



# NHS Performs

## User Engagement Survey Report

2017



# NHS Performs User Survey Report

## Background

On 17 February 2015, the Cabinet Secretary for Health, Wellbeing and Sport [announced](#) that a new NHS Performs (NHSP) website would be developed to provide understandable, valuable and readily accessible performance information about NHS hospitals and Boards.

PHI led the development leading to the current version of [NHSP](#) (v2.0) released in June 2015.

The website aimed to assist people's understanding of NHS performance and to make it quick and easy to find out key NHS statistics in relation to, for example, hospital activity, accident and emergency (A&E) waiting times, staff numbers, hospital mortality, healthcare associated infections, cancelled operations and delayed discharges. A full list of the current topics included in NHSP can be found in Appendix 1.

The initial design of NHSP was to meet an urgent ministerial requirement for the presentation of a range of key performance indicators in a single interactive website. Due to short timescales the technical solution was reliant on largely manual processes collating data from a range of PHI analytical teams and it was not designed to support continuous expansion and efficiency of maintenance.

Whilst this version continues to meet its original design objectives there is limited scope for development within its current structure. Before proceeding to make any significant changes it was agreed to undertake a period of 'User Engagement' to establish if the content of the current version of NHS Performs is useful, accessible, and to determine more accurately who the target audience is. The emphasis was to determine what people wanted to know, how they wanted to access it and how easy it is to find it.

The 3 main user groups were considered to be:-

- The public and NHS service users<sup>1</sup>
- Boards and SG
- Clinical users

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<sup>1</sup> This includes media / journalists who have a use for the information in the public interest

## **Involvement and acknowledgements**

To ensure we involved as many users as possible NSS Scotland invited the Scottish Health Council (SHC) and NHS 24 to join the NHS Performs User Engagement Sub Group.

Our thanks go to the User Engagement subgroup for their help and advice in shaping the survey and to SHC and NHS 24 for facilitating the Focus Groups.

We also thank all those who took the time to complete the user survey and to those who volunteered to attend focus group events.

## **Method**

### ***Electronic Survey***

Based on the advice of the User Engagement Sub Group a short electronic survey was developed. The survey questions can be found in Appendix 2. The survey link was distributed to data providers, Health & Social Care contacts, members of the public and media contacts at the end of November 2016. The link was also made available on NHS Performs and was publicised on the ISD website home page and via Twitter.

The survey ran for 2 months to January 2017. The survey results were grouped and analysed according to the user group and demographic information returned by respondents.

Answers to individual questions where respondents were asked to rate their experience of the topics (question 2) and functionality (question 3) of NHS Performs on a scale of 1 to 5 were aggregated to positive, negative and no response given categories according to the method shown below.

Positive response – rating score 3, 4 or 5

Negative response – rating score 1 or 2

No response given – respondent chose not to provide an answer for the topic

Answers to individual questions where respondents were asked what type of improvements they would like to see in NHS Performs (question 4 - yes / no response) were aggregated to positive and negative.

A qualitative assessment of the free text fields included in the survey was carried out to determine common themes for further exploration.

## Survey Response

### Overview and Demographics

A total of 153 responses were received, 111 of which were complete. It is not possible to estimate a response rate as the survey was distributed directly through a range of contact networks with a request to distribute beyond that to other interested parties. As a guide the networks utilised are presented in the table below.

<b>Contact Networks</b>	<b>Approx Number</b>
Suppliers of NHS data included in NHS Performs	220
Medical Directors; Directors of PH, Patient Experience & Communications Managers; CEO	65
Journalists	22
NHS24 – The survey link was forwarded to the Self Management Networks and other groups and contacts. It is not possible to estimate the reach	
SHC distributed the survey link to the 14 Health Board areas through their individual contact databases. It was also shared in other external communications such as social media and newsletters. It is therefore not possible to estimate the reach	

Of the 111 responses received over half of the respondents identified themselves as members of the public, patients, NHS service users (or their carers and patient groups a combined response rate of 53% (59 responses). This was followed by 27 (24.3%) responses from Healthcare Professionals and Service Managers. See Table 1 below.

<b>User</b>	<b>Number</b>	<b>%</b>
Member of the public	35	31.5
NHS service user / patient	24	21.6
Healthcare Professional	17	15.3
Other	15	13.5
NHS Service Manager	10	9.0
Charity / Voluntary Organisation Official	6	5.4
Government Official	2	1.8
No response	2	1.9
<b>Total</b>	<b>111</b>	<b>100</b>

Table 1

It is worth noting that, although journalists were specifically targeted in the distribution of the user survey through a variety of routes, and that journalists were originally perceived to be a main user of NHS Performs, there were no responses from this group.

Whilst, responses were received from residents of all NHS Board areas some were better represented than others. The highest response was from NHS Tayside 19 (17.1%) followed by NHS Greater Glasgow and Clyde 17 (15.4%). See table 2 below.

<b>Health Board Area</b>	<b>Number</b>	<b>%</b>
NHS Ayrshire and Arran	8	7.2
NHS Borders	2	1.8
NHS Dumfries and Galloway	6	5.4
NHS Fife	6	5.4
NHS Forth Valley	10	9.0
NHS Grampian	3	2.7
NHS Greater Glasgow and Clyde	17	15.4
NHS Highland	13	11.7
NHS Lanarkshire	4	3.6
NHS Lothian	8	7.2
NHS Orkney	6	5.4
NHS Shetland	3	2.7
NHS Tayside	19	17.1
NHS Western Isles	4	3.6
Prefer not to answer	1	0.9
No Response	1	0.9
<b>Total</b>	<b>111</b>	<b>100</b>

Table 2

Of the 111 respondents, 52 (46.9%) were in the 41-60 age group and 41 (36.9%) were aged 61-80. There were no respondents in the under 18 age group. See Table 3 below.

68 (61.3%) responses were received from females and 39 (35.1) from males. See Table 3 below.

<b>Age Group</b>	<b>Gender</b>		<b>Prefer not to answer</b>	<b>No answer</b>	<b>Total</b>	<b>%</b>
	<b>Female</b>	<b>Male</b>				
0-17	0	0	0	0	<b>0</b>	0.0
18 - 24	0	2	0	0	<b>2</b>	1.8
25 - 40	6	3	0	1	<b>10</b>	9.0
41 - 60	40	11	0	1	<b>52</b>	46.8
61 - 80	20	21	0	0	<b>41</b>	36.9
Over 80	1	1	0	0	<b>2</b>	1.8
Prefer not to answer	0	0	2	0	<b>2</b>	1.8
No answer	1	1	0	0	<b>2</b>	1.8

<b>Total</b>	<b>68</b>	<b>39</b>	<b>2</b>	<b>2</b>	<b>111</b>	<b>100.0</b>
%	61.3	35.1	1.8	1.8	100.0	

Table 3

In summary, the overall response to the survey was better than expected. As a public facing information resource it was satisfying to receive the majority of responses from members of the public and from service users. It should be noted, however, that all respondents could potentially identify themselves as members of the public even though they also fall into one of the other user type categories so some care needs to be taken with interpretation. We have assumed that those who completed the survey did so in their capacity as the user type selected.

The variability of the geographic distribution of responses is most likely to have been driven by the reach of the networks employed (and subsequent forwarding) rather than by other factors e.g. population distribution.

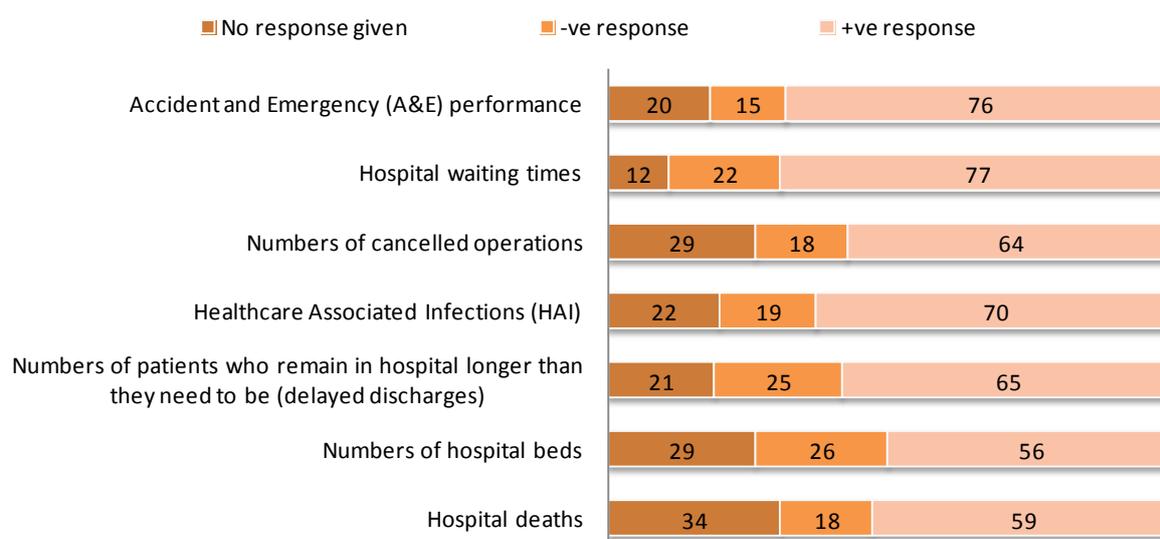
The age of respondents mostly fell within the range 41-80 (83.7%). This proportion of response was consistent between males and females although there were more responses from females overall.

### Survey Question Reponses (all respondents)

Response numbers and rates to the individual survey questions are shown in figures 1 to 3 below.

Figure 1

**Question 2 - Please rate how well the sections of NHS Performs meet your information needs on a scale of 1 - 5, where 1 = does not meet my information needs at all and 5 = completely meet my information needs.**



Notes:

Total respondents (n) = 111

Figures represent the counts of responses, bars represent the percentage rate  
 No response given = respondent chose not to provide an answer for the topic  
 -ve response – rating score of 1 or 2  
 +ve response – rating score of 3, 4 or 5

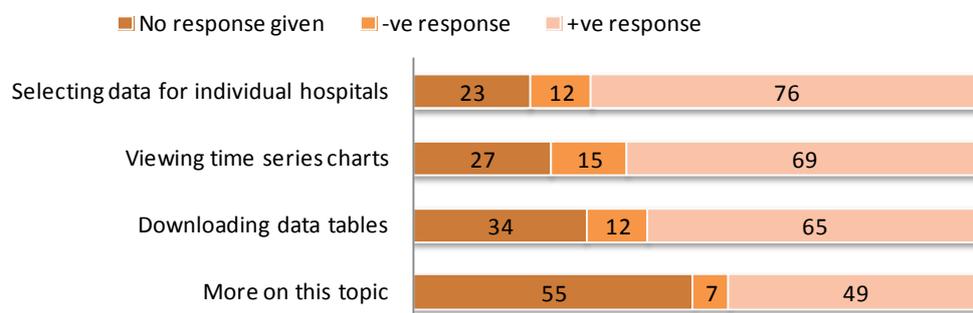
All topics were generally considered to meet user need requirements with positive response rates ranging between 50 and 69 per cent. Hospital Waiting Times, A&E Performance (which includes a large element of waiting times information) and Healthcare Associated infections had the highest proportion of positive responses (69%, 68% and 63% respectively).

The Hospital Beds topic had the lowest positive response rate (50%), the highest negative response rate (24%) and the second highest no response rate (26%).

Assuming the submission of “No Response Given” as an indicator of non-relevance to the user for that topic, Hospital Deaths (31%), Hospital Beds (26%) and Cancelled Operations (26%) appear to be of lesser interest to respondents than other topics.

Figure 2

**Question 3 - Please rate how easy it is to use the following functions of NHS Performs on a scale of 1 - 5, where 1 = not at all easy and 5 = very easy.**



Notes:

Total respondents (n) = 111

Figures represent the counts of responses, bars represent the percentage rate

No response given = respondent chose not to provide an answer for the topic

-ve response – rating score of 1 or 2

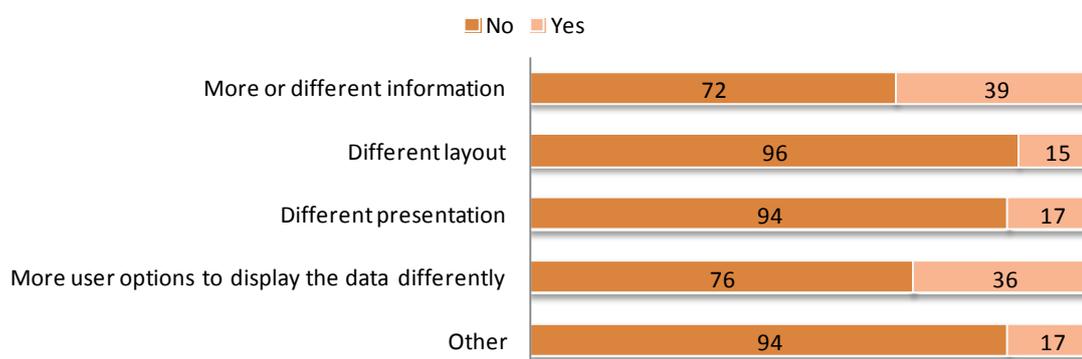
+ve response – rating score of 3, 4 or 5

Ease of use of NHS Performs’ functions was considered to be generally good with positive response rates of 59% or more and negative responses rates 14% or less for 3 out of 4 features.

The “More on this Topic” function stands out as having a relatively low positive response rate of 44%, however the negative response rate was also low at 6%. The high “No Response Given” rate (50%) suggests this function may not be of great interest to the user or that it is not easily found / understood (see respondent comments section below).

Figure 3

**Question 4 - What things would you like to be included in NHS Performs in future?**



Notes:

Total respondents (n) = 111

Figures represent the counts of responses, bars represent the percentage rate

No – Item not worthy of inclusion or no opinion given

Yes - Item worthy of inclusion

The question on future inclusions for NHS Performs generated less positive responses than the other questions asked. As the survey defaulted to the “No” response it is not possible to separate indifference to the proposed development from respondents suggesting there is no need to develop in this area. Our assumption is that the former is more likely the case.

However, where a user preference was expressed, both the inclusion of “More or Different Information” and “More User Options to Display the Data Differently” scored relatively highly (35% and 32% respectively).

### Survey Question Responses (by user type)

The four most frequent user types accounted for around 88% (98) of the responses received. These were;

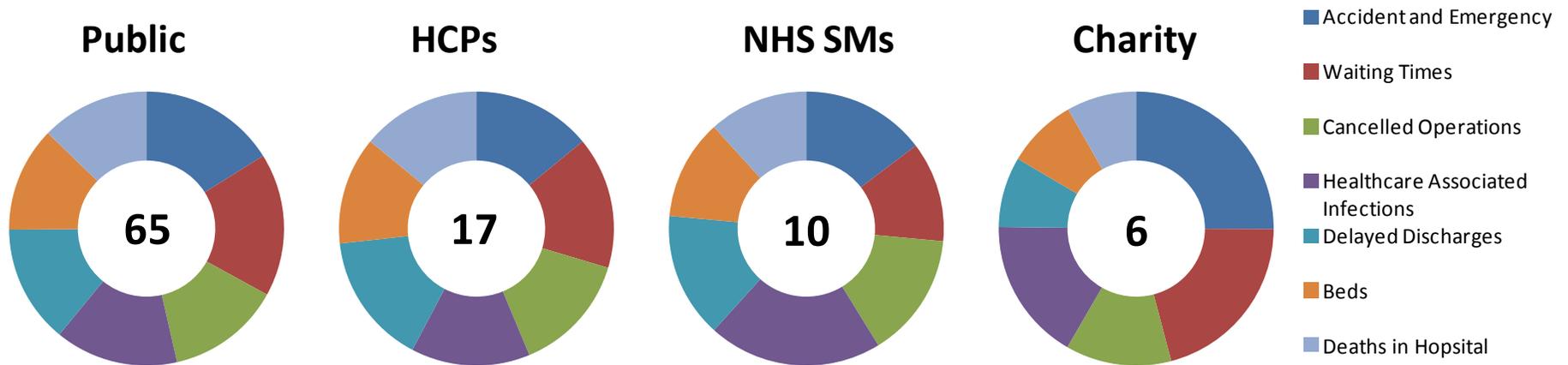
- 59% (65) Public – (includes carer, relative of service user, patient panel member)
- 15% (17) Healthcare Professional
- 9% (10) NHS Service Manager
- 5% (6) Charity / Voluntary Organisation

The responses to the rating questions from these groups were analysed to get a sense of how different user types may have different requirements from NHS Performs. Please note; the absolute number of responses are low for NHS Service Managers and Charity /Voluntary Organisation categories. Caution must be used when interpreting the results from this section.

Figure 4 to 6 below summarise the proportion of positive responses (rating score of 3 or higher) from each of these 4 most frequently responding user groups.

Figure 4

Proportion of positive responses to Question 2 (Please rate how well the sections of NHS Performs meet your information needs on a scale of 1 - 5, where 1 = does not meet my information needs at all and 5 = completely meet my information needs) broken down by the 4 most frequent user group categories.



Notes:

Total number of responses (n) for each user group is shown in the centre of the doughnut.

+ve response – rating score of 3, 4 or 5

Public - includes general member of the public, service user, carer, relative of service user, patient panel member

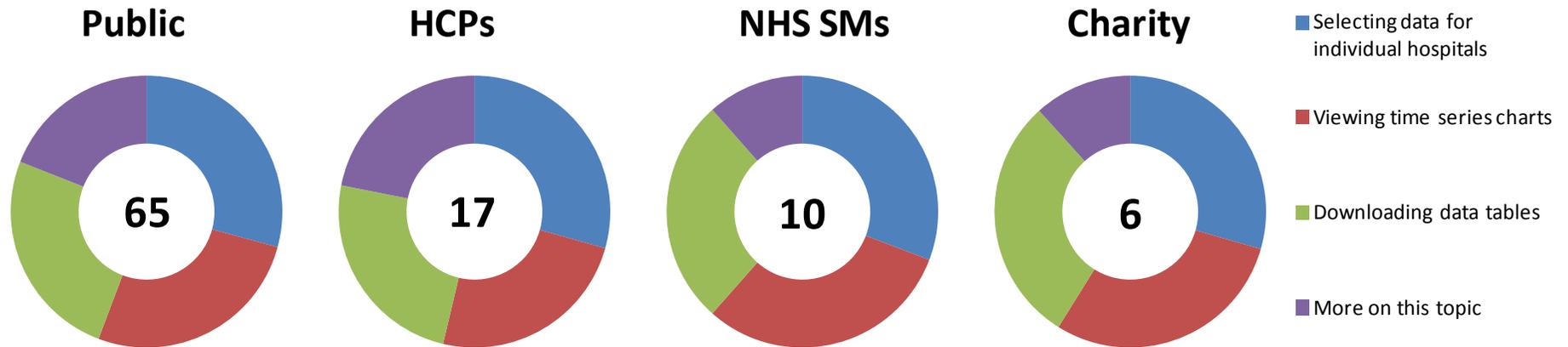
NHS SMs – NHS Service Managers

HCP – Healthcare Professionals

Charity – Charity and Voluntary organisations

Figure 5

Proportion of positive responses to Question 3 (Please rate how easy it is to use the following functions of NHS Performs on a scale of 1 - 5, where 1 = not at all easy and 5 = very easy) broken down by the 4 most frequent user group categories.



Notes:

Total number of responses (n) for each user group is shown in the centre of the doughnut.

+ve response – rating score of 3, 4 or 5

Public - includes general member of the public, service user, carer, relative of service user, patient panel member

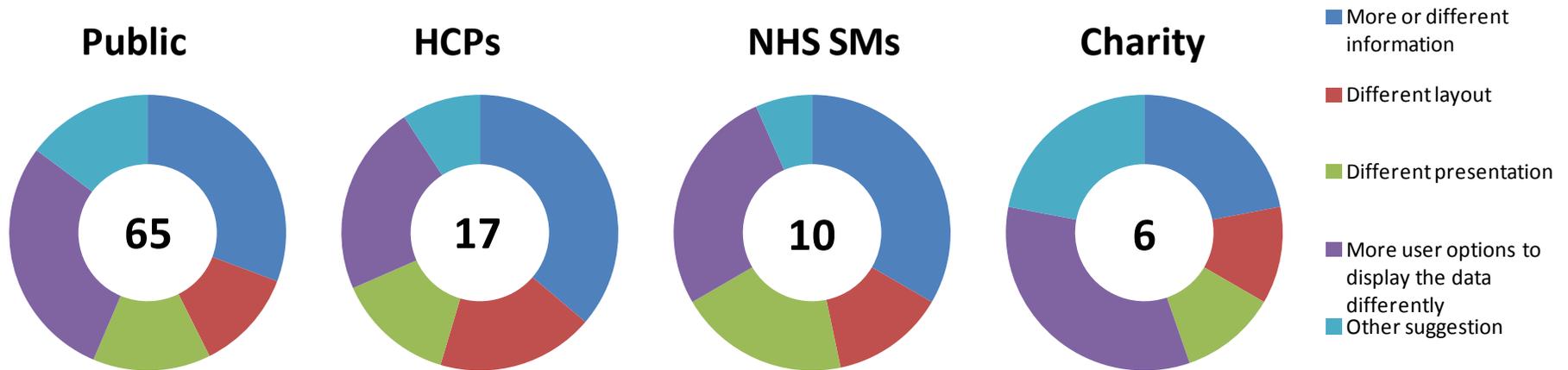
NHS SMs – NHS Service Managers

HCP – Healthcare Professionals

Charity – Charity and Voluntary organisations

Figure 6

Proportion of positive responses to Question 4 (What things would you like to be included in NHS Performs in future?) broken down by the 4 most frequent user group categories.



Notes:

Total number of responses (n) for each user group is shown in the centre of the doughnut.

+ve response – Yes, item worthy of inclusion

Public - includes general member of the public, service user, carer, relative of service user, patient panel member

NHS SMs – NHS Service Managers

HCP – Healthcare Professionals

Charity – Charity and Voluntary organisations

Figure 4 shows that whilst the A&E and Waiting Times topic best met the information needs of public (and Charity / Voluntary Organisation<sup>2</sup>) respondents, this was less so the case for NHS Service Managers who favoured the Healthcare Associated Infections topic above others.

Healthcare Professionals rated Waiting Times and Delayed Discharges slightly higher than other topics although their interest was broadly similar across all topics.

As for all respondents, the ease of use of the “More on This Topic” function of NHS Performs scored the least positive responses (figure 5). In particular this was the case for NHS Service Managers (and Charity / Voluntary Organisations<sup>2</sup>).

On the question of future developments in NHS Performs (figure 6), the overall requirement for a focus on Public “More User Options to Display the Data Differently” and “More or Different Information” was repeated by each user group with the Public identifying slightly more need for improved user options than Healthcare professional and NHS Service Managers.

### **Additional Free Text Comments and Suggestions**

In total 37 respondents took the opportunity to add other comments and suggestions for NHS Performs. A number included comments about their own personal experience of the NHS as a carer, family member or patient rather than their experience of NHS Performs itself. This has since prompted us to include within the NHS performs website a link to the [Patient Opinion](#) website where NHS users are encouraged to share their experiences.

The respondents who made comments or suggestions specifically about NHS Performs generally fell into the categories of functionality and content, the most frequently noted are detailed below:-

#### *Functionality*

- Search box to find information is required.
- Why N/A - explain in plain English
- Links don't always work
- Not all hospitals included, why?
- Trustworthiness statement needed
- Highlight significant changes to figures
- Back button needs to go back to previous page not the home page

#### *Content*

- Some measures do not agree with their formal HEAT definitions
- No Dementia data (including prevalence)
- NHS Performs should have the capability to collect data that can be used to compare variations between Health Boards
- Data should be internationally comparable

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<sup>2</sup> As the number of respondents in the charity / voluntary organisations category is low it is not possible to draw accurate conclusions from their responses. Figures and narrative for reference only.

- Really not clear on the difference between "Emergency Department Activity" and "Accident and Emergency activity"
- Good headline data but nothing to describe if the data is good, bad or indifferent
- Build in some reporting layers to help with analysis of performance where Health Boards overlap
- Comparable data rather than whole numbers, and ability to compare with other hospitals
- would like to see information relating to minor injuries units in community hospitals
- Percentage of board data compared to Scotland
- Key performance indicators to illustrate how service improvements are progressing

## Focus Groups

The above summary analysis and respondent comments were used to develop the key topic areas to be discussed at a series of focus group events which aimed to investigate in more detail the issues raised through the survey.

The focus groups were designed to involve small numbers of people across the geographic breadth of Scotland. The participants were given access to a computer and were asked to spend time using NHS Performs. Participants were then asked to comment on their experience of NHS Performs during a facilitated discussion.

Based on the analysis of the survey responses the User Engagement Sub Group (comprising ISD Project team, NHS24 and SHC) agreed that the 3 main themes the focus groups should concentrate on were:-

- A. Look and feel – presentation of NHS performs; user friendliness; layout**
- B. Functionality – ease of use; navigation; downloading data; flexibility; comparisons**
- C. Relevance of Indicators/data – how useful is the data;**

Sub questions within the themes that were agreed were as follows:-

### **A. Could you find the information you were looking for?**

- How easy did you find moving about NHS Performs?
- How easy did you find using its features (time series charts; downloads; further information)?
- Is it easy to understand?
- What improvements could be made?

### **B. Were you able to see the information in a way that made sense to you?**

- Would you like to be able to amend the data layout to a view that suits you?

- Would you like to be able to compare different hospitals more easily?
- How could the layout / view be improved?

**C. What do you think of the information on NHS Performs and is it relevant to you?**

- If yes, what in particular was relevant to you?
- If not, why not?
- What else should be included?

Responses to the user survey were clear that some geographic areas were less well represented than others as were age groups. In order to improve national coverage of user engagement and to deploy the available resources most effectively NHS24 and SHC agreed to divide the Board areas between them.

NHS 24 would facilitate focus groups in Highland / Argyle & Bute, Greater Glasgow & Clyde, Lothian and Ayrshire & Arran. The Focus Group participants would be from remote, rural and city areas and would represent the following organisations:-

- East Ayrshire Community Connectors
- West Lothian Diabetics Scotland Support Group
- NHS Highland TEC team
- Health Care Advisors NHS 24
- Alzheimers Group (GG&C)
- MS Group (A&B)

The SHC would facilitate focus groups in Shetland, Grampian, Tayside, Fife, Western Isles, Forth Valley and Borders with the focus primarily on service users and young people. The areas to be covered would include participants from a diverse population including both urban and rural communities and would consist of individuals from varying age ranges and ethnicity.

## **Focus Groups' Responses**

### **Could you find the information you were looking for?**

There was a mixed response across the participants with regards this, some stating that the site was easy to navigate around as well as being well thought out with a wide range of information being made available. However, the majority of participants found the site hard to navigate and found it difficult to find information as given by the facilitators. Some commented that with any more developments, it must be kept simple and not be made more complicated.

Points raised included:

- Some participants didn't like the look of the website and described it as bland, unattractive, unappealing and unfriendly – possibly resembling a spreadsheet
- Ease of use is dependent on user experience
- The use of similar shades of blue and navy to display graphs was not generally liked and it was noted that the visually impaired would struggle with the colours and font size
- Some thought that it was not clear where the hospitals are located.
- It was thought by most that the terminology used on the website is not clear and has too much jargon for an average user
- There is a lack of clarity on descriptions - what is the difference between an operation and a procedure / A&E and ED etc?
- The 'more on this topic' feature struck some as quite comprehensive and too repetitive
- There is a lack of consistency in the format
- The back key takes the user back to the first page and not the previous page
- Many were unsure what the symbols meant
- Why are all hospitals not listed
- No context to the figures – don't know if % or number is acceptable

### Were you able to see the information in a way that made sense to you?

On the whole, participants thought that the site was simple to navigate around provided the individual was confident with IT but most agreed that for the average user, it was quite challenging to see, or find the information they were looking to retrieve.

A mixture of layout thoughts were given with some preferring numbers rather than graphs and others finding the mix of the two acceptable. Most agreed that they would like to be able to amend the data in a format that suited them, if they knew how.

Being able to compare hospitals was deemed useful. Again, the terminology within the site was confusing and not worded in a way that the average user would understand, which in turn made it difficult to navigate around.

Points raised included:

- Most of the participants found that the function and target audience of the website to be unclear. Who is the site aimed at?
- Site contained too much technical information
- Difficult to compare data between hospitals and boards and that the data looks raw and still needs interpreting
- Most participants questioned why N/A featured so often and what did it mean
- Explanation required as to how data are gathered and what is, or is not, included. The statistics provided don't give an explanation as to why something

works better in one area and not in another – it was felt that this would be a benefit to know

- Participants found it difficult to find information about specific cancer types. It seemed that everything came under the umbrella of ‘cancer’ with no breakdown relating to individual types

## What do you think of the information on NHS Performs and is it relevant to you?

The feedback was again mixed for this question with many thinking that the information was relevant and others thinking that it was not.

It was thought that the website could help as a tool to visualise what services are required in different areas and tackle inequalities in health. Participants thought that not only would it be interesting to see how boards compared across the UK using this site but also how the results compared with what is published in the media.

Points raised included:

- The data may be useful for journalists or as a back up in a discussion with politicians and it may make the NHS more accountable to the public
- It was noted that information on the site could be of particular interest to GPs when referring patients on to secondary care
- Some participants agreed that the website is likely only something you would use to find out information which was personally relevant to you; it is not something you would be likely to browse
- The data it is not detailed enough to be relevant to most average service users.
- The range of statistics is limited as they cover cancer but not other specific conditions, similarly, no statistics on Dementia
- Keep the current website for professionals who find the statistical data useful, and create a new website (designed with public input) with simple and clear information for the general public
- The information provided on the website is general and vague
- Some of the data and statistics are not ‘*up to date*’ so some felt that it was not particularly reassuring and it had little value to patients or the public
- The information was thought not to help stressed or worried patients

## Conclusion

Three common themes were apparent throughout discussions in all areas:

- The appearance of the site – colours, fonts, graphics and visuals
- The navigation around the site – help and search functions

- The content of the site – in-depth, comprehensive and accurate data; understandable terminology

A strong message from all participants was that there needs to be some strong marketing to raise awareness for this site as it is not widely known – linking the site to NHS boards own sites was a common suggestion as well as promotion through surgeries and pharmacies.

Participants thought that having continued staff and user input is important in the development of the site.

## Next Steps for NHS Performs Development

The findings of the user survey and subsequent focus groups have identified a range of potential areas for improvement. These can be broadly classified into technical enhancements of the existing site, which would improve its utility and ease of use, and more strategic developments requiring an extensive redesign of function and form.

In both cases our users have identified an ongoing need to be involved in the design and development process so the ultimate product remains relevant and fit for purpose.

In the short term the NHS Performs team aims to:

- Apply minor fixes to the design, layout and navigation of the existing site as identified by user feedback e.g. ensuring web browser navigation keys behave as expected
- Simplify language used in the accompanying text
- Clarify the meaning of symbols and icons
- Add a link to relevant external websites e.g. NHS boards, Patient Opinion
- Raise awareness NHS Performs and promote its use

Longer term plans for development of NHS Performs will include:

- Using the findings of this user engagement exercise as the basis for future improvement
- Clearly define the target audience(s) for NHS Performs so future versions can be shaped to best meet their requirements.
- Frequent user engagement during future design and implementation phases including development of user personas
- Review and prioritise additional topics for inclusion

## Appendix 1

### Topics included in NHS Performs

NHS Performs brings together information on how hospitals and NHS Boards within NHSScotland are performing. Through NHS Performs, information is available on:

- Accident and Emergency (A&E) performance
- hospital waiting times
- the numbers of cancelled operations
- healthcare associated infections (HAI)
- numbers of patients who remain in hospital longer than they need to be (delayed discharges)
- numbers of hospital beds
- hospital deaths

## Appendix 2

### NHS Performs Survey Questions

**1. I am mainly interested in NHS Performance statistics as a:**

**Choose one of the following answers**

- Member of the public
  - NHS service user / patient
  - Healthcare professional
  - NHS service manager
  - Local Authority service manager
  - Government official
  - Charity / Voluntary organisation official
  - Journalist
  - Other - please state
  - No answer
-

**2. Please rate how well the sections of NHS Performs meet your information needs on a scale of 1 - 5, where 1 = does not meet my information needs at all and 5 = completely meet my information needs.**

Accident and Emergency (A&E) performance	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	No answer <input checked="" type="radio"/>
Hospital waiting times	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	No answer <input checked="" type="radio"/>
Numbers of cancelled operations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	No answer <input checked="" type="radio"/>
Healthcare Associated Infections (HAI)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	No answer <input checked="" type="radio"/>
Numbers of patients who remain in hospital longer than they need to be (delayed discharges)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	No answer <input checked="" type="radio"/>
Numbers of hospital beds	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	No answer <input checked="" type="radio"/>
Hospital deaths	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	No answer <input checked="" type="radio"/>

**3. Please rate how easy it is to use the following functions of NHS Performs on a scale of 1 - 5, where 1 = not at all easy and 5 = very easy.**

Selecting data for individual hospitals	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	No answer <input checked="" type="radio"/>
Viewing time series charts	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	No answer <input checked="" type="radio"/>
Downloading data tables	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	No answer <input checked="" type="radio"/>
More on this topic	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	No answer <input checked="" type="radio"/>

**4. What things would you like to be included in NHS Performs in future? Please provide examples.**

**Check any that apply**

- More or different information Make a comment on your choice here:
- Different layout Make a comment on your choice here:
- Different presentation Make a comment on your choice here:
- More user options to display the data differently Make a comment on your choice here:
- Other Make a comment on your choice here:

## 5. Which Health Board area do you live in?

Choose one of the following answers

- NHS Ayrshire and Arran
  - NHS Borders
  - NHS Dumfries and Galloway
  - NHS Fife
  - NHS Forth Valley
  - NHS Grampian
  - NHS Greater Glasgow and Clyde
  - NHS Highland
  - NHS Lanarkshire
  - NHS Lothian
  - NHS Orkney
  - NHS Shetland
  - NHS Tayside
  - NHS Western Isles
  - Not sure / don't know
  - Do not live in Scotland
  - Prefer not to answer
  - No answer
-

**6. My age group is:**

**Choose one of the following answers**

- Under 18
  - 18 - 24
  - 25 - 40
  - 41 - 60
  - 61 - 80
  - Over 80
  - Prefer not to answer
  - No answer
- 

**7. My gender is:**

**Choose one of the following answers**

- Male
  - Female
  - Prefer not to answer
  - No answer
- 

**8. If you have any other comments or suggestions regarding NHS Performs please add them here.**