

Ipsos MORI



Choice Review Survey

Summary Report

20 December 2012



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Background and Methodology

Background

Ipsos MORI was commissioned to conduct research to build on existing data to understand more about how users actually choose services and/or the reasons they decide not to exercise choice. The results of this survey will support the Independent Review of barriers to choice in publicly-funded services as part of the Open Public Services programme.

The survey was designed specifically to focus on four areas in which choice is offered: schools, GP surgeries, hospitals and social care services. Using specific examples, which relate to people's recent experiences, means we can build a more detailed understanding of the barriers that exist across public services and for specific services.

Methodology and technical information

The data in this report is based on 2,573 telephone interviews with English adults aged 18+. The interviews took place over three waves of an omnibus survey (29 November – 2 December, 7-9 December, 14-16 December 2012). Data have been weighted to match the profile of the population.

All respondents were asked a series of four screener questions to establish whether they had recent experience (in the last two years) of:

- Registering a child at a school
- Registering with a GP surgery
- Being a patient at a hospital (excluding A&E), or
- Being a user of or carer of someone that uses social care services.

If a respondent had experience of any of these services in the last two years they progressed through to the main part of the survey where they were asked more detailed questions about their attitudes towards and experiences of either choosing a school, GP surgery, hospital, or social care provider.

In order to reduce the burden on respondents, if a respondent had experience of more than one of the listed services, they were interviewed about one service only and this was chosen at random. However, by doing this, we achieved interviews with smaller proportions of users of some services and in particular, reduced the number of interviews with social care users to 7% while 31% of the sample answered questions about hospitals.

Therefore, for waves two and three, where respondents had experience of more than one service a prioritisation was introduced to increase the number of low incidence services being chosen. The table below shows what proportion of the sample had experience of each service and how many were selected to answer questions about each service. This meant that any use of a social care service was prioritised, while any use of an NHS hospital was deprioritised (if used along with another service).

| Chosen/changed service Total base: 2,573 | Entire sample | Filtered through (after weighting to wave 1 profile) |
|--|----------------------|---|
| Q1. Has a child of yours started at a new school in the last two years? “Yes” | 14% | 10% |
| Q2 Which of these support or care services, if any, have you <u>or a person you live with or care for</u> used in the last two years? Chosen at least one | 13% | 8% |
| Q3 Excluding visits to Accident & Emergency, have you been to hospital as a patient in the last two years? “Yes” | 37% | 30% |
| Q4. Have you registered with a new GP surgery in the past two years? “Yes” | 13% | 10% |

An extra weight was then applied for the wave two and three data to make sure the overall numbers asked about each service reflected the levels that fell out naturally at wave one.

Where the report mentions differences between those who have internet access and those who do not, this is based on data just from waves one and three of the research.

It should be remembered that a sample, and not the entire adult population of England, has been interviewed. In consequence, all results are subject to sampling tolerances, which means that not all differences are ‘statistically significant’; in other words the difference in the survey data may not be big enough for us to be confident that it reflects a real difference in the population as a whole, given the margin of error. A guide to statistical reliability is appended. Throughout the text, we have indicated differences in findings only where these differences are statistically significant.

Where percentages do not sum to 100, this is due to computer rounding, the exclusion of ‘don’t know’ categories, or multiple answers. Throughout the volume, an asterisk (*) denotes any value less than half a percent but greater than zero.

Summary of findings

Summary of findings

In principle, having a choice is seen as important by most people (81%), in particular for parents or guardians who had to choose a school in the last two years (94%). Overall, only one in ten (9%) disagree that choice is important. Inspection of open verbatim comments suggests some of those who do not believe choice is important simply want to be reassured that they have access to good quality local services.

The majority of service users (87%) are happy with the provider they ended up using - including 8 in 10 (80%) of those who say they did not have a choice of service at all. This is in line with previous research that shows high levels of satisfaction with public services such as schools, GPs and hospitals.

Overall, most people who feel they had a choice in service provider are happy with the process and only small numbers found the process difficult, did not have enough information or were not happy with the range of choices they had available to them. Indeed, 85% were happy with the range of choices open to them, and a similar proportion (84%) agrees they had all the information they required. Furthermore, three in four disagree (75%) it was difficult to make a choice and or that they only had one option (74%) open to them.

However, a core of around one in three (36%) still experienced some sort of problem or difficulty when considering their choices, or expressed concern with the range of choice. And there are clear differences by service and respondent profile. For example, respondents in social classes C2DE (43%) are more likely than those from ABC1 (32%) to have had a problem or concern. There are similar differences by educational attainment and household income too. However, when we look at service usage, it is users of social care services (56%) and those who have recently chosen a school (43%) who are more likely than hospital users (32%) or those who have recently changed GP (29%) to have expressed a problem, difficulty or concern with the process of choosing.

Less than half (46%) of service users felt they were given a choice of providers to select from. In fact, most hospital (63%) and social care users (65%) do not feel they had a choice of provider. And related to these user profiles, the perception of no choice is higher among those aged 55+ years, from social classes C2DE, and have household incomes of less than £21,000 per annum. A notable 7 in 10 people (70%) with no access to the internet say they had no choice compared to 49% of those with internet access.

Three sources of information used to assist the selection process stand out: Advice from a professional or expert (33%), information from official internet sites (32%) and friends and family (23%). But again, there are clear differences by service, related to profile of service users. For example, users/carers of users of social care and hospital patients are far more likely than average to say they drew on professional or expert advice. While those choosing schools or GPs are more likely to use official websites and friends/family recommendations. This suggests that the latter two groups of service users are more actively engaged in selecting service providers, whereas the social care and hospital users appear to be more passive.

By far, the main consideration when selecting a service is location (55%) or ease of access (10%). The importance of location is particularly high among those who changed GP in the last 2 years (80%) and lowest among those using social care services (11%). Quality and reputation - both mentioned by 15% - rank joint second as key considerations but behind location by some way.

Location (and attendant problems such as the cost of travel) also appears to be the main barrier to choice, mentioned by one in five (22%) of those who say they had difficulties or problems choosing or had no real choice.

Clearly, some sections of the population need more 'help through the maze' of choice. Almost two in five (38%) would like more face-to-face independent advice - rising to 45% of social care users or their carers. Better information in general and more clarity about the choices on offer would have been useful for three in ten each.

The differences in opinion and experience in this survey shows the challenges to choice are not one size fits all. The differences not only reflect the profile of service users but also how the choice process actually plays out in different scenarios. It appears that for large proportions of social care users and hospital users, professionals and experts are involved in the selection process. By contrast, those choosing schools or a new GP tend to rely more on themselves and consequently appear to be more actively engaged in making choices. However, the data shows those without access to the internet and those from more disadvantaged backgrounds may find themselves with less choice –perhaps because they lack the capacity or confidence to find the right information or options open to them.

Key findings

Key findings

Important factors in selecting a service

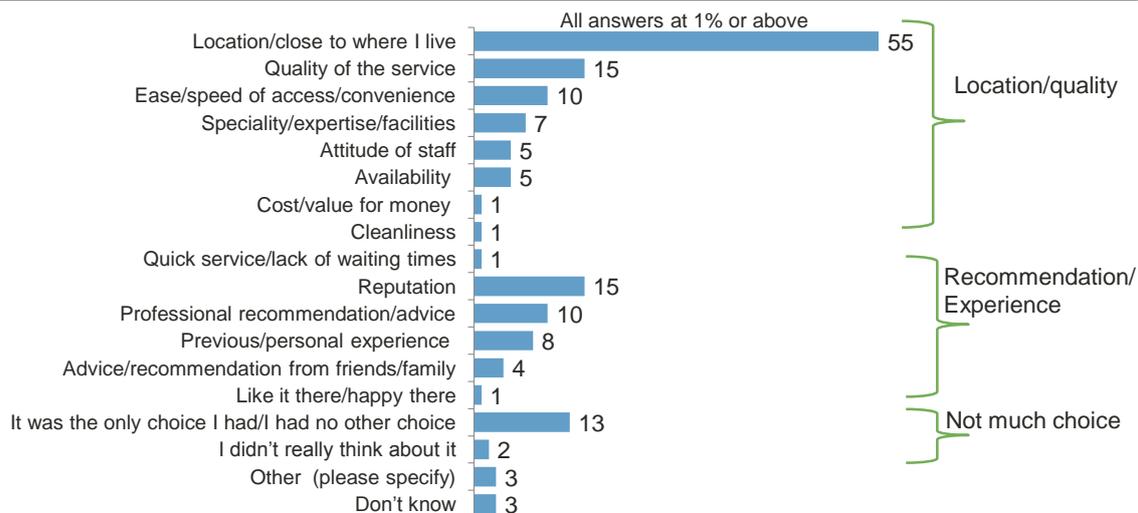
When asked for their spontaneous, unprompted thoughts, location stands out as the most important factor for people when selecting a public service.

Over half (55%) of people who have used or changed services in the last two years say location and proximity to their home was the most important consideration when selecting their service. This combined with the 10% who say ease and speed of access are major factors suggests that whatever else is on offer to people, being easy to get to plays a key role in how people think they select a service (note that this is also the case for those who later said they were not offered a formal choice).

Reputation (15%), quality of service (15%) and professional recommendation/advice (10%) were the other most commonly named factors.

Important factors in selecting service

Q5. What were the most important factors in selecting your (child's school/provider of support or social care services/GPs surgery/hospital)?



Base: All those who have changed/used service (1,485)

Source: Ipsos MORI

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There was some considerable variation between the different service users.

While location is most important for eight in ten (80%) of those registering at a GP surgery it is only mentioned by 11% of social care users. Those registering their child at a new school (58%) and those who have been to a hospital (57%) hover around the average on this. The difference between the services is largely reflective of the way in which people consume each service; for example the expectation of walking to a GP surgery or school is a reflection of their local nature, while proximity of a social care provider is less vital given that delivery is often in the users' home.

For social care users, professional recommendations/advice (21%) and quality of service (17%) are the most important factors when selecting, though 15% also say they had no other choice.

Reputation is particularly important for those registering their child at a new school (42%) as is the quality of service (29%). For those registering to a GP surgery, location is by far the most important factor (80%) while an additional 16% also mention ease/speed of access and 13% reputation.

Hospital and social care users are the most likely to say they had no other choice (18% and 15% respectively) compared with 6% of those registering to a new GP surgery and 2% of those registering their child at a new school.

The table below shows the top five important factors named by users of each service.

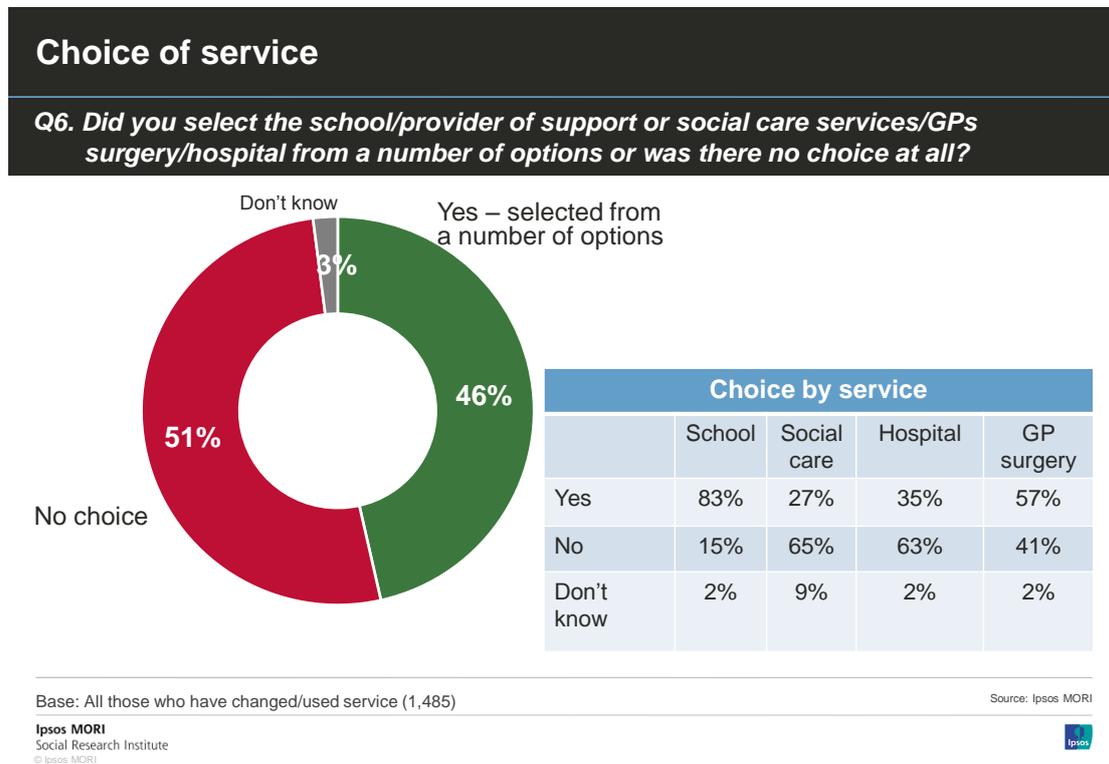
| School | Social care | Hospital | GP surgery |
|---------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Location/close to where I live (58%) | Professional recommendation (21%) | Location/close to where I live (57%) | Location/close to where I live (80%) |
| Reputation (42%) | Quality of service (17%) | I had no other choice (18%) | Ease/speed of access (16%) |
| Quality of service (29%) | I had no other choice (15%) | Quality of service (12%) | Reputation (13%) |
| Previous/personal experience (13%) | Reputation (12%) | Professional recommendation (11%) | Quality of service (9%) |
| Speciality/expertise/facilities (12%) | Location/close to where I live (10%) | Ease/speed of access (10%) | Availability (9%) |

Location is significantly more of an issue for young people, particularly in comparison to older generations, 70% of 18-24 year olds name location and proximity to their home as an important factor compared to 47% of those aged 65+.

It is important to note that for all demographic differences highlighted in this report the difference may be more to do with the services they are using and the way those services operate or are delivered, rather than reflect differing priorities among demographic subgroups. For demographic profiles of users of each service please see the appendices.

Choice of service – was it real or not?

Overall, service users are split on their perception of choice. Just under half (46%) say they selected their service from a number of options while 51% say they had no choice at all.



The availability of choice was felt to be much higher among those who registered their child at a school, with 83% saying they chose the school from a number of options while - by contrast - just around three in four (27%) social care users felt they had a choice. Similarly a third (35%) of hospital users felt they had a choice, compared to six in ten (57%) of those who have registered with a GP surgery.

Older service users are less likely to think they had a choice of provider: 36% of those aged 55+ said they selected their provider from a number of options compared to 52% of those aged under 55. The data also suggests those educated to degree level or above are more likely than others to feel they had a choice (54% degree level or higher compared with 43% of those educated to primary/secondary school level). Service users from higher social grades are more likely than those from lower social grades to say they had a choice of provider (49% of ABC1s compared with 42% of C2DEs). Those people who are not in work are more likely than the employed to say they had no choice: 60% and 44% respectively; though again this may partly reflect the services they use (eg. those in work are more likely to have been asked about schools while those out of work were more likely to be asked about social care services).

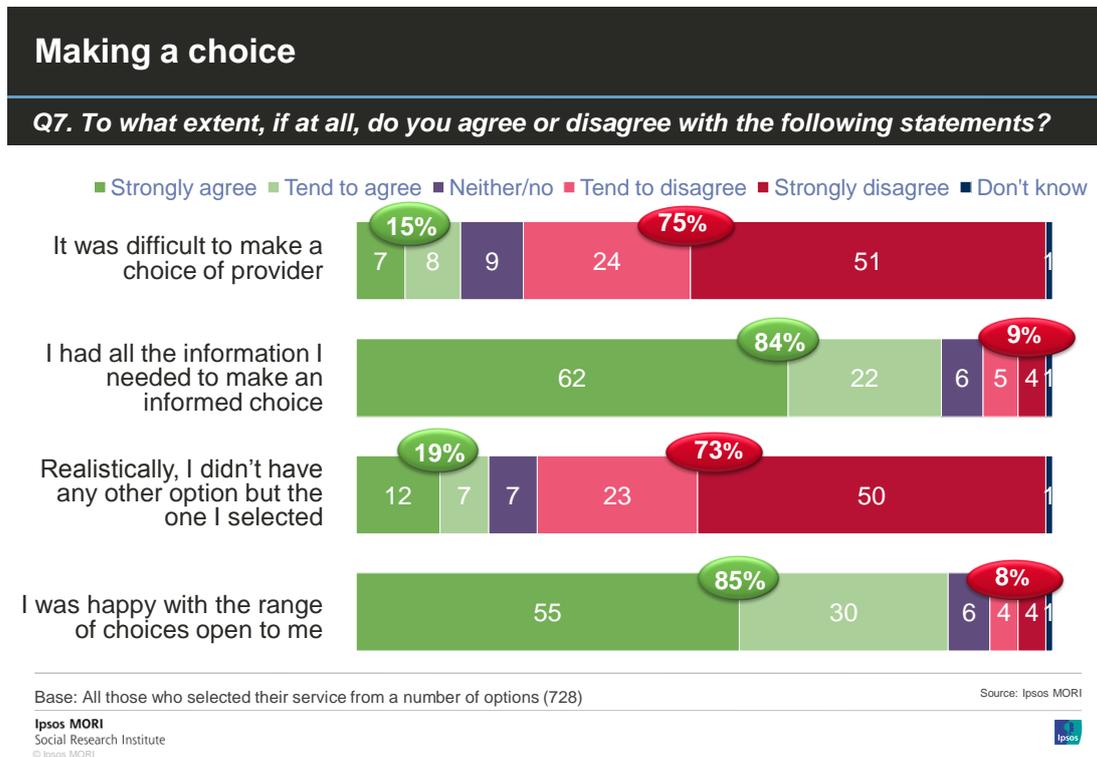
The perception of not having a choice is also higher among households with lower incomes, for example, 59% of those with household incomes less than £21,000 say they had no choice at all, compared with 41% of those with household incomes above £41K.

Those with internet access are almost twice as likely as those without to say they had a choice of provider (49% and 27% respectively), conversely seven in ten of those without internet access say they did not have a choice.

For waves two and three of the research a follow up question was asked to double check whether people really did not have a choice of options. Nine percent of those who said they had no choice at all, then went on to say there were indeed other providers they could have gone to , but 91% of them confirmed they had no other alternatives.

What it was like to make a choice

Overall, most people who have made a choice did not find it difficult and were happy with the process. Three quarters (75%) of those who made a choice disagreed that it was difficult to do so and over eight in ten (84%) said they had all the information they needed to make an informed choice. Furthermore, 85% said they were happy with the range of choices available. Nevertheless, around one in six (19%) said they did not have any other option other than the service they selected.



In terms of the different service users, social care users are most likely to say they found making a choice difficult. Four in ten (41%) social care users agreed it was difficult while just 6% of hospital users found it difficult. One in five people (22%) registering their children at a school said they found making the decision difficult while around one in eight (13%) of those registering with a GP said the same.

The table below shows some key differences between groups that found it difficult to make a choice.

| | | % agree "it was difficult to make a choice" |
|--------------|------------------|---|
| Age | Under 55 | 17 |
| | 55+ | 10 |
| Ethnicity | White | 14 |
| | BME ¹ | 25 |
| Work status | Full-time | 13 |
| | Not working | 19 |
| Service user | School | 22 |
| | Social care | 41 |
| | Hospital | 6 |
| | GP surgery | 13 |

Across all four services at least eight in ten of those who made a choice say they had all the information needed to make an informed decision and there is very little difference in the proportion who disagree.

Similarly, at least eight in ten users of each of the four services were happy with the range of choices available to them: 84% of those registering at a new school, 79% of social care users, 89% of hospital users and 81% of those registering with a new GP surgery.

Social care users are also more likely than other service users to say they didn't have any other option but the one they selected: 31% compared to 16% of people registering at a school, 20% of hospital users and 13% of those registering with a GP.

There are a number of demographic differences regarding perceptions of real choice:

- Older people, aged 65+, are more likely than the youngest generation (18-24) to believe they didn't have any other option (29% compared to 9%).
- Those who do not have access to the internet are less likely than those with the internet to be happy with the range of choices available (67% and 86% respectively).
- Low earners (up to £21k) are more likely than high earners (£48k+) to say they did not have all the information they needed (13% and 5% respectively), they are also more likely to say they did not have any other option (29% and 13% respectively).
- BME users² are more likely than white users to say they did not have all the information they needed to make an informed choice (18% and 7% respectively). They are also more likely to say they did not have any other choice (30% for BMEs compared with 17% of white service users).

There is some level of overlapping across the people that found it difficult to make a choice and those who said they did not have all the information they needed, felt they didn't have

¹ Please note this is based on a very small base size (79)

² As above, the base size for BME users answering these questions is very small (79)

any other option and were not happy with the options available. For example, those who said it was difficult to make a choice are less likely than those who did not to say they had all the information they needed (79% and 87% respectively). They are also less likely to be happy with the range of options (78% and 88%) and more likely to think they did not have a choice (33% and 15% respectively).

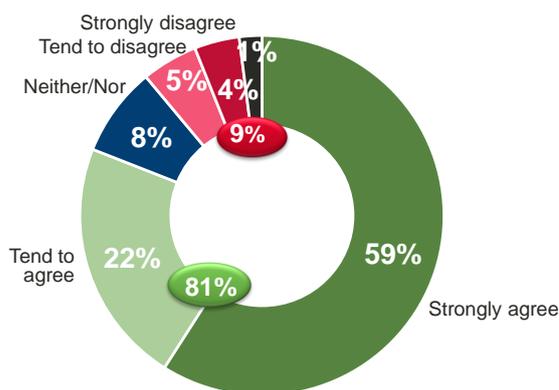
Overall, one in three (36%) people had at least one issue when making a selection of service provider (ie. found it difficult, didn't have all the information they needed, didn't have any other option). They are more likely to be:

- C2DEs (43% compared to 32% of ABC1s);
- Those with lower education (43% of those educated up to primary/secondary school compared to 29% of those with at least a degree);
- Low income households (47% of those earning up to £21k compared to 28% of those earning over £41k);
- Those not working (40% compared to 34% of those in work)
- More likely to use social care and schools (56% and 43% respectively compared to 32% of hospital users and 29% of people registering with a GP).

A large majority (81%) of service users agree it is important to have a choice of service provider. Those most likely say choice of provider is important are people registering their child with a new school (94%) while the least likely to think it important are hospital users (77%). Social care users (83%) and those registering with a GP (80%) are in line with the average when it comes to the importance of the principle of choice.

Important to have a choice

Q7. "It is important to have a choice of (service)"



| | Service | | | |
|----------|---------|-------------|----------|------------|
| | School | Social care | Hospital | GP surgery |
| Agree | 94% | 83% | 77% | 80% |
| Disagree | 3% | 7% | 11% | 11% |

Base: All those who have changed/used service (1,485)

Source: Ipsos MORI

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Women are more likely than men to think choice is important (86% compared to 76% respectively) while those with children are more likely than those without to rate choice as important too (87% and 78% respectively) – again, in part, reflecting the services they use.

BME users are more likely than white users to think choice is important (88% and 80% respectively) as are those with lower education levels compared to those with at least a degree (85% and 77% respectively).

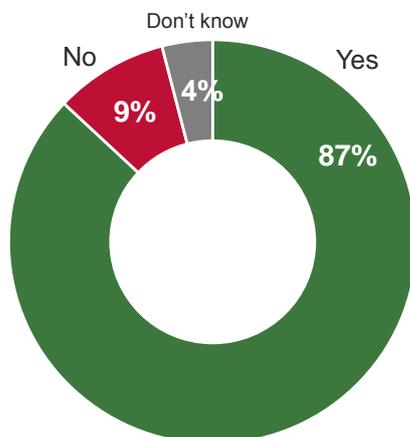
Even those who felt they did not have a choice say that it is important – although not quite to the same extent as those who were offered a choice (75% and 92% respectively).

Around nine in ten (87%) service users said they got the provider they wanted, with just 9% saying they did not. When set against the 51% who say they did not have a choice this suggests that service users generally tend to be happy with the service they end up with, even if they are not offered a choice. High levels of satisfaction with public services is not unusual, Ipsos MORI's research for Consumer Focus in 2010 showed Service Satisfaction Index scores³ of 84 (out of 100) for primary schools, 83 for NHS GPs, 82 for hospital out-patients, 80 for hospital in-patients and 73 for social care services.

Service users least likely to say they got the provider they wanted are social care users, although even then three in four (76%) got the provider they wanted. Around nine in ten of those registering with a school (91%) and GP surgery (93%) say they got the one they wanted as did 86% of hospital users.

Get what you wanted?

Q9. Did you get the [child's school/ provider of support or social care services/GPs surgery/hospital] that you wanted?



| | Service | | | |
|------------|---------|-------------|----------|------------|
| | School | Social care | Hospital | GP surgery |
| Yes | 91% | 76% | 86% | 93% |
| No | 7% | 16% | 9% | 6% |
| Don't know | 2% | 8% | 5% | 1% |

Base: All those who have changed/used service (1,485)

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source: ipsos MORI



Younger service users were more likely than older users to say they got what they wanted (91% of 18-34 year olds compared to 86% of those aged 55+). Men are more likely than

³ <http://www.consumerfocus.org.uk/files/2011/10/Public-sector-service-satisfaction-index.pdf>

women to say they got what they wanted (90% and 85% respectively) as are those in higher social grades compared to service users from lower social grades (89% of ABC1s, 85% of C2Des).

Those who found it difficult to make a choice are also more likely to say they did not get what they wanted (11% compared to 2% of those who found it easy).

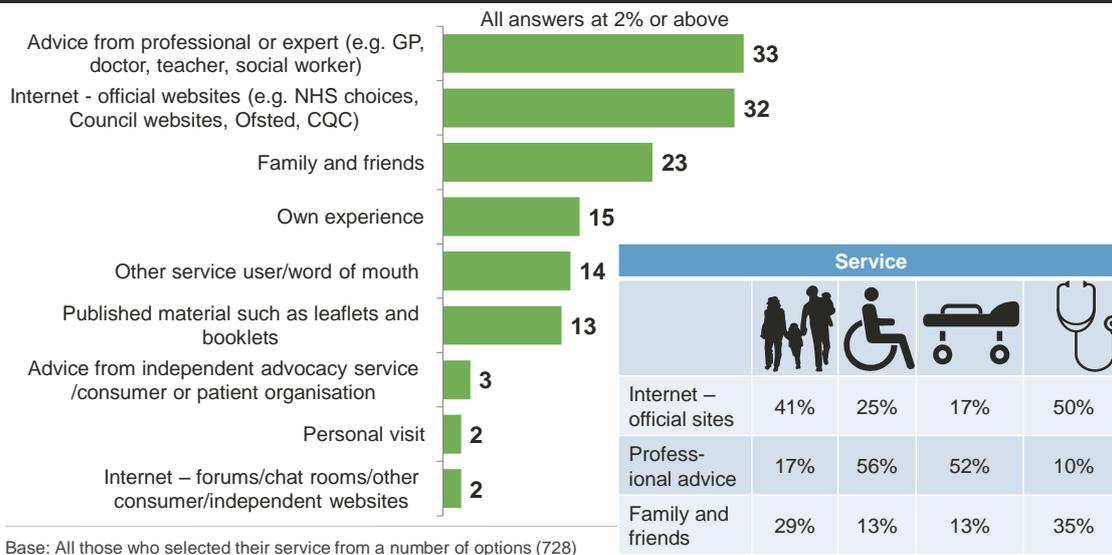
Information sources

Advice from professionals and the internet (official websites) are the most commonly used sources of information by people making a choice of service provider with one in three (33% and 32% respectively) mentioning them.

Almost one in four (23%) got their information from family and friends while 15% use their own experience and 14% get their information by word of mouth. One in eight (13%) get their information from published materials.

Information sources

Q8. Where did you get information from to help you make the choice about your (child's school/provider of support or social care services/GPs surgery/hospital?)



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There are some clear differences among service users, with the internet being the biggest source of information for those registering at a new school (41%) and registering at a GP surgery (50%), though far less important for social care users (25%) and hospital users (17%). For those using social care or a hospital, professional advice is the greatest source of information (56% and 52% respectively).

People's own experiences are a particular source of information for those who have been to hospital (22%) while family and friends are a greater source of information for those choosing a school (29%) and GP surgery (35%).

The internet is particularly relied on by:

- Younger service users (43% of 18-34 year olds compared to 13% of those aged 55+);
- Those from higher social grades (37% of ABC1s compared to 23% of C2DEs);
- Service users in the south (39% compared to 27% of those in the north and 25% in the midlands);

- High earners (50% of those earning at least £41k compared to 23% of those earning under £21k)
- Those with children in their household (42% compared to 24% of those without children).
- Those who found it difficult to make a choice (43% compared to 31% of those who did not find it difficult).

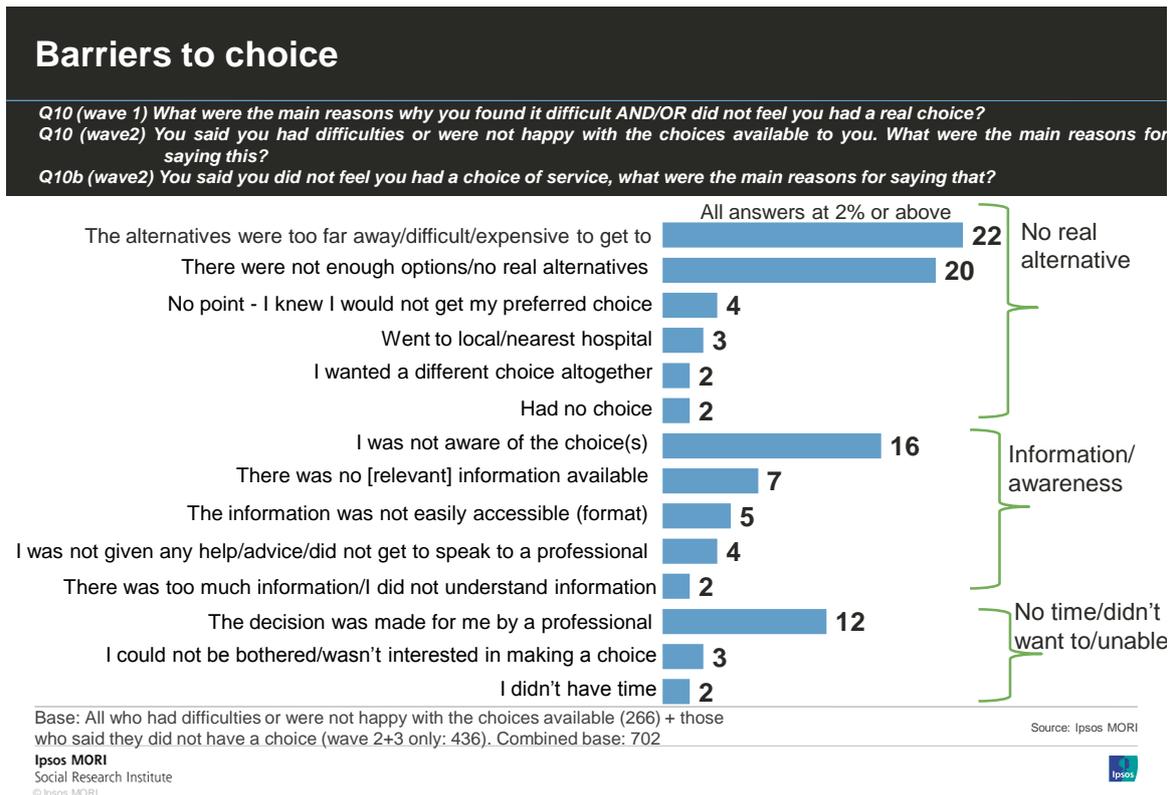
Those without access to the internet are around twice as likely as those online to rely on professional advice (63% compared to 30% respectively). Low earners (38%) are also more likely than high earners (26%) to rely on professional advice as are those with no children in their household compared to those with children (40% and 24% respectively).

Older people (aged 55+) are more likely to rely on their own experience than are younger people (aged 18-34): 22% and 11% respectively while BME users get information by word of mouth compared to white users (22% and 13% respectively).

What are the barriers to choice?

The biggest barrier to choice⁴ is the difficulty and expense getting to any of the other alternatives (22%). The other main barriers mentioned are not having any other real alternatives (20%), not being aware of alternatives (16%) and having the decision made for them by a professional (12%).

Thus, while the greatest barrier to choice is having alternatives too far away/difficult to get to, the most important factor in making a decision is location and proximity, therefore serving to highlight just how important having a good quality service close to home is to users.



Alternatives being too far away/difficult or expensive to get to is less of a barrier for social care users (10%) than it is for other services (33% for those registering with a GP, 30% for schools and 20% for hospital users), reflecting the earlier findings.

Decisions being made for the user by a professional is a particular barrier for those using hospitals (17%) and social care services (10%) in comparison to other services (2% schools, 1% GP surgery).

Those who say they did not choose their provider were more likely than those who felt they had a choice to say the decision was made for them (16% and 2% respectively) and that they were not aware of the choice (19% and 8% respectively).

⁴ Respondents who were asked about the barriers to choice include those who said they had difficulties or had no other option. For wave two and three those who said they did not have a choice were included as well as those who said they did not have all the information they needed or were not happy with the choices available.

The table below illustrates the differences on perceived barriers between service users and those people who said they did not have a choice of provider.

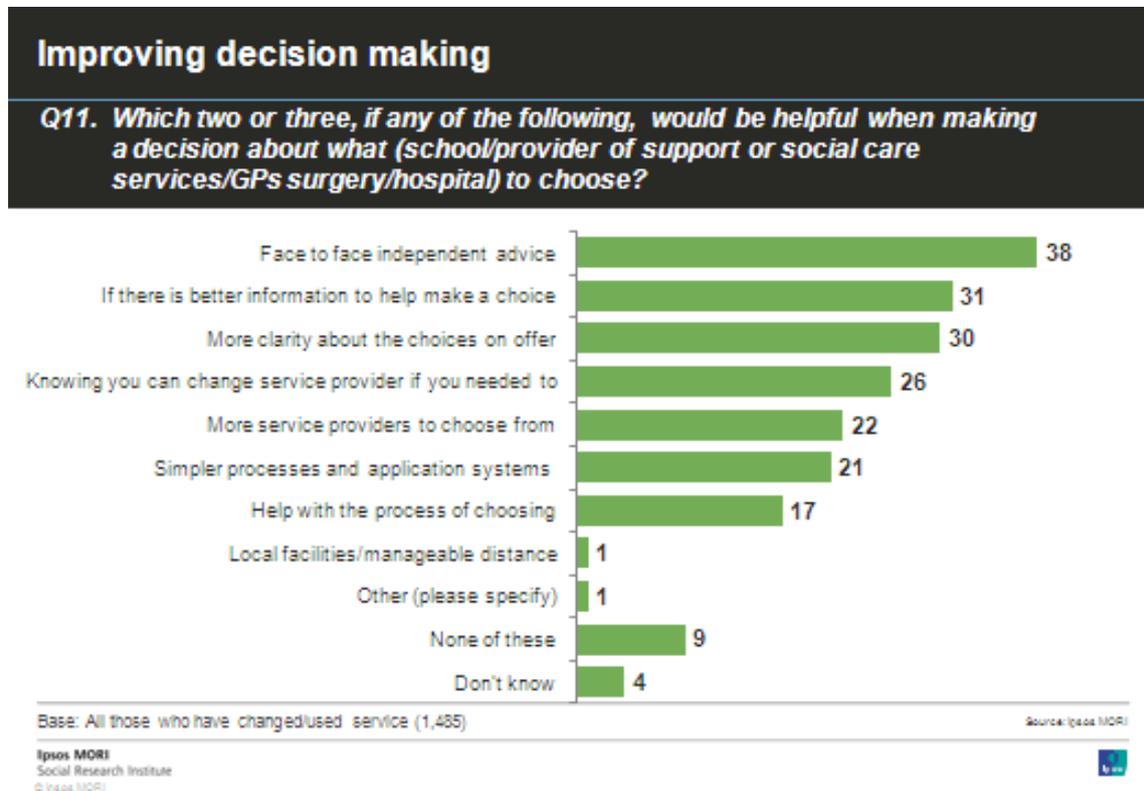
| |  School |  Social care |  Hospital |  GP surgery | Not offered a choice |
|--|---|--|---|---|----------------------|
| Alternatives too far away | 30% | 10% | 20% | 33% | 22% |
| Not enough options/real alternatives | 19% | 22% | 18% | 25% | 21% |
| I was not aware of the choices | 9% | 20% | 16% | 17% | 19% |
| Decision made for me by a professional | 2% | 10% | 17% | 1% | 16% |

While those from higher social grades are more likely to see distance/difficulty of getting to the provider as a barrier (25% of ABC1s compared to 18% of C2DEs), those in lower social grades are less aware of the choices available (19% of C2DEs compared to 12% of ABC1s).

Men are more likely than women to say the decision was made for them (14% compared to 9%) as are older service users (15% of those aged 35+ compared to 2% of those aged 18-34). White service users are also more likely than BME users to say the decision was made for them (12% and 4%).

Improving decision making

The three most popular ways in which to improve decision making are face-to-face independent advice (36%), having better information available (31%) and more clarity about the choices on offer (30%). Between one in five and one in four people named knowing you can change service (26%), having more providers to choose from (22%) as well as having simpler processes and applications (21%).



Face-to-face independent advice is the top way of improving decision making across all four services.

Low earners (earning up to £21,000) as we have seen elsewhere in this report, are more likely than higher earners (£48,000+) to say they want help with the process of choosing (20% and 13% respectively). Those without internet access are also more likely than those who are online to want more help with the process of choosing (25% and 16% respectively) as are those with lower levels of education (primary/secondary school) compared to those with degrees or above (20% and 12% respectively).

At the end of the survey respondents were given the chance to name any further ways in which they think the choice making process could be improved; reflecting overall levels of satisfaction with the process almost half (48%) did not give an answer. The top two answers were giving people more choice (7%) and having more information available (6%), reflecting earlier findings about making people more aware about the choice available to them. Below are a few verbatims from respondents outlining these points:

“As much available information on the schools as possible”

School user, did have a choice

"I think they should at least make patients aware of a choice instead of making us think that we need to go by location, especially if there is a specialist hospital for a certain treatment then we should be offered that instead of the closest hospital to us."

Hospital user, did not have a choice

"Letting people know they have choices because a lot of people don't know."

Social care user, did not have a choice

"More information physically available, for example a leaflet or guide for those who do not have the internet."

GP user, did have a choice

Other more frequently named ways in which to improve decision making also centred around information: making people more aware, easier access to information, provide information on what services specialise in, publishing reports/statistics, clarity of information, improve websites etc. The verbatims below from respondents highlight the requests for more information:

"Publish a list of results, such as surgical results, to state how many times they have done a procedure and how many times people have died. Information about individual doctors and the doctors themselves."

Hospital user, did have a choice

"The priority should be a list of schools in the local area with rankings so people can decide."

School user, did have a choice

"I've never really been given an option, more information of what was on offer and which hospital would be better for the condition would be helpful and also more of a choice of hospitals would be good too."

Hospital user, did not have a choice

"(It would be) nice to have somewhere to talk one to one to find out things. It is easier to talk to someone because of my disability in order to help me make better decisions"

Social care user, did not have a choice

Appendices

Appendices

Statistical reliability

The respondents to the survey are only samples of the total 'population' of England so we cannot be certain that the figures obtained are exactly those we would have if everybody in Britain had been interviewed (the 'true' values). However, the variation between the sample results and the 'true' values can be predicted from the knowledge of the size of the samples on which the results are based and the number of times that a particular answer is given. The confidence with which this prediction can be made is usually chosen to be 95% - that is, the chances are 95 in 100 that the 'true' value will fall within a specified range.

The table below illustrates the predicted ranges for different sample sizes and percentage results at the "95% confidence interval".

| Size of sample on which survey result is based | Approximate sampling tolerances applicable to percentages at or near these levels | | |
|--|---|------------|----------|
| | 10% or 90% | 30% or 70% | 50% |
| | ± | ± | ± |
| 100 interviews | 6 | 9 | 10 |
| 200 interviews | 4 | 6 | 7 |
| 400 interviews | 3 | 4 | 5 |
| 500 interviews | 3 | 4 | 4 |
| 728 interviews (all who selected a service) | 2 | 3 | 4 |
| 1,000 interviews | 2 | 3 | 3 |
| 1,200 interviews | 2 | 3 | 3 |
| 1,300 interviews | 2 | 3 | 3 |
| 1,400 interviews | 2 | 2 | 3 |
| 1,500 interviews | 2 | 2 | 3 |

For example, with a base size of 728 (all who selected a service) where 55% strongly agreed that they were happy with the range of options available to them, the chances are 19 in 20 that the 'true' value (which would have been obtained if the whole population had been interviewed) will fall within the range of +4 percentage points from the sample result (i.e. between 51% and 59% inclusive).

When results are compared between separate groups within a sample, different results may be obtained. The difference may be "real", or it may occur by chance (because not everyone in the population has been interviewed). To test if the difference is a real one - i.e. if it is "statistically significant", we again have to know the size of the samples, the percentage giving a certain answer and the degree of confidence chosen. If we assume "95% confidence interval", the differences between the results of two separate groups must be greater than the values given in the table below.

| Size of samples compared | Differences required for significance at or near these percentage levels | | |
|---|---|------------|----------|
| | 10% or 90% | 30% or 70% | 50% |
| | ± | ± | ± |
| 100 and 400 | 6 | 9 | 10 |
| 200 and 400 | 5 | 8 | 9 |
| 300 and 500 | 4 | 7 | 7 |
| 304 social care users and 661 hospital users | 4 | 7 | 7 |
| 300 and 700 | 4 | 6 | 7 |
| 400 and 400 | 4 | 6 | 7 |
| 400 and 700 | 4 | 6 | 6 |
| 400 and 1,000 | 4 | 5 | 6 |
| 500 and 500 | 4 | 6 | 6 |
| 500 and 1,000 | 3 | 5 | 5 |
| 700 and 1,000 | 3 | 4 | 5 |
| 800 and 1,000 | 3 | 4 | 5 |
| 1,000 and 1,500 | 2 | 4 | 4 |

Profiles of service users

Schools

Q1. Has a child of yours started at a new school in the last two years?



Base: All respondents (2,573)

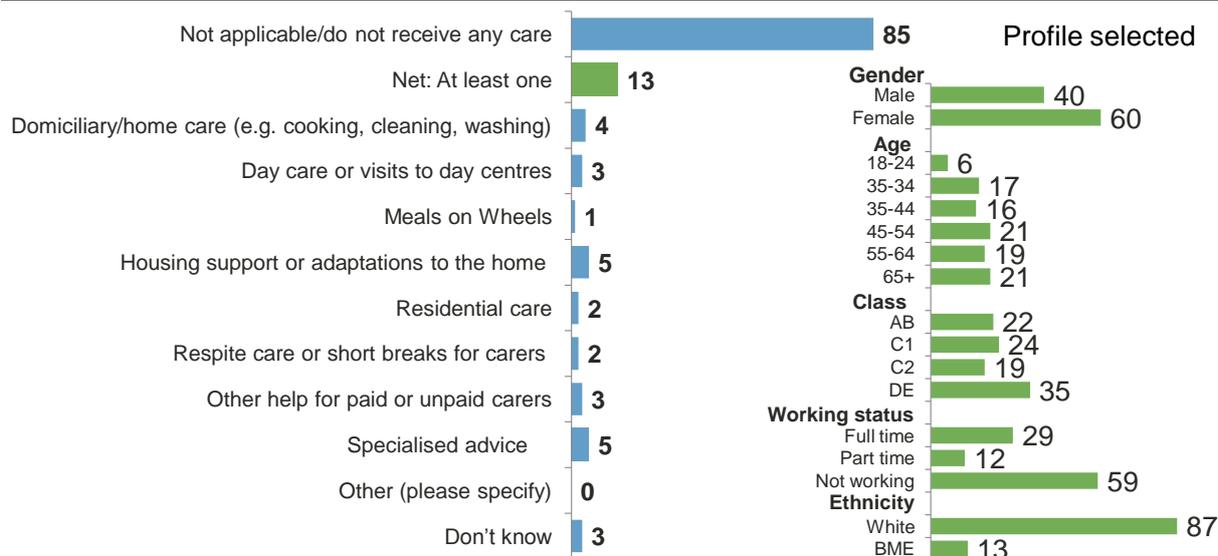
Source: Ipsos MORI

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Social care

Q2. Which of these support or care services, if any, have you or a person you live with or care for used in the last two years?



Base: All respondents (2,573)

Source: Ipsos MORI

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Hospital patient

Q3. Excluding visits to Accident & Emergency, have you been to hospital as a patient in the last two years?



Base: All respondents (2,573)

Source: Ipsos MORI

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GP surgery

Q4. Have you registered with a new GP surgery in the past two years?



Base: All respondents (2,573)

Source: Ipsos MORI

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Questionnaire

Introductory text: **I'd now like to ask you a few questions about your experience of using public services.**

Screeners

Q1. Has a child of yours started at a new school in the last two years?

SINGLE CODE

Yes

No

Not applicable/I don't have children

Q2 Here are some care and support services that can be provided by your local authority to people who are entitled to a grant or allowance. Which of these support or care services, if any, have you or a person you live with or care for used in the last two years? READ OUT LIST EXCEPT i-k. MULTICODE OK.

- a) Domiciliary/home care (e.g. cooking, cleaning, washing)
- b) Day care or visits to day centres
- c) Meals on Wheels
- d) Housing support or adaptations to the home
- e) Residential care
- f) Respite care or short breaks for carers
- g) Other help for paid or unpaid carers
- h) Specialised advice
- i) Other (please specify)
- j) Not applicable/do not receive any care
- k) Don't know

Q3 Excluding visits to Accident & Emergency, have you been to hospital as a patient in the last two years?

SINGLE CODE

Yes

No

Don't know

Q4. Have you registered with a new GP surgery in the past two years?

SINGLE CODE

Yes

No

Don't know

FOR THE FOLLOWING QUESTIONS

- IF SOCIAL CARE IN SCREENER INSERT "SUPPORT OR SOCIAL CARE SERVICES"
- IF SCHOOL AGE CHILD IN SCREENER INSERT "SCHOOL"
- IF NEW GP SURGERY IN PAST TWO YEARS INSERT "GP SURGERY"
- IF BEEN TO HOSPITAL IN PAST TWO YEARS INSERT "HOSPITAL"

- IF NONE OF THE ABOVE, CLOSE

WAVE ONE: SCRIPT INSTRUCTION: IF RESPONDENT HAS SELECTED MORE THAN ONE SCREENER, RANDOMLY SELECT WHICH SERVICE THEY WILL BE ASKED ABOUT

WAVE TWO AND THREE: SCRIPT INSTRUCTION: IF RESPONDENT HAS SELECTED MORE THAN ONE SCREENER SOCIAL CARE IS 4 TIMES AS LIKELY TO BE SELECTED THAN IF IT WERE RANDOM. SCHOOL/GP IS 2 TIMES AS LIKELY TO BE SELECTED THAN IF IT WERE RANDOM

Intro: **You said...**

- **Your child has started at a new school in the last two years**
- **You or a person you live with or care for has received support or social care services in the last two years. [IF RESPONDENT SELECTS MORE THAN ONE AT Q2] Please think about the service you use most often when answering the following questions.**
- **You have been to hospital in the last two years**
- **You have registered with a new GP surgery in the last two years**

Q5. What were the most important factors in selecting your [child's school/provider of support or social care services/GPs surgery/hospital]? PROBE: What else? DO NOT PROMPT

MULTICODE UP TO THREE. CODE TO LIST

RECOMMENDATION/EXPERIENCE

- Previous/personal experience
- Reputation
- Professional recommendation/advice
- Advice/recommendation from friends/family

LOCATION/QUALITY

- Location/close to where I live
- Ease/speed of access/convenience
- Quality of the service
- Speciality/expertise/facilities
- Attitude of staff
- Availability
- Cost/value for money

NOT MUCH CHOICE

- I didn't like any others
- It was the only choice I had/I had no other choice
- I didn't really think about it
- Other (please specify)
- Don't know

Q6. Did you select the [school/provider of support or social care services /GPs surgery/hospital] from a number of options or was there no choice at all?

SINGLE CODE

Yes – selected from a number of options

No choice

Don't know

WAVE TWO AND THREE

Q6b. Can I just check, were you offered any other [school/provider of support or social care services/GPs surgery/hospital] that you could have gone to or used instead?

Yes
No
Don't know

Q7. To what extent, if at all, do you agree or disagree with the following statements?

ASK ALL WHO SAY YES AT Q6 or 6b
SINGLE CODE FOR EACH STATEMENT
ROTATE STATEMENTS
READ OUT CODES EXCEPT FOR DON'T KNOW

- a) **It was difficult to make a choice of [schools/ provider of support or social care services /GPs surgeries/hospitals]**
- b) **I had all the information I needed to make an informed choice**
- c) **Realistically, I didn't have any other option but the one I selected**
- d) **I was happy with the range of choices open to me**

ASK ALL

- e) **It is important to have a choice of [child's school/ provider of support or social care services/GPs surgery/hospital]**

Strongly agree
Tend to agree
Neither/nor
Tend to disagree
Strongly disagree
Don't know

ASK THOSE WHO SAY YES AT Q6 or 6b

Q8. Where did you get information from to help you make the choice about your [child's school/provider of support or social care services/GPs surgery/hospital]?
PROBE: **Where else?**

DO NOT PROMPT. CODE UP TO THREE TO LIST. MULTICODE OK

- a) Own experience
- b) Family and friends
- c) Other service user/word of mouth
- d) Advice from professional or expert (e.g. GP, doctor, teacher, social worker)
- e) Advice from independent advocacy service /consumer or patient organisation
- f) Published material such as leaflets and booklets
- g) Internet - official websites (e.g. NHS choices, Council websites, Ofsted, CQC)
- h) Internet – forums/chat rooms/other consumer/independent websites
- i) Internet – social media – Twitter/Facebook
- j) Local media - newspaper, tv, radio
- k) National media - newspaper, tv, radio
- l) Other (please specify)
- m) Did not use any information

n) Don't know

Q9. Did you get the [child's school/ provider of support or social care services/GPs surgery/hospital] that you wanted?

SINGLE CODE

Yes

No

Don't know

WAVE ONE:

ASK ALL THOSE WHO "AGREE" AT Q7a OR Q7c

Q10. You said you found it difficult AND/OR did not have a real choice of [school/social care provider/GPs surgeries/hospitals]. What were the main reasons why you found it difficult AND/OR did not feel you had a real choice?

PROBE BUT DO NOT PROMPT. CODE UP TO THREE TO LIST

WAVE TWO AND THREE:

ASK ALL THOSE WHO AGREE AT Q7A AND 7C, DISAGREE AT Q7B AND 7D

Q10a. You said you had difficulties or were not happy with the choices available to you. What were the main reasons for saying this?

PROBE BUT DO NOT PROMPT. CODE UP TO THREE TO LIST

IF NO AT Q6 or 6b

Q10b. You said you did not feel you had a choice of XXX, what were the main reasons for saying that?

PROBE BUT DO NOT PROMPT. CODE UP TO THREE TO LIST

INFORMATION/AWARENESS

- a) I was not aware of the choice(s)
- b) There was no [relevant] information available
- c) There was too much information/I did not understand information/too difficult to understand
- d) I didn't trust the information
- e) The information was not easily accessible (format)
- f) I was not given any help/advice/did not get to speak to a professional
- g) I don't have access to the internet/can't do it online

NO REAL ALTERNATIVES

- h) The options/alternatives were too far away/difficult/expensive to get to
- i) There were not enough options/no real alternatives
- j) No point - I knew I would not get my preferred choice
- k) I wanted a different choice altogether

PERSONAL: NO TIME/DIDN'T WANT TO

- l) I wasn't confident enough making a choice on my own/I wanted someone to make the decision for me/I wanted someone to tell me
- m) I didn't have time
- n) The process was too complicated/difficult to understand/too much paperwork
- o) The decision was made for me by a professional
- p) I could not be bothered/wasn't interested in making a choice
- q) Other (please specify)

r) Don't know

ASK ALL WHO SAID YES TO AT LEAST ONE SCREENER QUESTION

Q11. Which two or three, if any of the following, would be helpful when making a decision about what [school/ provider of support or social care services/GPs surgery/hospital] to choose?

READ OUT LIST EXCEPT h-j. MULTICODE UP TO THREE. RANDOMISE STATEMENTS

- a) More clarity about the choices on offer
- b) More service providers to choose from
- c) If there is better information to help make a choice
- d) Face to face independent advice
- e) Help with the process of choosing
- f) Simpler processes and application systems
- g) Knowing you can change service provider if you needed to
- h) Other (please specify)
- i) None of these
- j) Don't know

WAVE ONE:

Q12. What other things can be done to ensure that people can have a genuine choice in [schools/social care providers/GPs surgeries/hospitals]?

WAVE TWO AND THREE

Q12. What other things could have been done to improve your experience of choosing [schools/social care providers/GPs surgeries/hospitals]?

WRITE IN. PROBE FULLY