

Response ID ANON-47UU-7HUN-Q

Submitted to **Consultation on the Scottish Health Survey questionnaire content**
Submitted on **2016-10-17 11:12:31**

About You

What is your name?

Name:

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Are you responding as an individual or an organisation?

Organisation

What is your organisation?

If responding on behalf of an organisation, please enter the organisation's name here.:

Royal College of Physicians of Edinburgh

If you are responding on behalf of your organisation, please specify which team or department.

team/department:

External Relations and Policy

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

General Health

1 Would you like to

Not Answered

If (b), please describe the changes you propose. If you propose that new questions are added to the topic, please explain whether the questions have been tested or used in another survey.:

It is understandable that there is a desire to reduce the length of the survey – this reflects prudent management and the prospect of increased uptake which makes it an appropriate thing to do – it is just difficult to decide which parts to cut.

We do not have a strong view on which topics should be removed, only that the process should be transparent and reflect the views of respondents fairly.

2 How frequently do you require information gathered by the survey on this topic?

Not Answered

Please explain why you require data at this frequency.:

We welcome regular surveying and are comfortable with the rotation of certain topics and questions. The appropriateness of rotation depends on the topic, its importance and capacity to change, e.g. in some areas (use of e-cigarettes would be an example) behaviour change can be quite rapid.

3 What would be the impact on your area of work if this data were no longer collected in the Scottish Health Survey?

Not Answered

Please describe the expected impact in the space provided. Please also explain how the information is used, e.g. to measure progress against targets or to support key policy initiatives.:

This data is important for national comparisons and longer term trends, and to direct policy initiatives.

4 Do you require the data at subnational level?

Not Answered

If Yes, please specify the geography and why this is required (e.g. NHS Health Board):

We are aware that due to budget constraints, certain Health Board areas that paid for boosted samples to survey their populations with greater confidence cannot now do so. This is regrettable, as 'sub-national' breakdown and area boosting are essential to give local meaning to results to inform commissioners of health and social care and specialist NHS services.

There may be changes to administrative boundaries in future, which could make for difficulties in recommending sub-national sections and slices.

Some areas will never be large enough to detect with confidence health profiles and trends, e.g. island groups. Integrated Joint Board areas and Community Planning Partnerships will be small, and localities smaller. National surveys cannot cater for all requirements; a consensus about the recommended minimum population size may help to determine what the Survey does next but there will always be a tension, especially for heterogeneous and rural areas.

Ultimately this is a professionally/statistically and politically informed judgement.

If there is a move to more regional planning and co-ordination in future, that regional unit may offer a basis for planning the survey, although these populations will likely be too large to draw conclusions for more local planning and delivery.

Therefore our preference would be for a survey that is primarily nationally focused but extensive enough to be able to inform a mid-sized local authority area such as Dundee, or Fife; but also analysable by SIMD and other decile-sized slices.

5 Is it important to link information on this topic to other questions/topics in SHeS?

Yes

If Yes, which questions/topics and how frequently?

If YES, which other topics and how frequently? - Age:

If YES, which other topics and how frequently? - Sex:

If YES, which other topics and how frequently? - *Household characteristics:

Any other question/topic, please specify.:

Not Answered

Any other variable/topic, please specify.:

Not Answered

Any other variable/topic, please specify.:

Not Answered

Please explain why you need to be able to link these topics.:

Linked data studies can be valuable - this is the likely future use of surveys of this sort, both to maximise use and understanding of the data (efficiency and effectiveness), and to promote research that gives further insights (quality, utility and impact).

6 Would you like your answers to questions 1-5 to apply to other topics? This will avoid you having to complete the same information for each topic if your needs are the same for each. Note that the Contents page will not show those additional topics as complete, but we will be able to link your answers.

Anxiety and depression, Self-harm, Social capital, Discrimination and harassment, Stress at work, Mental Wellbeing and Symptoms of psychiatric disorder, Strengths and Difficulties (children aged 4-12), Respiratory health including asthma, Cardiovascular Disease and Use of Services, Blood Pressure, Prescribed Medicines, Parental history, Adult and child physical activity, Knowledge of physical activity guidelines (ages 4-12, 13-15 and 16+), Fruit and vegetable consumption, Eating habits, Vitamins including Vitamin D (see Consultation document Annex A), Dietary salt intake (urine sample), Smoking and e-cigarettes, Cotinine levels (saliva sample), Alcohol consumption and drinking experiences, Body Mass Index / Obesity (height and weight measurements), Waist Circumference measurements, Dental Health and Dental Services, Accidents, Contraception, Gambling, Cosmetic procedures (see Consultation document Annex A)

If new topic, please specify.:

7 Is any of this information available from any other source?

Not Answered

If Yes, please state the alternative data sources and explain the benefits of gathering this information as part of the Scottish Health Survey.:

In general it is desirable not to duplicate surveys given the costs involved. The best use of available resources requires knowledge of other surveys, their potential and their limitations, in order to provide the best value.

There may be areas of duplication to look at, for example the Scottish Health Behaviour in School-aged Children Study.

8 Please provide any further comments you have on the future design and content of the Scottish Health Survey.

Please provide any further comments you have on the future design and content of the Scottish Health Survey.:

The Scottish Health Survey is a very valuable and necessary survey, and we welcome engagement on its content. Not only does it inform progress, help understand behaviour, and highlight challenges with Scotland's health, but it also avoids the need for many, less high quality and reliable surveys that may be conducted if it were absent. This point also is relevant in choosing topics and frequency of surveying – i.e. the avoidance of less efficient and effective surveying to address the gaps.