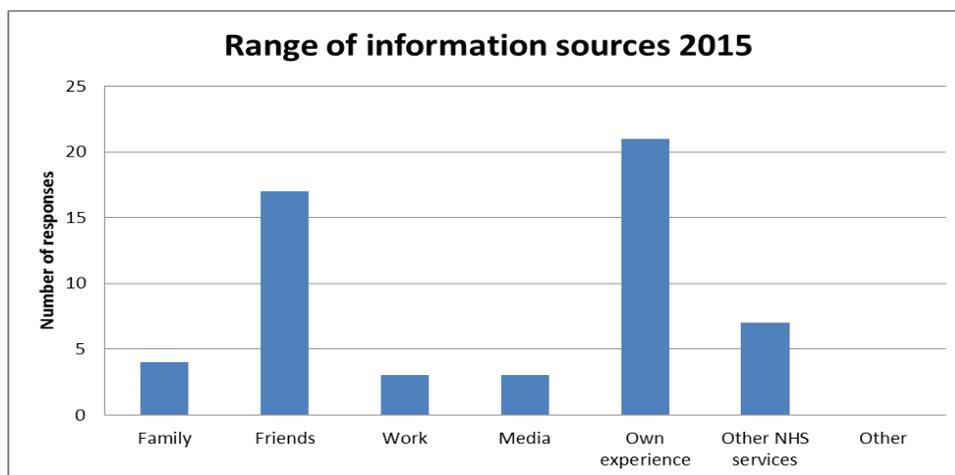
Section Four Ophthalmic and Pharmacy Services

The majority of participants, 42 of 64 (66%) stated that they had used ophthalmic and pharmacy services. 18 people (28%) stated that they had not used ophthalmic and pharmacy services. 4 respondents (6%) did not answer this question. This is similar to 2013, when 63% of participants stated that they had used these services.

a) How did you find out about ophthalmic and pharmacy services?

Many participants cited more than one information source; therefore the number of responses is higher than the number of respondents. 41 participants responded to this question. The main sources of information about ophthalmic and pharmacy services were

own experience (33% of participants), friends (27%) and other NHS services (11%). Others gained information from family (6% of participants), work colleagues (5%) or media (5%). This is a change from 2013, when the main sources of information were family, friends and other NHS services.



b) Was it easy to obtain information about ophthalmic and pharmacy services?

40 participants responded to the question with 36 (90%) stating that it was easy to obtain information, while 4 (10%) said that it was not easy. The number of respondents who found it easy increased from 2013, when 72% of respondents found it easy to access information and 25% found it was not easy.

c) How easy was it to access ophthalmic and pharmacy services?

Of those who responded to the question, 36 participants (82%) felt it was easy or very easy to access ophthalmic and pharmacy services, while 2 participants (5%) felt it was difficult or very difficult. The table below illustrates the detailed findings. The number of respondents who found it easy to access these services increased from 2013, when 59% of respondents found it easy to access these services and 19% found it not easy.

Very Difficult	1	2	3	4	5	Very Easy
Count	2	0	5	7	29	

d) What would make the service(s) better for you?

Nearly all comments provided were positive. Two participants asked for more information available in Polish and Russian. 2 comments were negative. Some of the comments included:

“Everything is good. Pharmacy staff sometimes seems more qualified then GP” (Russian, Male, 25-44).

“Everything is good. Helpful staff, answer questions” (Latvian, Female, 25-44)

“Everything is ok in pharmacy, but there is problem with optical services. Ophthalmologist don't offer anything apart from glasses, don't offer treatment and advice how to prevent sight loss.” (Russian, Female, 25-44).

“Very good standard of service, although quite a long waiting” (Polish, Female, 25-44).

e) Can you offer any personal experiences of using ophthalmic and pharmacy services?

Personal experiences shared by participants included the following comments:
One participant indicated that they always take their interpreter for an appointment (Latvian, Female, 65-74).

“I am very happy with my experiences” (Polish, 25-44).

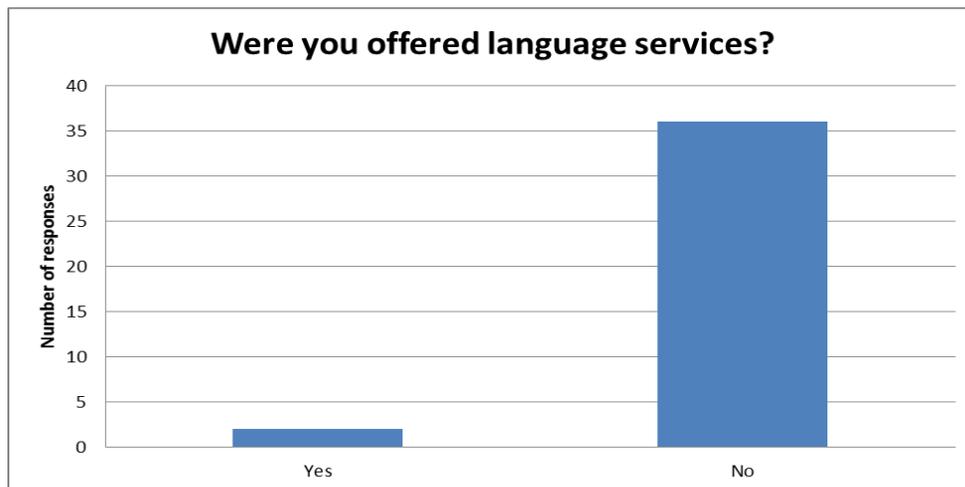
“It was easy enough to get an appointment with an optician to check my eyes. The specialist was good & friendly. Pharmacy services are good too. Always get my medication.” (Latvian/white, Female, 16-24).

“Pharmacy staff helped me to choose medication, after GP could not state clearly which one to use” (Russian, Male, 25-44).

“Optician was very friendly and professional” (Brazilian, Female, 25-44).

f) Were you offered the support of Language Line or face-to-face interpreters when accessing ophthalmic and pharmacy services?

Of those who answered that question, 36 participants (95%) were not offered Language Line or face-to-face interpreting services. 2 participants (5%) were offered language support. These results are illustrated by the graph below. These results are similar to 2013, when 97% were not offered language support and 3% were.



g) Was there adequate information about ophthalmic and pharmacy services?

Of those who answered that question, 9 participants (24%) felt that information about these services was adequate, whereas 29 participants (76%) felt it was inadequate. These results are similar to 2013, when 73% felt there was not adequate information about these services, while 27% stated that they felt there was adequate information.

h) If you attended previous involvement and consultation events, have you noticed any improvements in ophthalmic and pharmacy services?

Of those 23 participants who answered that question, 6 respondents (26%) had noticed positive change, while 17 (74%) had noticed no change. This is different to 2013, when 10 participants stated that they had noticed an improvement, while 1 stated they had not. 2 participants provided comments as follows:

“I am satisfied with everything. High quality service” (Latvian, Female, 65-74)

“Everything is done nice and quick “(Russian, Female, 45-64)

Quantitative Summary Results

Overall how would you rate your satisfaction with ophthalmic and pharmacy services? (1 being least satisfied and 7 being most satisfied.)

The table below demonstrates that most people were satisfied with ophthalmic and pharmacy services, with only 2 participants scoring below 4, and no participants scoring 1 or 2. Compared to 2013, there is an increase in the number of participants being satisfied with the services from 54% to 84%.

Scale	1	2	3	4	5	6	7
Count	0	0	2	4	4	11	15

Results of the 2013 Quantitative summary:

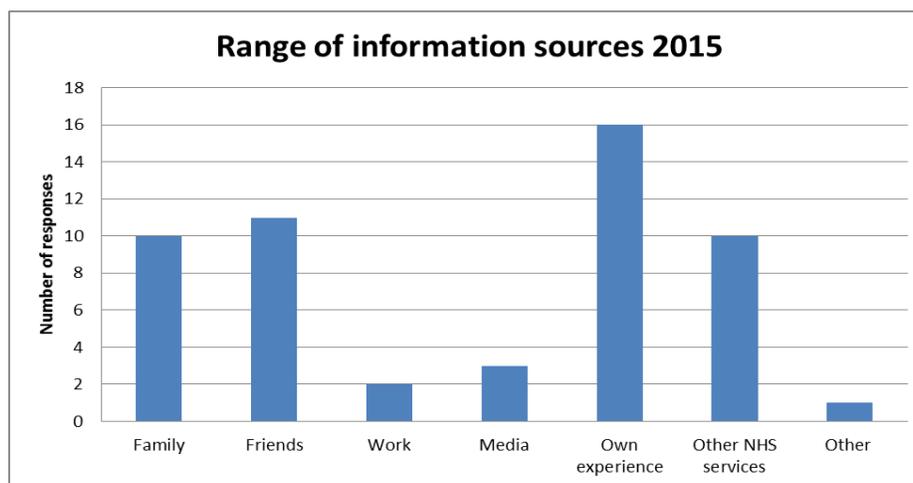
Scale	1	2	3	4	5	6	7
Count	0	0	4	9	4	4	7

Section Five Hospital Services

Most participants, 39 of 64 (61%) stated that they had used hospital services. 21 respondents (33%) had not used hospital services. 4 participants (6%) did not answer this question.

a) How did you find out about hospital services?

Many participants cited more than one information source, therefore the number of responses is higher than the number of respondents. The main sources of information were informal sources such as own experience (25% of participants), friends (17%), family (16%), and other NHS services (16%). Others gained information through media (5% of participants), work colleagues (3%) or from other sources (2%). These results are illustrated by the graph below.



b) Was it easy to obtain information about hospital services?

24 participants (38%) responded that it was easy to obtain information. 11 respondents (17%) said it was not. In 2013 12 respondents found it easy to obtain information, while 8 did not.

c) How easy was it to access hospital services?

Of those who responded to the question, 19 participants (53%) felt it was easy or very easy to access hospital services, while 10 participants (28%) felt it was difficult or very difficult. The table below illustrates the detailed findings. The number of respondents who found it difficult or very difficult increased from 2013, when 14% stated this, and 68% said it was easy or very easy to access these services.

Very Difficult	1	2	3	4	5	Very Easy
Count	4	6	7	9	12	

d) What would make the service(s) better for you?

1 participant provided a positive comment. Others suggested improvements in terms of shorter waiting time and faster response to problems as well as more information about hospital services. Comments included:

“Great service in Aberdeen Royal Infirmary” (Latvian, Female, 45-64).

“Accessibility and clarity on what type of help you can get from the hospital when GP practice is closed” (Russian, Female, 25-44).

“It is necessary, because the town hospital is fine but there are no doctors 24 hours a day, there are no specialists and one must go to Aberdeen” (Polish, Female, 25-44).

“Speed up process of getting appointments in hospital.” (Russian, Male, 25-44).

e) Can you offer any personal experiences of using hospital services?

Personal experiences shared by participants included the following comments:

“After childbirth sent home very soon. Nobody think about our home address and travel time with small child.” (Lithuanian, Female, 25-44).

“I think they are very good” (Polish, Male, 25-44).

“I cut my fingers at 10pm so went straight to the hospital. 2 nurses were really nice & checked my hand for glass & put on paper stitches. Nurses were nice but I had big complications & problems for my cut fingers later on.” (Latvian/white, Female, 16-24).

f) Were you offered the support of Language Line or face-to-face interpreters when accessing hospital services?

Of those who answered the question, 20 participants (57%) were not offered Language Line or face-to-face interpreting services, while 15 participants (43%) were offered language support. These results are illustrated by the graph below. These results are similar to 2013, when 59% were not offered language support and 41% were.



g) Was there adequate information about hospital services?

Of those who answered that question, 17 participants (49%) felt that information about hospital services was adequate. The same number of respondents felt it was inadequate and one participant felt it was not always adequate. The number of people who thought

that information about hospital services was adequate decreased from 2013, when 56% felt this was the case, whereas 44% felt it was inadequate.

h) If you attended previous involvement and consultation events, have you noticed any improvements to hospital services?

Of those 24 participants who answered the question, 5 respondents (21%) had noticed positive change, while 19 (79%) had noticed no change.

Quantitative Summary Results

Overall how would you rate your satisfaction with hospital services? (1 being least satisfied and 7 being most satisfied)

The table below demonstrates that most people were satisfied with hospital services, with 6 participants scoring below 4, and 19 participants scoring above 4. These results are similar to 2013, when 13 people were satisfied and 3 people scored below 4. .

Scale	1	2	3	4	5	6	7
Count	3	1	2	4	5	6	8

Results of the 2013 Quantitative summary:

Scale	1	2	3	4	5	6	7
Count	2	1	0	3	5	2	6

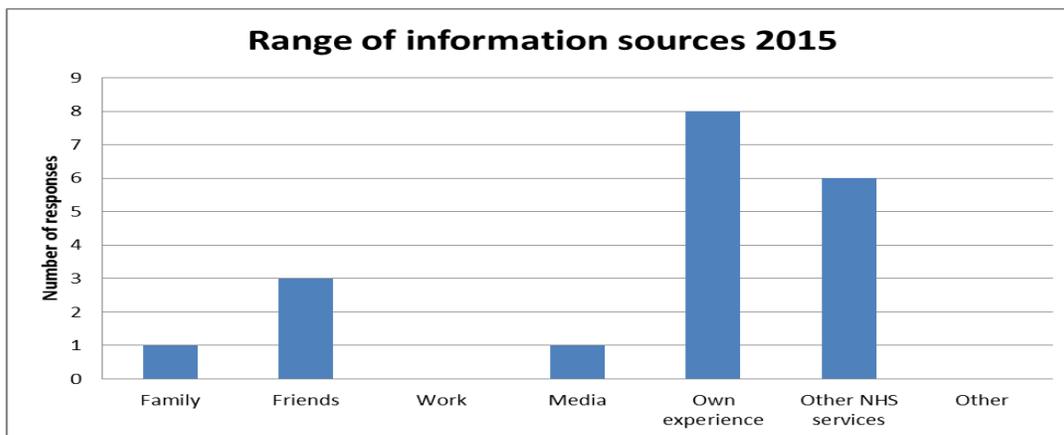
Section Six

Contraception and Sexual Health

17 of the 64 participants (27%) stated that they had used contraception and sexual health (CSH) services, 42 (66%) stated that they had not used them, while 5 participants (8%) did not answer this question. The number of respondents who had used CSH services slightly decreased from 2013, when 31% stated that they had used them.

a) How did you find out about contraception and sexual health services?

Many participants cited more than one information source; therefore the number of responses is higher than the number of respondents. 18 of the 64 participants responded to this question. The main sources of information were own experience (13% of participants), other NHS services (9%) and friends (5%). Others gained information from media (2% of participants) and family (2%). These results are illustrated by the graph below. In 2013, the majority of respondents gained information from family, followed by own experience and other NHS services.



b) Was it easy to obtain information about contraception and sexual health services?

11 participants (17%) felt that it was easy to obtain information about CSH services, while 6 participants (9%) felt that it was not. This is consistent with the 2013 focus groups when 11 participants had found it easy and 5 had not.

c) How easy was it to access contraception and sexual health services?

As can be seen in the table below, 12 participants (67%) found it easy (scoring 4 or 5) while 3 participants (17%) found it difficult to access CSH services (scoring 1 or 2). The number of respondents who thought it was easy to access these services increased slightly from 2013, when 63% stated it was easy, while 19% that it was difficult.

Very Difficult	1	2	3	4	5	Very Easy
Count	1	2	3	3	9	

d) What would make the service(s) better for you?

3 participants offered suggestions of how services could be improved, with 2 participants stating that these are good services as they are. Comments included:

“Information in Russian language” (Russian/Latvian, Female, 25-44).

“Availability in Fraserburgh” (Polish, Female, 25-44).

“I had to do some tests & had to take time off work to travel all the way to Aberdeen, a long day for just a few tests. But everyone was friendly & helpful once I got there” (Latvian, Female, 16-24).

e) Can you offer any personal experiences of using contraception and sexual health services?

Personal experiences shared by participants included the following comments:

“Everything works well, information in native tongue would be desirable” (Latvian, Female, 45-64).

“I had used Family Planning Clinic and was not fully satisfied as did not get a treatment I expected” (Polish, Female, 25-44).

“Easy access to contraception” (Polish, Female, 25-44)

f) Were you offered the support of Language Line or face-to-face interpreters when accessing contraception and sexual health services?

15 participants responded to the question. 4 (25% of those who responded) had been offered interpreting support whilst 12 (75%) had not been offered. These results are illustrated by the graph below. There is a slight increase of respondents that were offered these services from 2013 when 3 participants (20%) had been offered support and 12 (80%) had not.



g) Was there adequate information about contraception and sexual health services?

Of those who answered this question, 8 participants (50%) felt that there was adequate information about CSH services, while the same number of participants felt that there was not. The number of participants who thought there was adequate information increased from 2013 when 33% felt that was the case and 67% felt there was not.

h) If you attended previous involvement and consultation events, have you noticed any improvements to contraception and sexual health services?

Of those who answered this question, 3 participants (23%) had noticed some improvements, while 10 (77%) had not.

Quantitative Summary Results

Overall how would you rate your satisfaction with contraception and sexual health services? (1 being least satisfied and 7 being most satisfied.)

The table below demonstrates that most people were satisfied with CSH services, with 4 participants scoring below 4, and 8 participants scoring above 4. These results are similar to 2013 and previous years, when those who responded to this question tended to be satisfied with CSH services.

Scale	1	2	3	4	5	6	7
Count	0	2	2	2	2	3	3

Results of the 2013 Quantitative summary:

Scale	1	2	3	4	5	6	7
Count	1	0	0	3	3	3	4

4. Information from the 2015 Aberdeen Event questionnaires

This was the seventh year that involvement events had taken place in Aberdeen. There were 118 participants, spread across 3 sessions (compared to 75 in 2013). The languages spoken during group discussions were English, Arabic, Polish, Russian, Mandarin, Cantonese, Lithuanian, Latvian, Spanish, Bengali, Urdu, and Portuguese. A profile of the participants is shown in Appendix II.

The information provided by participants in response to each of the questions on the questionnaire is summarised below.

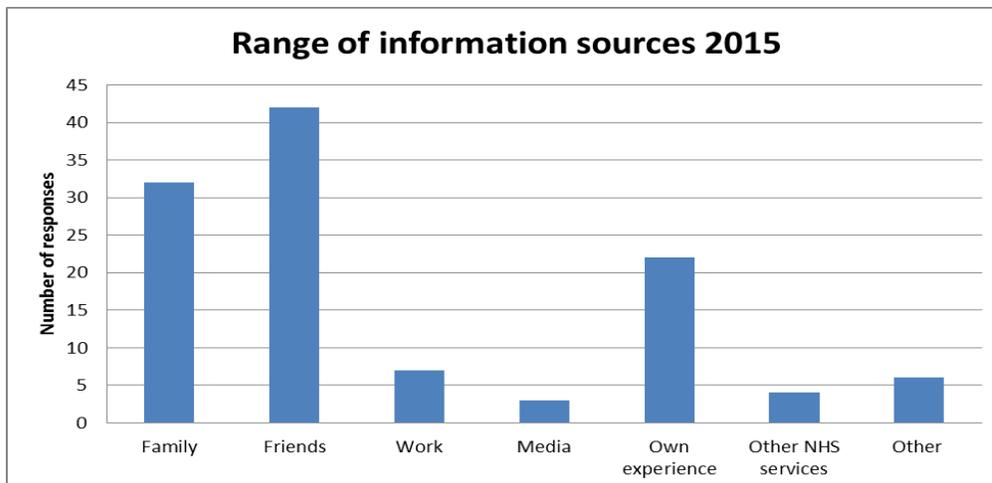
Section One:

GP Services (doctors, practice nurses, baby clinics, physiotherapy, well man and woman clinics, travel clinics, chiropody, occupational therapy)

Nearly all participants, 104 of 118 (88%) stated that they had used GP services. 8 participants (7%) stated that they had not used GP services. 6 respondents (5%) did not answer this question.

a) How did you find out about GP services?

Many participants cited more than one information source; therefore the number of responses is higher than the number of respondents. As shown in the table below, most participants got their information from informal sources such as friends and family. These results are very similar to the 2013 results. However, in 2013 the number of participants getting their information from friends and family was almost equal, whereas in 2015 most participants got their information from friends.



b) Was it easy to obtain information about GP services?

87 participants (74%) felt that it was easy to obtain information about GP services, 13 participants (11%) stated it was not easy. One participant selected both yes and no answers. Other participants did not answer the question. Similarly in 2013, most of the participants (47) felt that it was easy to obtain information about GP services with 9 participants stating it was not easy.

c) How easy was it to access GP services?

59% of participants found it easy or very easy to access GP services, which compares to just over 60% of participants who had found it easy or very easy to access GP services in 2013. 16 participants (15%) found it difficult or very difficult to access GP services, which compares similarly to 2013 when 17% found it difficult to access GP services. The results are shown in the table below.

Very Difficult	1	2	3	4	5	Very Easy
Count	4	12	27	36	25	

d) What would make the service(s) better for you?

As in previous years, the most prevalent suggestion was for shorter waiting times and improving information to aid communication. Other suggestions were also similar to those from 2013, which included opening surgeries for a longer time. Another suggestion was concerned with language services. Some of the comments were:

“Appointment system-it takes a long time to get a chosen GP that you are familiar with. Improved from before with regards to referrals but time spent with GP is a rush.” (Asian, Female, 45-64).

“Translation service to get appointment” (Male, 45-64)

“We have to make an appointment on the day instead of in advance, which doesn't suit us” (Pakistani, Male, 16-24)

e) Can you offer any personal experiences of using GP services?

Personal experiences shared by participants included the following comments:

“Because I don't speak English, if I need an urgent appointment they are not able to provide” (African, Female, 25-44).

“I had 3 visits this year and I am satisfied with service. Even personnel on desk has been kind and supportive. I also appreciated the sms notice service” (Male, 25-44).

“Asked to speak with the GP in order to try to get an appointment in different date, he answered me that to get an appointment wasn't like a shop” (Spanish, Male, 45-64).

f) Were you offered the support of Language Line or face-to-face interpreters when accessing a GP?

Of those who answered the question, 55 participants (56%) were not offered Language Line or face-to-face interpreting services. However, one participant stated that they did not require language support. 43 (44%) were offered language support. The number of participants who were offered language support decreased from 2013, when more participants had been offered interpreting services compared to those who had not. These results are illustrated in the graphic below.



g) Was there adequate information about GPs in English or your own language?

102 respondents answered this question. 64 of those (63%) stated that there was enough information about GPs, while 38 (37%) said there was not. In 2013, 44 participants said that there was enough information about GPs, while 17 said there was not.

h) If you attended one of these events before, have you noticed any improvements to GP services?

64 participants answered this question. 14 (22%) had noticed improvements to GP services while 49 (77%) had noticed no improvements, while one person was not sure.

Quantitative Summary Results

Overall how would you rate your satisfaction with GP services? (1 being least satisfied and 7 being most satisfied.)

The quantitative feedback is broadly comparable to the 2013 results, with high numbers of participants scoring the service above the median (4). 23 out of 98 participants (23%) gave scores of either 1, 2 or 3. 18 participants (18%) scored the services 4 (median). 57 participants (58%) scored above 4, reflecting a generally high satisfaction with GP services. The results are shown in the table below.

Scale	1	2	3	4	5	6	7
Count	2	7	14	18	28	19	10

Results of the 2013 Quantitative summary:

Scale	1	2	3	4	5	6	7
Count	1	5	7	15	14	14	4

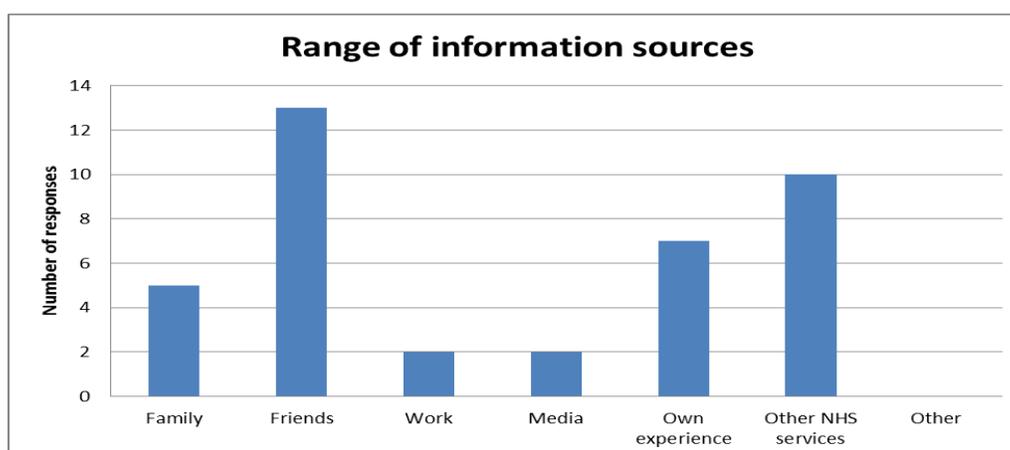
Section Two

Community Services (e.g. health visitors, district nurses, community midwives, community nurses)

Over a quarter of participants, 34 of 118 (29%) stated that they had used Community Services. 82 participants (69%) stated that they had not used Community Services. 2 respondents (2%) did not answer this question.

a) How did you find out about community services (e.g. health visitors, district nurses, community midwives, community nurses)?

Many participants cited more than one information source; therefore the number of responses is higher than the number of respondents. As in 2013 most of the 2015 participants in Aberdeen found out about Community Services from friends or from other NHS services. In 2013 significantly fewer participants indicated that another NHS service had been their source of information. Other sources of information about Community Services included own experience, family, work and media.



b) Was it easy to obtain information about community services (e.g. health visitors, district nurses, community midwives, community nurses)?

22 participants (19%) stated that it was easy to obtain information about community services. 12 respondents (10%) felt it was not easy. These results are less favourable than in 2013, when 22 participants (30%) stated that it was easy to obtain information about community services and 8 respondents (11%) felt it was not easy.

c) How easy was it to access community services (e.g. health visitors, district nurses, community midwives, community nurses)?

Of those who responded to the question, 24 participants (69%) felt it was easy or very easy to access community services, while 6 participants (17%) felt it was difficult or very difficult. The table below illustrates the detailed findings. The number of respondents who felt it was easy or very easy to access these services increased from 2013, when 57% of participants felt this was the case, and 18% of participants felt it difficult or very difficult to access services.

Very Difficult	1	2	3	4	5	Very Easy
Count	2	4	5	15	9	

d) What would make the service(s) better for you?

As in previous years, there were a few common themes expounded by participants such as a general satisfaction with services and a need for more information.

Comments included:

“Everything is perfectly fine” (Polish, Female, 25-44).

“More information disseminated. More contact with groups. Speak and explain how we access these services.” (African, Female, 45-64).

e) Can you offer any personal experiences of using community services (e.g. health visitors, district nurses, community midwives, community nurses)?

Only 10 participants provided personal experiences, some of these included:

“That was an excellent experience for myself because I had the community service staff at home.” (Spanish, female, 25-44).

“I have diabetes. Diabetic nurse service is good to excellent” (Romanian, Male, 45-64).

“Health Visitors-good experience. Nursing-very helpful. Community Nurse-didn't really get to use due to circumstances-slow progress.” (Asian, female, 45-64).

f) Were you offered the support of Language Line or face-to-face interpreters when accessing community services (e.g. health visitors, district nurses, community midwives, community nurses)?

Of those who answered the question, 20 participants (61%) were not offered Language Line or face-to-face interpreting services. 13 participants (39%) were offered language support. The number of participants who were offered language support decreased from 2013, when more participants were offered language support than were not. These results are illustrated by the graphs bellow.



g) Was there adequate information about community services (e.g. health visitors, district nurses, community midwives, community nurses) in English or your own language?

Of those who answered that question, 24 participants (73%) felt that information about community services was adequate, whereas 9 participants (27%) felt it was inadequate. These results are similar to 2013 when 72% of participants felt that information about community services was adequate, whereas 28% felt it was inadequate.

h) If you attended one of these events previously, have you noticed any improvements to community services?

Of those participants who answered that question, 4 respondents (20%) had noticed positive change, while 16 (80%) had noticed no change.

Quantitative Summary

Overall how would you rate your satisfaction with community services? (1 being least satisfied and 7 being most satisfied.)

The quantitative feedback provided by those who answered this question is similar to the 2013 results, with high numbers of participants scoring the service above the median (4). 4 participants (15%) gave scores of either 1, 2 or 3. 4 participants (15%) scored the services 4 (median). 18 participants (69%) scored above 4, reflecting a fairly high satisfaction with community services. There is a slight increase in the satisfaction in community services from 2013, when 12% scored below the median, 24% scored the median and 64% scored above the median. The results are shown in the table below.

Scale	1	2	3	4	5	6	7
Count	1	3	1	4	7	5	6

Results of the 2013 Quantitative summary:

Scale	1	2	3	4	5	6	7
Count	0	1	2	6	5	4	7

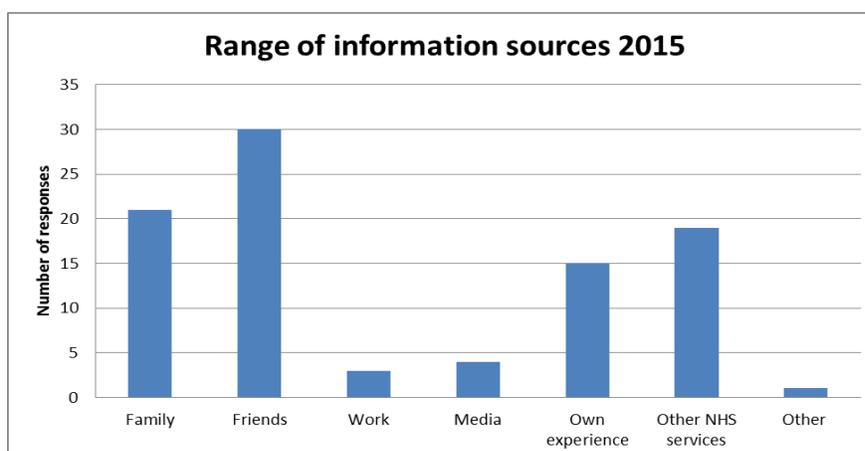
Section Three Dental Services

Most participants, 80 of 118 (68%), stated that they had used dental services. 37 participants (31%) stated that they had not used dental services. 1 respondent (1%) did not answer this question.

a) How did you find out about dental services?

Many participants cited more than one information source; therefore the number of responses is higher than the number of respondents. As in 2013 most of the 2015 participants in Aberdeen found out about dental services from friends or family. Other popular sources of information included other NHS services and own experience.

However in 2013 significantly fewer participants indicated that another NHS service and “own experience” had been their source of information. The least accessed sources of information were media, work and other sources. The graph below illustrates these results.



b) Was it easy to obtain information about dental services?

64 of 77 participants who responded felt it was easy to obtain information about dental services, while 13 participants found it difficult. One person selected both yes and no, saying that it is “quite hard to understand what is covered by NHS, and what is needed to be paid in private”. Another person suggested that it is easy to access those services “if you know where to go”. In 2013, 35 of 40 participants who responded felt it was easy to obtain information about dental services, while 5 participants found it difficult.

c) How easy was it to access dental services?

Of those who responded to that question, 49 participants (64%) felt it was easy or very easy to access dental services; 9 participants (12%) felt it was difficult or very difficult. The table below illustrates the detailed findings. In 2013 more people found it easy to access these services (73%), while a similar proportion of people found it difficult to access them (11%).

Very Difficult	1	2	3	4	5	Very Easy
Count	4	5	18	19	30	

d) What would make the service(s) better for you?

Comments included:

“From my experience, dental service was satisfactory. I don’t see a room for improvement” (Arab, male, 25-44)

“I think service was perfect :)” (Russian, male, 16-24)

e) Can you offer any personal experiences of using dental services?

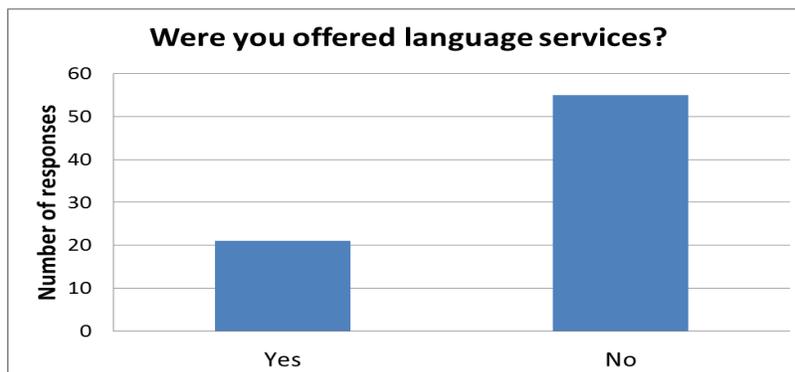
Some of the experiences described included the following:

“The emergency dentist I was assigned to did not do a very good job” (Romanian, female, 16-24)

“Missed an appointment, got charged £30. Quite unfair” (European, Male, 25-44)

f) Were you offered the support of Language Line or face-to-face interpreters when accessing Dental Services?

Of those who answered that question, 55 participants (72%) were not offered Language Line or face-to-face interpreting services. 21 participants (28%) were offered language support. The number of participants who were offered language support decreased from 2013. These results are illustrated by the graph below.



g) Was there adequate information about dental services?

Of those who answered that question, 51 participants (68%) felt that information about dental services was adequate, whereas 24 participants (32%) felt this was not the case. This is an increase in the number of people who felt that information about the services was adequate from 2013, when 32% thought so and 38% felt information was inadequate.

h) If you attended one of these events previously, have you noticed any improvements to dental services?

Of those 51 participants who answered that question, 12 respondents (24%) had noticed positive change, while 39 (76%) had seen no change at all.

Comments made included:

“Better service” (British, male, 45-64)

“More Dental Practices around town and also closer to my neighbourhood” (female, 16-24)

“More information notices” (Scottish, female, 65-74)

Quantitative Summary Results

Overall how would you rate your satisfaction with dental services? (1 being least satisfied and 7 being most satisfied.)

The quantitative feedback provided by those who answered this question indicated that, similarly to 2013, most of the participants were satisfied with the services. 14 participants (21%) gave scores of either 1, 2 or 3. 13 participants (19%) scored the services 4 (median). 41 participants (60%) scored above 4. However, there was a slight decrease in the satisfaction rate with the services from 2013, when 11% scored below the median, 19% scored the median and 70% scored above the median. The results are shown in the table below.

Scale	1	2	3	4	5	6	7
Count	4	3	7	13	11	11	19

Results of the 2013 Quantitative summary:

Scale	1	2	3	4	5	6	7
Count	0	1	3	7	8	9	9

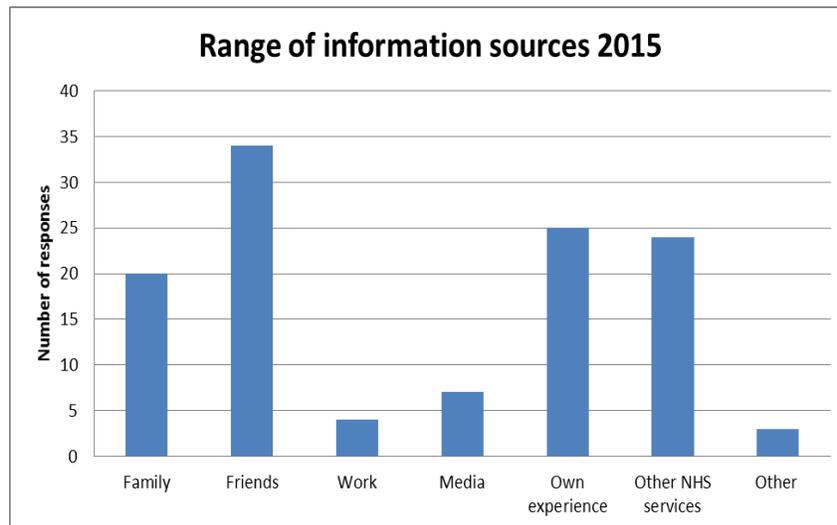
Section Four

Ophthalmic and Pharmacy Services

Nearly all participants, 95 of 118 (81%) stated that they had used ophthalmic and pharmacy services. 21 respondents (18%) stated that they had not used them and 2 participants (2%) did not answer this question. This is an increase of people using these services from 2013, when 65% of participants had used ophthalmic and pharmacy services.

a) How did you find out about ophthalmic and pharmacy services?

Many participants cited more than one information source; therefore the number of responses is higher than the number of respondents. As shown in the graph below, most participants got their information from informal sources such as friends and family. These results are very similar to the 2013 results. However, in 2013 more participants gained information from family than from friends, while in 2015 this was reversed. Other popular sources of information included participants' own experience and other NHS services. The least used were media and work colleagues.



b) Was it easy to obtain information about ophthalmic and pharmacy services?

79 participants (67%) felt it was easy to obtain information about ophthalmic and pharmacy services, while 11 (9%) did not. This is an improvement from 2013, while 60% felt it was easy to obtain information about these services and 5% did not.

c) How easy was it to access ophthalmic and pharmacy services?

Of those who responded to that question, 76 participants (81%) felt it was easy or very easy to access ophthalmic and pharmacy services; while 7 participants (7%) felt it was difficult or very difficult. One participant said that it is “easy to access these services, if you know how to”. The table below illustrates the detailed findings. There is a decrease of participants stating that it is difficult or very difficult to access these services from 2013, when 14% said this was the case, and 82% stated it was easy or very easy to access

these services.

Very Difficult	1	2	3	4	5	Very Easy
Count	4	3	11	22	54	

d) What would make the service(s) better for you?

Comments included:

“I am satisfied with service provided” (Russia, Female, 25-44)

“I really like when these kind of organisations send reminders to my house to check my vision” (Lithuanian, Female, 16-24).

“It was very good, no need for improvement” (Romanian, Female, 16-24).

e) Can you offer any personal experiences of using ophthalmic and pharmacy services?

Participants shared the following experiences, the majority of which are positive:

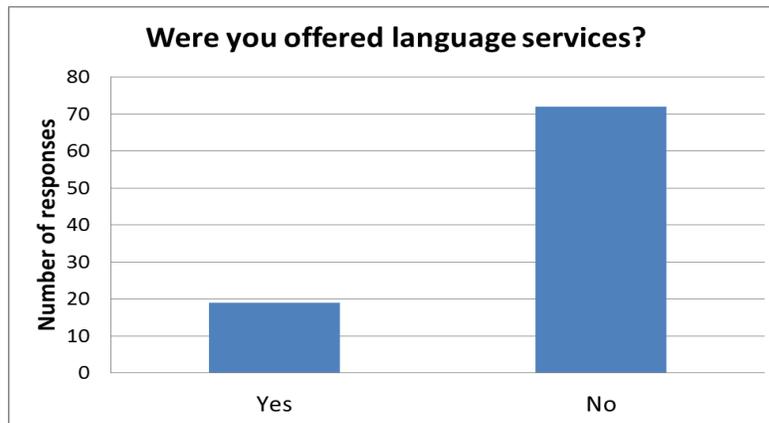
“Everything was straightforward: made a phone call, arranged an appointment, visited doctor, staff helped to choose right glasses” (Female, 16-24)

“I found the staff very helpful and friendly. However, I had to wait almost a fully month for an appointment. I guess I felt a bit disappointed in the organisational skills of the staff” (Romanian, Female, 16-24)

“I just went to collect some antibiotic provided under prescription, the pharmacy staff was kind and efficient. I found it very useful to have a seat during my waiting time.” (Male, 25-44).

f) Were you offered the support of Language Line or face-to-face interpreters when accessing ophthalmic and pharmacy services?

Of those who answered that question, 72 participants (79%) were not offered Language Line or face-to-face interpreting services. However, one of them stated “I don’t need one”. 19 participants (21%) were offered language support. The number of participants who were offered language support decreased from 2013, when 30% stated that they were offered and 70% were not offered. These results are shown in the graph below.



g) Was there adequate information about ophthalmic and pharmacy services?

Of those who answered that question, 60 participants (65%) felt that information about ophthalmic and pharmacy services was adequate, whereas 33 participants (35%) felt it was inadequate. These results are similar to 2013, when 69% of participants felt that information about ophthalmic and pharmacy services was adequate, whereas 31% felt it was inadequate.

h) If you attended one of these events previously, have you noticed any improvements to ophthalmic and pharmacy services?

Of those 60 participants who answered that question, 13 respondents (22%) had noticed positive change, while 47 (78%) had not noticed any change. Of those that felt there had been improvements the following comments were made:

“I am able to obtain my medicine in tablet form again” (White-Scottish, Female, 65-74).

“Easy access” (Latvian, male, 16-24)

Quantitative Summary Results

Overall how would you rate your satisfaction with ophthalmic and pharmacy services? (1 being least satisfied and 7 being most satisfied.)

The quantitative feedback provided by those who answered this question is similar to the 2013 results, with high numbers of participants scoring the service above the median (4). 5 participants (6%) gave scores of either 1, 2 or 3. 10 participants (12%) scored the services 4 (median). 70 participants (82%) scored above 4, reflecting a fairly high satisfaction with these services. There is a slight decrease in the dissatisfaction with these services from 2013, when 12% scored below the median, 5% scored the median and 83% scored above the median. The results are shown in the table below.

Scale	1	2	3	4	5	6	7
Count	0	1	4	10	15	21	34

Results of the 2013 Quantitative summary:

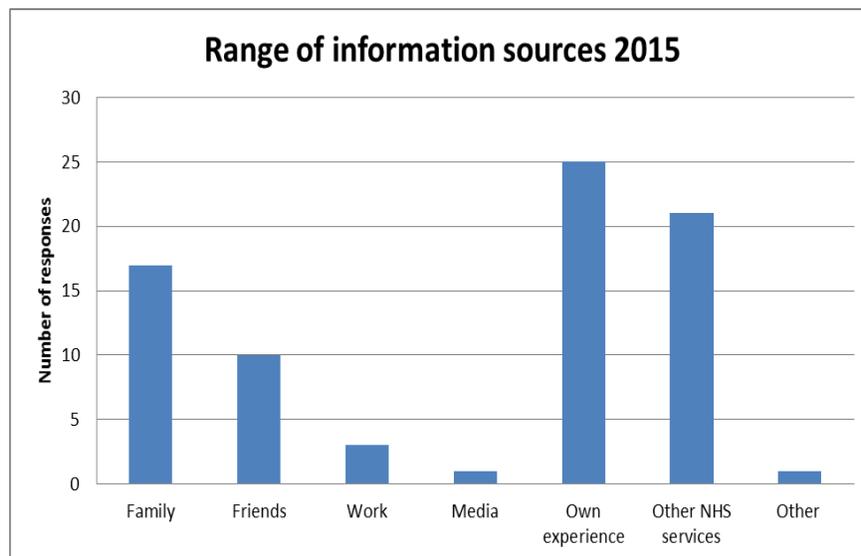
Scale	1	2	3	4	5	6	7
Count	2	1	2	2	8	15	12

Section Five Hospital Services

More than half of participants, 67 of 118 (57%) stated that they had used hospital services. 48 participants (41%) stated that they had not used hospital services. Three participants (3%) did not answer this question. There was an increase in the number of participants who had used hospital services from 2013, when 52% of participants had used them.

a) How did you find out about hospital services?

Many participants cited more than one information source; therefore the number of responses is higher than the number of respondents. As shown in the graph below, most participants got their information from their own experience and other NHS services. Other popular sources of information about these services were family and friends. The least popular were work and media. In 2013, the most cited sources of information were other NHS services, followed by family and friends.



b) Was it easy to obtain information about hospital services?

Of 57 participants who responded to this question, 44 respondents (77%) found it easy to obtain information about these services, while 13 (23%) did not. The number of participants who found it easy to obtain information about hospital services slightly increased from 2013, when 74% found it easy, while 26% found it difficult.

c) How easy was it to access hospital services?

Of those who responded to this question, 42 participants (65%) felt it was easy or very easy to access hospital services, while 14 participants (22%) felt it was difficult or very difficult. The table below illustrates the detailed findings. There was an increase in the number of participants who found it easy or very easy to access these services from 2013, when 45% of respondents felt this was the case, and 24% felt it was difficult or very difficult.

Very Difficult	1	2	3	4	5	Very Easy
Count	6	8	9	20	22	

d) What would make the service(s) better for you?

Amongst other feedback the following comments were made:

“Again shorter waiting times for emergencies” (European, Male, 25-44)

“Hospital service has to be referred by GP and you have to go to GP many times before being referred.” (Asian, Female, 45-64).

e) Can you offer any personal experiences of using hospital services?

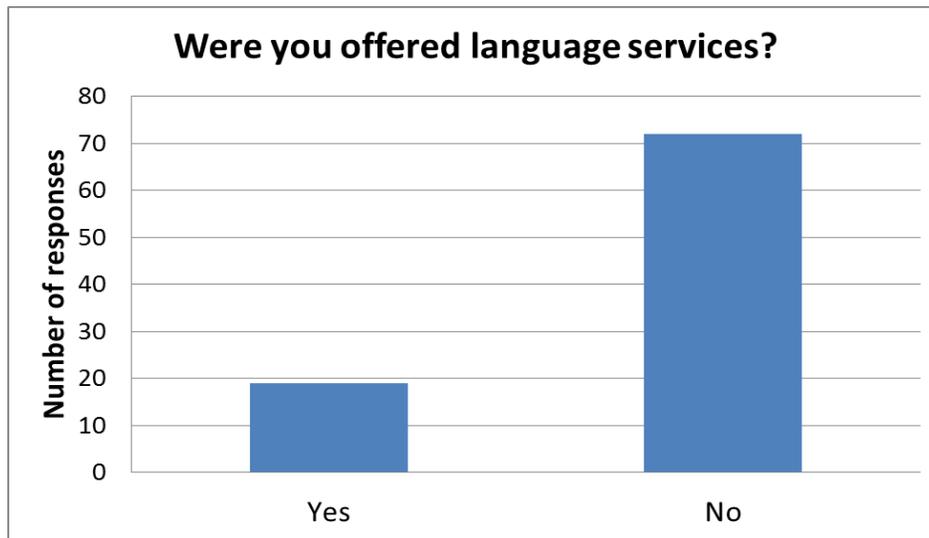
Feedback included the following comments:

“Despite not figuring out what was wrong, I was treated very well while in hospital” (Romanian, Female, 16-24)

“Had a surgery, got infected. It dragged on for 1 year long. Difficult to get appointment, slow services, long waiting time for getting medications. Disappointed outcome for a minor operation..” (Chinese, Female, 45-64).

f) Were you offered the support of Language Line or face-to-face interpreters when accessing hospital services?

Of those who answered the question, 43 participants (67%) were not offered Language Line or face-to-face interpreting services. 21 participants (33%) were offered language support. These results are illustrated by the graph below. There was a decrease in the number of participants stating that they were offered language support from 2013, when slightly more participants were offered interpreting services (51%) than those who were not (49%).



g) Was there adequate information about hospital services?

Of those who answered that question, 35 participants (55%) felt that information about hospital services was adequate, whereas 29 participants (45%) felt it was inadequate. These results are similar to 2013, when 56% of participants felt that information about hospital services was adequate, while 44% felt it was inadequate.

h) If you attended one of these events previously, have you noticed any improvements to hospital services?

Of those 38 participants who answered the question, 4 respondents (11%) had noticed positive change, while 34 (89%) had noticed no change.

Quantitative Summary Results

Overall how would you rate your satisfaction with hospital services? (1 being least satisfied and 7 being most satisfied.)

The quantitative feedback provided by those who answered this question is similar to the 2013 results, with high numbers of participants scoring the service above the median (4). 9 participants (16%) gave scores of either 1, 2 or 3. 13 participants (23%) scored the services 4 (median). 35 participants (61%) scored above 4, reflecting a fairly high satisfaction with these services. There is a slight decrease in the satisfaction with hospital services from 2013, when 13% scored below the median, 22% scored the median and 66% scored above the median. The results are shown in the table below.

Scale	1	2	3	4	5	6	7
Count	3	5	1	13	9	16	10

Results of the 2013 Quantitative summary:

Scale	1	2	3	4	5	6	7
Count	2	1	1	7	9	4	8

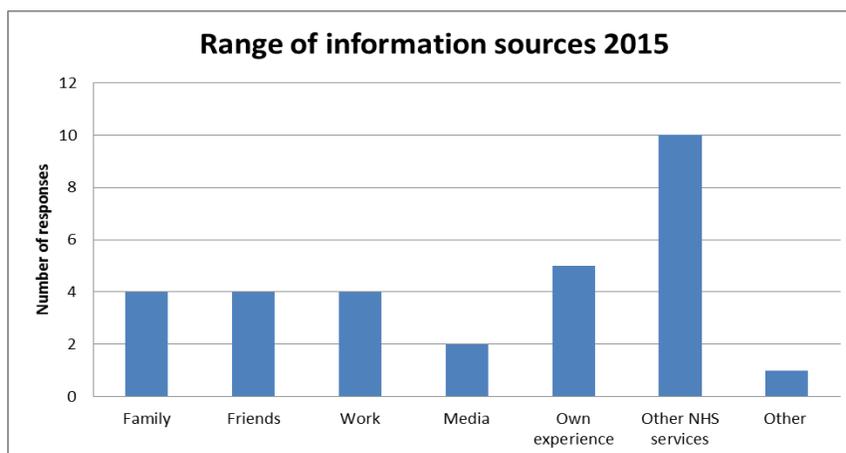
Section Six

Contraception and Sexual Health

Less than a quarter of participants, 24 of 118 (20%), stated that they had used contraception and sexual health (CSH) services. 90 respondents (76%) stated that they had not used CSH services. 4 participants (3%) did not answer this question. The number of participants stating that they had used CSH services declined from 2013, when 64% had used these services.

a) How did you find out about contraception and sexual health services?

Many participants cited more than one information source; therefore the number of responses is higher than the number of respondents. As shown in the graph below, most participants got their information from other NHS services. Other popular sources of information about these services were own experience, family, friends and work. In 2013, the most cited sources of information were other NHS services, followed by friends and family.



b) Was it easy to obtain information about contraception and sexual health services?

Of those who answered this question, 18 participants (58%) felt it was easy to obtain information on these services, while 13 (42%) did not. There was a decrease in the number of participants stating that it was easy to obtain information about these services from 2013, when 80% of participants said this was the case, while 20% felt it was not easy.

c) How easy was it to access contraception and sexual health services?

Of those who answered this question, 18 participants (69%) felt it was easy or very easy to access CSH services, while 6 participants (23%) felt it was difficult or very difficult. These results are presented in the table below. This is similar to 2013, when slightly more participants (74%) felt it was easy or very easy to access these services, while slightly less participants felt it was difficult or very difficult to access these services.

Very Difficult	1	2	3	4	5	Very Easy
Count	5	1	2	7	11	

d) What would make the service(s) better for you?

Comments included:

“I would appreciate more consultation instead of simply prescribing any contraceptive I requested (prevention of side effects)”, (Female, 16-24)

“Satisfied with the service provided” (European/Russian, Male, 25-44).

e) Can you offer any personal experiences of using contraception and sexual health services?

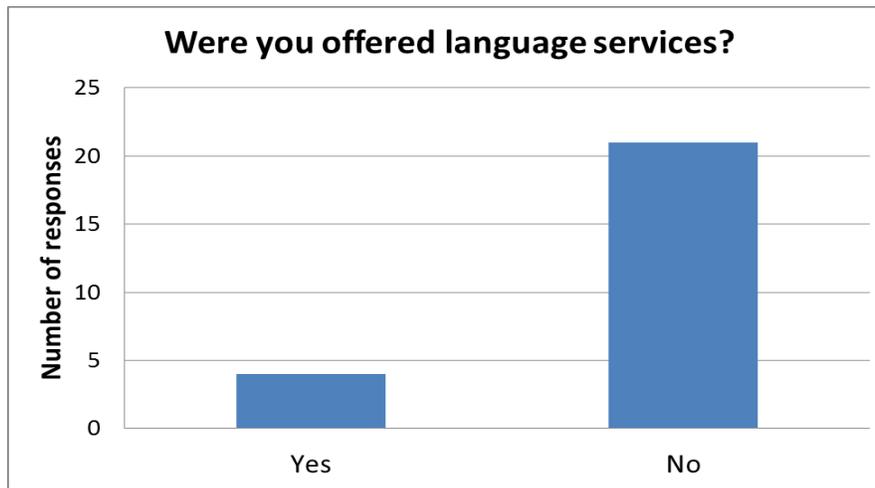
Comments included:

“I had brochure which has been sent to my house, which provided lots of information, advised why to go and check my sexual health” (Lithuanian, Female, 16-24).

“I was treated with respect and confidentiality and the results were fast and accurate” (Russian, Female, 16-24).

f) Were you offered the support of Language Line or face-to-face interpreters when accessing contraception and sexual health services?

Of those who answered that question, 21 participants (84%) were not offered Language Line or face-to-face interpreting services. 4 participants (16%) were offered language support. These results are presented in the graph below. The number of participants who were offered language support decreased from 2013, when 39% stated that they were offered and 31% were not offered.



g) Was there adequate information about contraception and sexual health services?

Of those who answered the question, 17 participants (68%) felt that information about CSH services was adequate, whereas 8 participants (32%) felt it was inadequate. There was an increase in the number of participants feeling that information about CSH services was adequate compared to 2013, when 60% felt this was the case and 40% felt it was inadequate. However, one participant felt that there was enough information in English only.

h) If you attended these focus groups previously, have you noticed any improvements in contraception and sexual health service?

Of the 23 participants who answered this question, 5 respondents (29%) had noticed positive change, while 12 (71%) had seen no change at all. One participant provided the following comment: “more leaflets and more visible contact point at my local GP” (European, male, 25-44).

Quantitative Summary Results

Overall how would you rate your satisfaction with contraception and sexual health services? (1 being least satisfied and 7 being most satisfied.)

The quantitative feedback provided by those who answered this question is similar to the 2013 results, with high numbers of participants scoring the service above the median (4). 4 participants (24%) gave scores of either 1, 2 or 3. 1 participant (6%) scored the services 4 (the median). 12 participants (71%) scored above 4, reflecting a fairly high satisfaction with CSH services. There is a slight increase in the dissatisfaction with CSH services from 2013, when 12% scored below the median, 18% scored the median and 71% scored above the median. The results are shown in the table below. Results from previous years indicate a consistently high level of satisfaction with these services.

Scale	1	2	3	4	5	6	7
Count	2	1	1	1	3	8	1

Results of the 2013 Quantitative summary:

Scale	1	2	3	4	5	6	7
Count	1	1	0	3	2	5	5

Results of the 2012 Quantitative summary:

Scale	1	2	3	4	5	6	7
Count	0	0	0	2	2	3	8

5. Information from the Group and General Discussions

Participants were asked if they would like to go into any more detail regarding the information they had provided in their questionnaire or if there was anything that they wanted to say that they felt didn't fit in to the questionnaire. Group facilitators also had a list of questions/themes with which to stimulate further discussion.

Section 1 - GP services

Issues common to all events

Having to wait to get a GP appointment was said to be a problem by some participants. Painkillers were also said to be used for "everything" and some felt there was a lack of further investigation of the causes of various symptoms. Problems with a lack of interpreting and translated materials were also often cited.

Fraserburgh

Most people were registered with a GP. Participants from the Polish group said it was easy to register with a GP. Many participants experienced problems with making appointments and having to wait for too long to get one. Some participants from the Lithuanian group said that GPs do not refer people to hospitals/specialists when needed. Some participants also experienced a lack of availability of interpreters (see translation section below). Some participants stated that they prefer to see practice nurses because they are very competent and sometimes even better than the GP, and have more time.

Aberdeen

Generally, most participants were registered with a GP and most found the registration process easy. Experiences related to GPs were mixed. Negative experiences mainly related to difficulty getting appointments and the perceived short duration of appointments. The English speaking group members felt that GP's were slow to make hospital referrals. . Lithuanian participants suggested routine appointments being available at the weekends, while participants from the Romanian group said they would like an annual routine health check to be available. On a positive note, participants from the mixed nationality group noticed that it has become easier to register with a GP.

Section 2 – Dental Services

Issues common to all the events

Common problems described included an uncertainty about the cost of dental services and what was NHS or private? There was also concern expressed about the quality of some dental care.

Fraserburgh

Most participants were registered with a dentist. Some were confused about the cost of different dental services. Others were sceptical about the quality of dental treatment in Scotland.

Aberdeen

Most participants were registered with a dentist. Some factors discouraging people from using dentists were poor quality of services and high prices. On a more positive note, participants from the Mandarin/ Cantonese group said that interpreters are offered at dentists and that they are happy with the text messages sent by dentists to remind them about appointments. Further positive comments made by participants included that more dentists are available and that they are more competent.

Section 3 – Hospital services

Issues common to all events

Participants described being happy with treatment received in hospitals.

Fraserburgh

The Lithuanian group was very satisfied with maternity services. Some people stated that they had experienced delays in being diagnosed because doctors were not available in the local hospital. Participants were unsure if the NHS provides transport from hospital to home.

Aberdeen

Participants offered mixed accounts of hospital services. Some participants were satisfied with hospital services stating that they received clear information, were treated well and their surgery had been successful. Negative comments included long waiting lists, not receiving interpreting services and rude behaviour of staff.

Section 4 – Availability of information

Issues common to all events

There were mixed awareness levels with regard to NHS services.

Fraserburgh

Some groups, mentioned being unsure about the links between GPs and hospital specialists. One participant was confused about where to go when experiencing eye problems. Furthermore, many participants were unaware of which dental services are free. There were mixed levels of awareness of the help available to stop smoking and drinking.

Aberdeen

In most cases people felt well informed about the different services offered by the NHS. Information on the NHS was obtained by many participants through friends and family. The Mandarin/ Cantonese group felt that the online resources are good, though they felt it did not help the older generation who may struggle to use the internet. In general, there were some problems on how to access and register with dentists (as mentioned in the Dentist section above).

The Russian/ Latvian group did not know who to contact to get a sick note and where to access a Psychiatrist. Participants suggested that more information and leaflets on NHS services should be made available. Many participants, but not all, were aware of the support services available to stop smoking, reducing alcohol consumption and Contraception & Sexual Health services.

Section 5 – Alcohol and Smoking

Issues common to all events

Some groups, mainly from Eastern European, felt that drinking and smoking were problems in their communities.

Fraserburgh

Many participants said that smoking and drinking were problems within their communities. Participants believed that one of the contributing factors towards these problems was boredom with little to do in Fraserburgh. The Lithuanian/Russian group suggested creating posters and providing online information about help available in their languages.

Aberdeen

The Russian/Latvian, Romanian, English, Arabic and Lithuanian groups felt smoking and drinking were problems within their communities. Some groups, for example the Urdu group, said smoking and alcohol were not problems in their community.

Section 6 – Employment

Issues common to all events

Issues differed depending on whether people had positive or negative experiences in the work place. Health and safety was extremely variable in different work places.

Fraserburgh

A few people reported health and safety related problems at work. The Polish group highlighted that unhealthy work environments (too hot/ too cold) in fish factories led to

health problems. A lack of training had resulted in cuts and injured wrists. Another health hazard present in participants' workplaces was usage of chemicals which led to development of allergies. Some participants were concerned about how much pregnant women have to lift in workplaces. However, some participants stated that their employers met health and safety standards.

Aberdeen

The opinions about health and safety at work were mixed. The English speaking group was generally satisfied with their work conditions and stated that employers are a bit too careful. A positive account was also provided by the Romanian group which stated that many companies provide periodic checks to ensure their employees' health and safety. The Arabic speaking group also had positive experience: one of the participants said that their employer sent them to a specialist when they had back problems. On the other hand, the Russian/ Latvian group felt that cleaners are not protected enough and do not receive enough training. According to them employers do not care about workers' health and safety.

Section 7 – Equality Issues

Issues common to all events

Participants stated that they had not experienced any discrimination from NHS Grampian staff. Some felt GP reception staff were rude and unhelpful.

Aberdeen

Some participants suggested that there needed to be more tolerance within the NHS and a higher level of understanding of ethnic minorities.

Section 8 – Interpreting and Translation

Issues common to all events

Language support was not always offered when required. Additionally, some participants were unaware of the availability of translated NHS documents. Furthermore, some GPs would use 'internet translation' during appointments.

Fraserburgh

There was mixed awareness of the various types of interpreting services available. Some participants said that they were not offered language line. According to some participants, this was a problem in Fraserburgh but not in Aberdeen. It was also pointed out that doctors used online translators during appointments.

Participants suggested that more information about NHS services should be available in languages such as Russian. Some participants were aware that there are translated NHS documents available, while others were not. The Lithuanian group was very satisfied

with the translated information about NHS services.

Aberdeen

About half of the participants were aware of Language Line. Among those who knew about the service experiences were mixed. The Russian/Latvian group was satisfied and stated that they had few problems with the service. Others had negative experiences. The Cantonese/Mandarin group stated that although they know English, they struggle with medical terms. Some of them found it difficult to understand and communicate using Language Line. Participants from the Spanish group and a group consisting of Polish, Slovakian and German speakers said that they were not asked if they required interpretation.

In terms of awareness about the existence of translated NHS documents, approximately half of participants knew these exist but very few had seen them. There was generally a lack of awareness of translated documents being available online. The Cantonese/Mandarin and Urdu groups would like more documents to be translated into their own language.

Section 9 – Other issues topics participants wished to raise

Ophthalmic and Pharmacy Services

Overall participants in Aberdeen and Fraserburgh were very satisfied with ophthalmic and Pharmacy services, stating that these services are:

- very good
- very easy to access
- pharmacy staff are very helpful and very approachable. Some even said that they preferred to use pharmacies rather than GP services because they did not have to wait in long queues or book an appointment.

Contraception and Sexual Health (CSH) services

Many participants were unaware of the CSH services and suggested that more information about these services is needed. Participants were satisfied with the availability of condoms in clinics.

Drug Abuse

With regards to drug abuse in Aberdeen the English speaking group, Romanian and Arabic speaking groups felt that drug abuse was a problem within their communities. Some groups, for example the Russian/ Latvian and Lithuanian groups said that drug abuse was not a problem in their community.

6. Follow up work to be carried out by NHS Grampian

As in previous years, this Report will be widely distributed within NHS Grampian to the appropriate managers and departments so that follow up action required can be taken. It will also be used to inform future work patterns and initiatives. It will also be distributed to the relevant GP Practices and the new Health and Social Care Partnerships.

Since 2005 NHS Grampian has been putting substantial work and resources into meeting the health care needs of recently-arrived migrant workers and their families and the more established local ethnic communities. Each year, the consultation events have highlighted areas where good progress has been made. However, the consultation events also highlighted areas where further work is required. In response to the 2015 events, the undernoted work is already underway:

(i) Interpreting and Translation Services

While much good progress has been made over the last 10 years, the continued steady influx of non-English speaking people settling in Grampian means that more work is required.

NHS Grampian will:

- Monitor “Language Line” usage by health care services in locations where it is known there is a large non-English speaking population and follow up any perceived under utilisation.
- Increase the number of “Language Line” telephone access points from **900** to over **950**.
- Continue the roll out of additional “Language Line” Access Kits to dental, pharmacy and ophthalmic services in North Aberdeenshire.
- Monitor the uptake of “face to face” interpretation services.
- Increase the volume of translated material available on line.
- Increase and the availability of translated material in hard copy and make it available in more locations. The topic areas highlighted in the 2015 involvement and consultation events will be given priority.
- Continue to meet all requests for the translation of personal health care information.

(ii) Staff training

- Provide equality and diversity awareness training for 1,200 staff in 2016/17.

(iii) Other work

- Continue the campaign to promote GP registration.
- Continue to carry out targeted health improvement campaigns, in co-operation with public health and other bodies.
- Support the “Know Who To Turn To” campaign.

(iv) Dental services

Over the last six years, NHS Grampian has invested heavily to improve the availability of NHS dental services. The ambitious NHS Grampian Dental Strategy has resulted in:

- The opening of a new Dental School in Aberdeen. This is now generating 20 trained dentists each year.
- In addition to the graduates, from the Dental School, NHS Grampian is also recruiting 20 trained dentists per annum from outwith Grampian.
- Targeted campaigns to improve the dental health of children

This work is having a clear and beneficial effect. In 2010 the lack of NHS dentists was the topic which generated the most discussion and the most criticism at all of the involvement events. The feedback from the 2015 events in Aberdeen show that there has been a very substantial improvement in the availability of NHS dental services, together with a corresponding increase in patient satisfaction.

While some clear improvement can be seen in the results of the 2015 Fraserburgh events. The beneficial effect of the NHS Grampian Dental Strategy is taking more time to have the desired impact in the Fraserburgh area. This issue will be referred to NHS Dental Managers for consideration

7. Factors which may influence the perceptions of participants

(i) Disability as an influencing factor (Possible score between 1-7)

Based on the quantitative summary question from each section (“Overall how would you rate your satisfaction with [these] services?”) the feedback of participants who self-identified as having a disability (13) was compared with those who did not self-identify as having a disability (169). Participants in Aberdeen and Fraserburgh were considered as a whole.

2015		
Service	Average score of participants identifying as having a disability	Average score of participants not identifying as having a disability
GP	4.6	4.2
Community	4.0	4.8
Dental	5.0	4.5
Ophthalmic & Pharmacy	6.0	5.8
Hospital	5.3	4.9
Contraception & Sexual Health	4.6	5.2
Average	4.9	4.9

The results for 2013 were:

2013		
Service	Average score of participants identifying as having a disability	Average score of participants not identifying as having a disability
GP	4.8	4.3
Community	4.0	4.9
Dental	5.2	4.7
Ophthalmic & Pharmacy	5.4	5.4
Hospital	4.3	5
Contraception & Sexual Health	5.5	5.4
Ambulance	5.5	5.3
Average	5.0	5.0

There was a slight decline in satisfaction rates in 2015. However, similarly to 2013, participants with and without disabilities had similarly relatively positive experiences with health care services (5 out of 7).

(ii) Long-term illness as an influencing factor

Similar to the disability analysis above, the table below shows the varying satisfaction level of participants broken down around the issue of long-term illness for both Aberdeen and Fraserburgh as a whole. 60 participants reported a long-term illness while 122 did not.

2015		
Service	Average score of participants identifying as having a long-term illness	Average score of participants not identifying as having a long-term illness
GP	4.1	4.3
Community	4.1	5.1
Dental	4.3	4.7
Ophthalmic & Pharmacy	5.7	5.9
Hospital	4.8	5.0
Contraception & Sexual Health	4.6	5.4
Average	4.6	5.1

The results for 2013 were:

2013		
Service	Average score of participants identifying as having a long-term illness	Average score of participants not identifying as having a long-term illness
GP	4.3	4.4
Community	5.2	4.7
Dental	5.0	4.6
Ophthalmic & Pharmacy	5.0	5.5
Hospital	4.8	5.0
Contraception & Sexual Health	5.2	5.5
Ambulance	5.6	5.0
Average	5.0	5.0

In 2015, participants with a long-term illness were on average, less satisfied with NHS services. Compared with 2013, the satisfaction rate of participants with long-term illnesses declined, while the satisfaction of those who did not identify themselves as having a long term-illness increased.

Profile of the participants at the 2015 Fraserburgh events

There were 64 participants in total. The preferred languages of participants were Polish, Russian, Lithuanian, Latvian, Portuguese and English.

Participants' Profiles (Fraserburgh)

Each questionnaire had a Participant Monitoring Form attached to it so that equality and diversity monitoring information could be collected. The form also sought other information such as employment status, and where participants lived (Aberdeen City or Aberdeenshire). Participants were also asked: how long they had lived in the UK and in the local area; what type of work they were involved in; whether or not they had a medical condition that required regular contact with the medical profession; and how they would rate their level of English language proficiency.

Gender Balance

46 participants (72%) were female and 18 (28%) were male. In 2013, 38 (70%) were female and 16 (30%) were male. Thus the gender balance in 2015 was similar to 2013. There is a need to attract more male participants to future events.

Gender	2015	2013
Female	46	38
Male	18	16

Age Group	2015	2013	2012
16 – 24	3	15	5
25 – 44	37	27	20
45 – 64	19	10	24
65-74	2	2	1
75+	2	0	0
Not recorded	1	1	1

Employment Status

The table below shows the employment status of the participants from 2012, 2013 and 2015. The majority of participants were employed. In 2013, a higher proportion of students took part in the event because one of the involvement and consultation events was held at Banff and Buchan College in Fraserburgh, targeting international students.

Employment Status	2015	2013	2012
Employed	40	20	38
Student/Employed	3	7	5
Self-employed	4	1	1
Student	4	21	0
Retired	4	2	1
Unemployed	3	1	2
House person	4	1	4
Employed/retired	1	0	0
Employed/house person	1	0	0

39 participants said their type of work was manual, 7 described themselves as professional, while no one stated it was non-manual only. Two participants selected all three, and 1 declared it being manual and professional.

Ethnicity and/or National Origin

Similarly to 2013 and 2012 the largest national group was Polish (31) followed by Russian (10) and Lithuanian (7).

Religion/Faith or Belief

The table is shown below:

Atheist	1
Catholic	30
Christian	15
Christian Baptist	2
Lutheran	2
Orthodox	9
Roman Catholic	1

Medical Conditions

41 out of 62 participants who answered this question stated that they did not have any medical condition that required regular contact with the medical profession, while 21 participants said that they did.

Where the participants lived

The majority of the participants' postcode was AB43 (56). Two participants stated that their postcode was AB42. One was from AB53, one from AB54, one from AB11 and four did not specify their postcode.

Length of residence in the UK

The most typical lengths of time for participants to have been resident in the UK were 8 years, or over 10 years.

Self-assessed level of English proficiency

3 participants (5%) rated their level of English as very limited, while 17 (27%) rated it as limited and 25 (39%) as average. 7 (11%) rated it as good and 11 (17%) as very good. This means 32% of participants rated their English below the average and 28% above the average.

Appendix II

Profile of the participants at the 2015 Aberdeen events

There were 118 participants in total, spread evenly across the three events. This is an increase of 63% compared with 73 participants in 2013. There were 83 participants in 2012, 81 participants in 2011 and 42 participants in 2010. Answers to 44 questionnaires required to be translated into English. The languages spoken during group discussions and used in questionnaires were:

- Arabic
- Bengali
- Latvian
- Lithuanian
- Mandarin and Cantonese
- Polish
- Portuguese
- Romanian
- Russian
- Spanish
- Urdu

Participants' Profiles

Each questionnaire had a Participant Monitoring Form attached to it so that equality and diversity monitoring information could be collected. The form also sought other information.

Gender Balance

75 (64%) of participants recorded that they were female and 39 (33%) recorded that they were male. In 2013, 51 participants (70%) were female and 21 (29%) were male, while in 2012, 58 (82%) were female and 12 (17%) were male. This shows a more gender balanced session than in 2013 and 2012, though there is still a need to attract more male participants.

Gender Balance		
Gender	2015	2013
Female	75	51
Male	39	21

Age Group Distribution

Almost all the participants who answered the question were of working age.

Age Group Distribution 2012-2015

Age Group	2015	2013	2012
16-24	24	8	9
25-44	54	35	38
45-64	37	26	16
65-74	1	1	3
75+	1	1	0

Employment Status

The table below shows that the majority of respondents at the Aberdeen events were employed, while many were students.

2015

Employment Status	Count
House Person	11
Employed	56
Unemployed	8
Student	27
Student/Employed	3
Retired	3
Student/Employed	5
Self-employed	7
student/ self-employed/ employed	1
Student/House Person	1
self-employed/ employed	1

The 2013 figures for comparison purposes were:

2013

Employment Status	Count
House Person	10
Employed	36
Unemployed	5
Student	10
Student/Employed	5
Retired	2
Student/Employed	5
Self-employed	9
Other	1

39 participants said their type of work was manual, 9 stated it was non-manual and 33 described it as professional.

Ethnicity and/or National Origin

The largest number of participants were from Poland (15), followed by Romanian (13) and Lithuanian (11). Seventeen participants described themselves as “white”. The smaller ethnic/nationality groups represented were Algerian, Indonesian, British, Bulgarian, German, Indonesian, Italian, Caucasian, Scottish, Taiwanese, Ukrainian, and Slovak.

Religion/Faith or Belief

The religion/faith make up of participants was:

2015	
Religion/Faith/Belief	Count
Agnostic	4
Atheist	2
Catholic	35
Christian	25
Greek Orthodox	1
Muslim	21
Marolaine	1
Russian Orthodox	10
Spiritual	1
Trust in God	1

Disability and Medical Conditions

7 respondents stated that they had medical conditions that required regular contact with the medical profession, while 110 stated that they did not. 27 participants said that they had a limiting long term condition.

Where the participants lived

Most participants lived in AB24 (44). This was followed by AB11 (15), AB16 (14) and AB25 (11). Others lived in AB10 (7), AB15 (6), AB23 (6), AB22 (5), AB21 (3), AB12 (1), and AB39 (1).

Length of Residence in the UK

In 2015, 1 in 6 participants declared that they stayed in the UK for more than 10 years. Other frequent responses were two, five and six years.

Self-Assessed Level of English Proficiency

36 participants (31%) rated their level of English as good and 31 participants (26%) rated it as very good. 18 participants (15%) rated their English as average. 14 participants (12%) rated their English as very limited and 19 participants (16%) rated it as limited. This means that over half of participants (57%) rated their English above average while 1 in 4 participants (28%) rated it below average.