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EVALUATING ENHANCED PRIMARY CARE IN AIREDALE, WHARFEDALE AND CRAVEN

INTERIM REPORT

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April 2018

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EXECUTIVE SUMMARY

This rapid evaluation of the Enhanced Primary Care Programme was conducted between October 2017 and January 2018. The EPC focusses on piloting three primary care interventions a dedicated frailty service, social prescribing and physiotherapy.

The short period of time of the evaluation and the fact that these programmes were not fully embedded in SystmOne meant that it was not possible to definitively test whether these interventions had a longer term impact on utilisation of urgent care. However, we do note that there is wider evidence base for this - particularly with regard to physiotherapy and dedicated frailty services targeted at residential care.

We were able to conclude that all schemes were very positively regarded by patients and by GPs who provided the service. Many patients considered that access to physiotherapy and social prescribing had made a positive difference to their health and wellbeing.

Our recommendations include:

- Sustainability - agree a medium-term funding strategy which should include considering how to incorporate the EPC model into a future vision for what good primary care looks like in Airedale, Wharfedale and Craven.
- To continue to work on an integrated approach to data collection. We anticipate that in addition to internal work on SystmOne this will include outward facing work to locate the work of the EPC into the wider demographic needs of specific practice populations.
- Improve patient feedback through improving the survey and providing face to face support to complete it, to enable those patients who are 'seldom heard' to participate. Provide SAEs where patients take the survey away to complete.
- Improve communication in order to provide more consistency of approach across practices - this should be enabled by recent practice mergers into large partnerships.
- If momentum is to be maintained we suggest that there the resourcing of two areas should be considered - firstly, some dedicated project management supports and secondly access to a some specific data management expertise - with particular regard to SystmOne

INTRODUCTION

In 2017 Airedale, Wharfedale and Craven Clinical Commissioning Group (AWC CCG) funded an Enhanced Primary Care programme intended to extend across the 15 GP practices covered by the YorDales Health confederation. The aim of the programme was to build on previous work to improve access and quality of care whilst also reducing costs.

Initially the intention was that the programme would have four elements - social prescribing, physiotherapy, frailty and chronic pain but the last element, whilst continuing to be delivered in some practices, was not evaluated as part of the programme. The original intention was that the programme would be underway by August 2017 but delays in recruitment etc meant that delivery did not start until the Autumn in some practices, although where the programme was a continuation of previous work it was ongoing in others.

A limited amount of funding was 'top sliced' to enable some project management with the aim of supporting implementation and providing consistency and to provide for evaluation. Health Together at Leeds Beckett University was commissioned to undertake an initial evaluation which aimed:

- To test the tools to see if they produce data which fully address the Key Performance Indicators (KPIs) and whether they need adapting or refining. If they do, to recommend ways of doing this. (see Appendix One for the KPIs)
- To assess levels of patient satisfaction with EPC services.
- To find out what key stakeholders want from the evaluation and from the EPC programme.
- To find out about staff acceptability by doing some interviews with key staff. Clearly positive staff engagement is critical to the effective delivery of EPC and we think it important to have some more in depth, early feedback rather than rely just on the annual focus group.

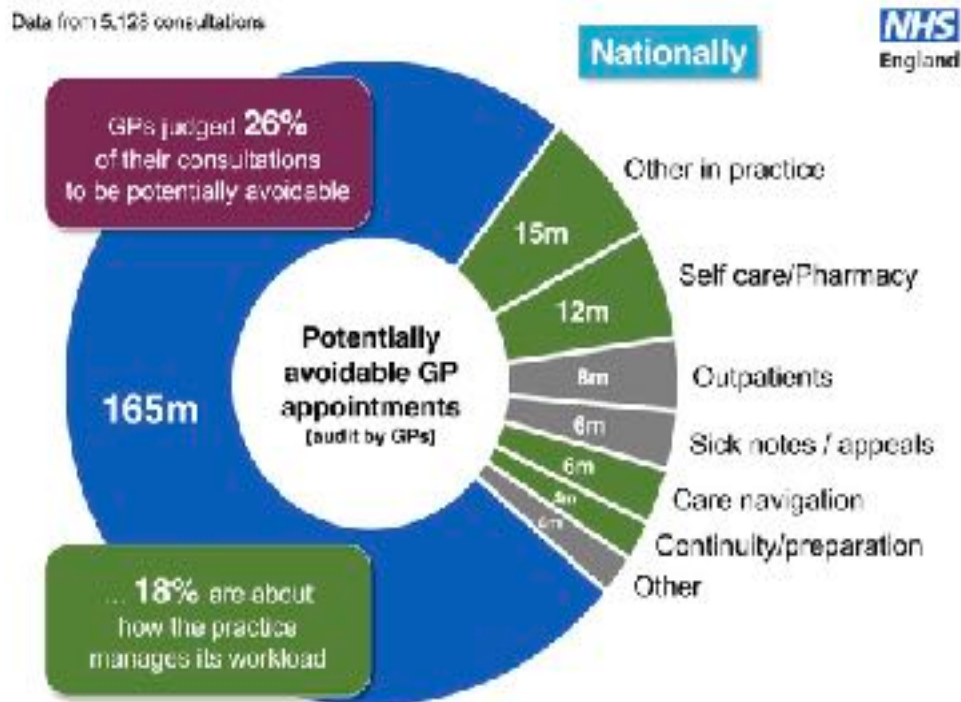
This is an interim report of this initial evaluation phase which ran from October 2017 - February 2018. It summarises the results of the patient survey, analyses responses from eleven staff and other stakeholders who were interviewed and then comments on how far it is possible to address the KPIs with the evaluation tools in place. At the time of writing only very limited data from SystemOne (where staff record patient details) was available and in the conclusion, comment is made on the limitations of the evaluation and ways forward suggested.

CONTEXT

There has been a growing recognition that a significant proportion of people who are seen in General Practice would have been better served if they had been able to go directly to a more relevant service or if GPs had had been able to refer them directly to services that could help them address non-clinical issues such as social isolation or indebtedness. The General Practice Forward View¹ notes that 26% of appointments to a GP could have been better addressed elsewhere.

¹ General Practice Forward View, NHS England, 2016

Figure One - Percentage of GP appointments that could be avoided



The Chartered Society for Physiotherapy notes² that the largest group of people presenting for repeat appointments with a GP are those with MSK (musculoskeletal) issues, and that 12% of people who attend GP appointments do so because of MSK problems. They note that self-referral for physiotherapy is a well evidenced model which can be 25% cheaper than GP referral³.

The Enhanced Primary Care (EPC) programme is a direct attempt to respond to these challenges and its emphasis on social prescribing, physiotherapy and frailty is consistent with some of the actions recommended in the GP Forward View which includes a determination to enable:

“self-care and direct access to other services for examplephysiotherapy”

and to provide support for more integration across the health and care system:

“for example, local models of social prescribing can enable GPs to access practical, community-based support for their patients including access to advice on employment, housing and debt.”

A recent evaluation by the Nuffield Trust⁴ of the Barking and Dagenham Health 1000 service which provided a dedicated primary care service to 4 care homes shows significant

² Think Physio for primary care, Chartered Institute of Primary Care, July 2017

³ Patient Self Referral for physiotherapy improves outcomes, <https://www.guidelinesinpractice.co.uk/musculoskeletal-and-joints-/patient-self-referral-for-physiotherapy-improves-outcomes/338573.article>

⁴ Transforming health care in nursing homes. An evaluation of a dedicated primary care service in outer East London, Nuffield Trust 2018

reductions to A&E emergency inpatient admissions (35%) and a reduction in emergency bed days (53%)

METHODOLOGY

The approach that the Leeds Beckett University evaluation team has taken is as follows:

The patient satisfaction survey routinely issued to all patients who accessed the three services was made available electronically as well as in paper copy. The satisfaction survey was produced by YorDales with advice from Leeds Beckett. A copy of the survey (with slight variation for the frailty service) is available in Appendices 2 and 3.

Interviews were conducted with three groups of stakeholders. A copy of the schedule is attached as Appendix 4.

As mentioned previously the Leeds Beckett Team had intended to analyse SystemOne data however, other than some usage figures, this was not available at the time of writing.

Leeds Beckett ethical procedures were followed to ensure that only those completing the survey who consented were included in the analysis and that those interviewed were aware that participation was voluntary and their comments would be treated as confidential.

SCALE OF THE SERVICE

At the time of this evaluation there were 15 separate General Practices in Airedale, Wharfedale and Craven CCG. There is a considerable programme of reorganisation and merger being undertaken at the moment. We have not considered what impact these changes may have had on the delivery of the EPC. Table One below shows the involvement in the EPC programme by 'pre-merger' practice.

Table One: Agreed Practice Priorities			
Practice	Priority 1	Priority 2	Priority 3
Crosshills Group Practice	Frailty Care	Physio First	Social Prescribing
Dyneley House Surgery	Frailty Care	Social Prescribing	
Farfield Group Practice	Physio First	Social Prescribing	
Fisher Medical Centre	Physio First	Social Prescribing	
Grange Park Surgery	Frailty Care	Physio First	
Haworth Medical Practice	Physio First	Social Prescribing	
Holycroft Surgery	Social Prescribing	Physio First	
I G Medical	Frailty Care		
Ilkley and Wharfedale Medical Practice	Physio First	Social Prescribing	
Kilmeny Surgery & Oakworth Medical Practice	Physio First	Social Prescribing	
Ling House Medical Centre	Physio First	Social Prescribing	
North Street Medical Practice	Physio First		
Silsden & Steeton Medical Practice	Physio First	Social Prescribing	
Townhead Surgery	Physio First	Social Prescribing	

One of the challenges we have faced with regard to this evaluation is the difficulty in obtaining an overall picture of activity. This is because the collection and reporting systems for this programme were still being established at time of writing. We are able to provide some simple figures from SystmOne which give an overview of the activity during the four months of our evaluation (October 2017 - January 2018). The table 2 below shows overall activity figures broken down by service

Table 2 Patients registered with EPC services October 2017 - January 2018

Number of People using Enhanced Primary Care Scheme - SystemOne data

Service	Excluding Care Ended	Total referred October 2017 to January 2018	Estimate Full year
Frail and Elderly Register	398	398	1194
Physio First	1605	1661	4983
Social Prescribing	421	727	2181
Total		2786	8358

THE VIEWS OF PATIENTS

As outlined above, feedback from patients was collected via a questionnaire (Appendices 2 and 3) which was designed by the programme steering group and based on previous ones used. The team at Leeds Beckett converted it into an electronic survey using SNAP but the vast majority of questionnaires were filled in by hand and entered into SNAP by the evaluation team at a later date. The Social Prescribing and Physio First questionnaires were the same, the frailty one was slightly different.

We received 236 surveys - the majority were from people who had accessed Physio First and Social Prescribing. This is not surprising given both of these services were used by many more people than the Frailty service and patients in that service were likely to find it harder to complete a survey. Also, as can be seen from Table 3 below, Physio First was the priority for the majority of practices.

Table 3: Prioritisation of EPC services by Practice

Projects	Priority 1	Priority 2	Priority 3	Total
Social Prescribing	1 practice	10 practices	1 practice	12 Practices
Physio First	9 practices	3 practices	None	12 Practices
Frailty Care	5 practices	None	None	5 Practices

The total number of surveys returned broken down by service was as follows:

Physio First 180

Social Prescribing 46

Frailty 10

Demography of survey respondents

Ethnicity

This question was answered by 157 respondents who had used Physio First, nine who were part of the Frailty programme, and 43 who had used Social Prescribing.

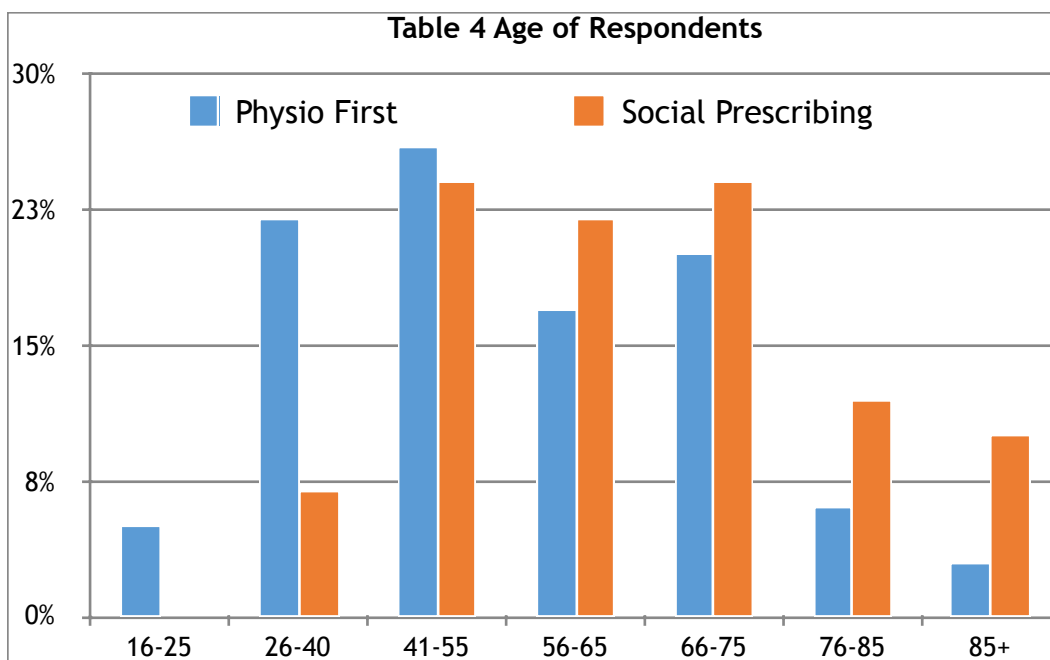
With both Physio First and Social Prescribing the majority of questionnaires returned identified the respondent as White British (78% and 95%) respectively. Seven respondents in the Frailty programme identified as white British, one as white/Polish and one as white/gypsy traveler.

The second largest group for Physio First (15%) identified themselves as Asian/Pakistani. It is the case that there was greater coverage among different ethnic groups by Physio First patients than with Social Prescribing.

Age

Physio First patients are represented more across the entire age range. With more patients accessing physiotherapy in the younger range and the reverse being the case with social

Prescribing, as can be seen in Table 4. All the participants (apart from one non responder) in the Frailty programme were over 65 and five were over 85.



Gender

There was little difference in utilisation of Physio First between genders, whereas women were almost twice as likely to utilise social prescribing as men. Three participants in the Frailty programme were men, four were women and this information was not available for three.

Disability

10% of people who used Physio First identified themselves as disabled, compared to just over 40% of those who used the social prescribing service. Four of those using the Frailty service said they had a disability, four said they did not and there is no response for two

Physio First - patient feedback

The feedback on Physio First was extremely positive overall as can be seen in Table 5 (for full details see Appendix 5). 82% of respondents were completely satisfied and satisfaction rates with the convenience of appointments and having enough time to discuss their problems was extremely high at 96% and 100% respectively. People felt that they were listened to, treated with care and concern, involved in planning their care and were confident in the service and professionals involved. Confidence in their ability to care for themselves more following the information and support given was very high. 67% agreed that their health had improved (49% strongly agreed) which is good for a relatively short intervention which is often dealing with chronic problems.

73 people also used the free text box to comment on 'what had been good about the service they received;' the main themes emerging from these comments were:

- Fast, efficient and convenient service offered
- Friendly, caring and supportive staff
- Helpful advice, information and treatment
- Feeling better able to manage their condition for themselves - because they understood what was going on, felt reassured and had clear guidance on what they needed to do
- Positive health outcomes as a result!

The following comments illustrate the points above:

'clear direction of the problem I have and how to improve at home'

'it has been quick and sufficient, health has improved and good advice given.'

'listened to me and gave me time to explain my symptoms. Gave me clear advice on how to manage my symptoms.'

As can be seen in the detailed responses in Appendix 5, the only statements where any respondents disagreed were in relation to their confidence to self-manage and whether their health had improved. These were small numbers however and it is to be expected that not every patient will feel more confident or healthier after a relatively short intervention.

Table 5 - summary of key survey findings: Physio First

Total number of survey responses = 180	Strongly agree	agree
Appointment at mutually convenient time/place	83%	16%
Enough time at appointment to discuss my problem	87%	13%
I was listened to	86%	13%
I was treated with care and concern	87%	12%
I was confident in the service and professionals involved in my care	83%	14%
I was involved in the development of my plan of care and support	74%	20%
The information and support helped me to care for myself more	71%	23%
I am now more confident I can look after myself better	67%	22%
My health has improved	49%	18%
	Completely satisfied	Mostly satisfied
How would you rate your overall satisfaction with the service?	82%	9%
	Extremely likely	likely
How likely are you to recommend the service?	81%	15%

As can be seen from Table 6 which sets out responses to the question ‘If this service had not been available, how would you have managed your condition’; most people would have gone to their GP, with a substantial number trying to manage it themselves and some going to A & E. 23 people also used the free text to comment with five saying they think their problem would just have worsened, and one saying ‘wouldn’t have managed’. A few said they would have looked into seeing a physio privately or seeking alternative forms of treatment and several said they would have searched online and tried to work out what to do for themselves.

Table 6 If this service had not been available, how would you have managed your condition...?				
Seen my GP	Used the GP ‘Out of Hours’ Service	Gone to A & E	Managed it myself	Other
77%	3%	11%	22%	7%

Note: Some people gave more than one response, hence the percentages add up to more than 100.

Finally 91% were either completely or mostly satisfied with the service received. 81% said they were ‘extremely likely’ to recommend the service, and 15% said they were likely to which is a total of 96% and very positive feedback for Physio First.

Social Prescribing

Overall the findings for Social Prescribing were very positive as can be seen in the summary in Table 7. The percentage of respondents saying either ‘strongly agree’ or ‘agree’ was well over 80%, and in many instances over 90%, for all statements apart from those about ‘confidence to look after myself better’ and ‘improved health’. A look at the more detailed findings (see Appendix 5) shows that a sizeable proportion of people (22% and 33% respectively) said they ‘neither agreed or disagreed’ in response to these two statements. It struck the evaluation team that the wording of the survey was more geared to a clinical intervention such as Physio First and that ‘looking after’ themselves better whilst highly relevant to Physio First patients, was perhaps less so for Social Prescribing patients. It is also possible that patients in receipt of the Social Prescribing Service may not have thought about being less isolated or having received debt advice for example, as impacting on their health, particularly if they thought of this in terms of physical health. There were two respondents who gave disagree/strongly disagree responses. One person who chose strongly disagree to all statements apart from ‘my health has improved...’ (to which they chose neither agree nor disagree), then said they were completely satisfied and extremely likely to recommend the service - there were no additional comments on their questionnaire which might throw light on these contradictory responses, but the team’s view is that they should be disregarded as the respondent appears confused. The respondent who chose a mixture of strongly disagree/disagree/neither selected ‘not satisfied’ and ‘unlikely’ to recommend, then added “previous experience allowed me to rehabilitate myself; it was 6 weeks before anyone made contact with me!” which explains their dissatisfaction. The evaluation team also received nine surveys in the old format which could not therefore be entered into SNAP which all gave positive feedback on the Social Prescribing service.

Table 7 - summary of key survey findings: Social Prescribing

Total number of survey responses = 46	Strongly agree	agree
Appointment at mutually convenient time/place	67%	26%
Enough time at appointment to discuss my problem	72%	20%
I was listened to	85%	11%
I was treated with care and concern	80%	15%
I was confident in the service and professionals involved in my care	65%	22%
I was involved in the development of my plan of care and support	54%	39%
The information and support helped me to care for myself more	41%	41%
I am now more confident I can look after myself better	35%	37%
My health has improved	20%	43%
How would you rate your overall satisfaction with the service? Completely Satisfied or Very Satisfied	65%	26%
How likely are you to recommend the service? Very likely or Likely	70%	26%

35 people also used the free text box to comment on ‘what had been good about the service they received;’ the main themes emerging from these comments were:

- Caring, friendly, helpful, non-judgmental, empathetic and understanding staff
- Being able to discuss anything and there being time to be listened to
- Practical help and information, enabling access to appropriate services
- Regular, prompt appointments and follow up
- Led to positive changes in people's lives

The following comments illustrate the points above:

'prompt, practical and professional'

'has helped me feel better about myself and my abilities to do things'

'being able to talk to someone who knows nothing about me or my situation but understands and cares and makes it seem normal.'

'went away thinking it through and when I came back..... I had made some changes'

'the person who has helped me had empathy, listens, encourages (rather than giving standard 'advice') Helped me to see how I can care for and help myself - thank you.'

As can be seen from Table 8, which sets out responses to the question 'If this service had not been available, how would you have managed your condition', most people would have gone to their GP, with a substantial number trying to manage it themselves and some going to A & E or using the out of hours GP service, even though they would have been seeing the Social Prescriber because they had a non-medical problem. 16 people also used the free text to comment, seven of them saying that wouldn't have known where to turn, would have 'stayed isolated' or not have managed as the following quotes illustrate:

'I wouldn't (have managed) and would still be in the gutter, not in recovery.'

'would have had' no choice but to struggle to do so (ie manage). No idea how I would have coped in recent weeks without my social prescriber.'

Table 8 If this service had not been available, how would you have managed your condition...?

Seen my GP	Used the GP 'Out of Hours' Service	Gone to A & E	Managed it myself	Other
67%	11%	13%	37%	20%

Note: Some people gave more than one response, hence the percentages add up to more than 100.

Finally 91% were either completely or mostly satisfied with the service received. 70% said they were 'extremely likely' to recommend the service, and 26% said they were likely to, which is a total of 96% and very positive feedback for Social Prescribing.

Frailty Service

Ten people returned a questionnaire on the Frailty Service. Detailed feedback is given in Appendix 6 and is summarised below in Table 9. 80 - 90% of respondents strongly agreed

or agreed with most of the statements given, providing positive feedback on the service. The percentage fell to 60% for confidence in the professionals looking after them and being able to look after themselves better. Whilst numbers are very small 30% (3 people) 'neither agreed or disagreed' that they felt confident 'in the service and in the professionals involved in my care'.

The one comment made using the free text box was very positive however:

'the GP has treated me with kindness'

Table 9 - summary of key survey findings: Frailty Service

Total number of survey responses = 10	Strongly agree	agree
I was informed about the service and how it would help in my care	40%	50%
I was given enough time to discuss my care plan and what it meant	40%	40%
I was listened to	40%	50%
I was treated with care and concern	50%	40%
I was confident in the service and professionals involved in my care	60%	10%
The information and support I have received has helped me to understand and influence how I am cared for	50%	40%
I am now more confident I can look after myself better	20%	50%
How satisfied were you with the service? Completely Satisfied/Mostly Satisfied	40%	40%
How likely are you to recommend the service? Extremely likely/Likely	20%	50%

As can be seen from Table 10 which sets out responses to the question 'If this service had not been available, how would you have managed your condition', of the ten respondents would have gone to their GP.

Table 10 If this service had not been available, how would you have managed your condition...?

Seen my GP	Gone to A & E	Managed it myself	Other
60%	10%	20%	10%

Finally 80% were either completely or mostly satisfied with the service received and 20% 'somewhat satisfied'. 20% said they were 'extremely likely' to recommend the service, and 50% said they were likely to which is a total of 70% but 30% said they were 'neither likely or unlikely' - so the feedback is generally positive but with a minority or were somewhat ambivalent. However, as indicated earlier, with such small numbers it is not possible to draw any firm conclusions on patient views of this service.

THE VIEWS OF STAFF AND OTHER STAKEHOLDERS

Four GPs, two commissioners, three social prescribers and two physios were interviewed to ascertain their views on the programme (see Appendix 4). All interviewees received a Participant Information Sheet (Appendix 7) prior to their interview which was conducted by telephone. Notes were taken and analysed, and the main themes are discussed below in relation to the questions asked and the responses of different groups compared.

What Problem is EPC trying to solve?

- GPs and commissioners gave similar responses - ie EPC is about providing services that are better able to meet patient need, especially where these are complex, so preventing crisis and reducing A&E use and non-elective admissions and thereby being more cost effective/reducing costs.
- GPs also talked about reducing pressure on general practice by having a more appropriate, multi-disciplinary approach.
- Social prescribers (SPs) and physios were more focused on direct service provision (whilst recognising this was about reducing pressure on GPs and A&E) - for SPs it was about dealing with non- medical needs which GPs lack the capacity and maybe the skills to deal with. For physios it was about having more time/skills to deal with MSK problems.
- SPs and physios both talked about having a more appropriate service for patients who 'keep going round and round' because they have chronic problems or non-medical needs that GPs struggle to deal with effectively.

How well understood is EPC?

- Commissioners have a less clear picture than GPs of how well EPC is understood within practices.
- GPs said understanding varies) but whilst EPC needs to be better understood and embedded, not everyone needs to know all details.
- SPs and physios talked in terms of the teams they worked with rather than across the system - they have worked hard to ensure that professionals within the practices they work understood their service and how they could access it.

What have been/are the challenges?

- GPs and commissioners see challenges in terms of the system - developing a common model, embedding, evaluating, short timescales to produce outcomes etc, except for the GP lead for Frailty who also talked about service challenges eg how to prioritise frail patients and engage more systematically with those in the community.
- SP and physios saw challenges more in terms of immediate practice - working with patients with complex, often chronic needs, bringing other staff on board, admin, interpreters, some challenges with SystemOne.

What will success look like?

- GPs saw this in terms of reducing pressure on general practice and offering a better service to patients. 'when Social Prescribing becomes a core part of GP practice'
- One GP said 'when the governance at a system level are resolved' - for example the production and sharing of data through SystemOne is mainstreamed.
- Commissioners responses reflected KPIs and contract - so they described success as when the programme is working well and reductions in A&E etc are being achieved.
- SPs and physios talked in terms of patient outcomes, reduced pressure on general practice and better intersectoral collaboration.

Comments on evaluation tools

- Overall SystemOne templates were viewed as appropriate but there was a query re not being able to enter some data because there was no place to do it.
- The survey was seen as too long plus concerns were expressed re getting feedback from frail patients, those in rural areas (no SAEs were provided), and those without English as first language or with low literacy levels.
- It was unclear who is completing the well-being trackers and where they then go.

COMMENTARY ON FINDINGS

Quality

Our assessment is based primarily on the 236 patient questionnaires we received.

The overwhelming feedback from all three services was positive - both with regard to the way in which the service was delivered and the impact that patients felt the service had made on their health and their ability to take control of their own health.

Physio First services were consistently rated at the 90% level in terms of how the service was delivered, with 65% of patients feeling that their health had improved and 91% feeling that they could manage their health better.

Ratings for patients who had received the Social Prescribing service were almost as high as Physio First in terms of how the service had been delivered. 53% of patients felt that their health had improved and 73% of patients felt that they could look after themselves better.

The Frailty service had the lowest number of responses in part this is because it is a much smaller service at the moment. Again, ratings here were good overall.

Implementation

We were surprised at how well embedded these services were. There appeared to no difficulty in getting referrals and in our interviews with providers the general view was that the referrals they received were appropriate. Much of this appeared to be down to the work by providers who were embedded in each practice - making sure that key players

from reception through to clinical staff understood their role. We would also surmise that the fact that the project had also had General Practice leadership must also have helped.

In our view this was quite a complex scheme delivered to very challenging timescales. In addition to the points we make in the preceding paragraph we suspect that the appointment of a project manager was an important factor in its success.

Targeting

While we are able to make some general points with regard to targeting, the difficulty in accessing SystemOne data during this evaluation and the lack of contextual demographic information makes it hard to give a definitive view here.

We do note from the survey data that Physio First was more likely to be used across the age range and that their patients were likely to be younger than those who used Social Prescribing. Probably following on from this we note that 40% of people who used the Social Prescribing service identified themselves as disabled compared to just 10% who used the Physio First service.

We note that on the basis of survey data, the Physio First service was used by more people who identified themselves as Asian/Pakistani than the Social Prescribing service.

One of the physiotherapy providers noted that there is a mismatch between resources and need - which does not reflect deprivation and variation in populations:

“Session can take between 15 minutes to 30 minutes depends on demand in practices - mismatch of needs and resources - using interpreters is a challenge”

One of the areas that was not covered in this interim evaluation was the relationship between the demographic make-up of a particular practice population - deprivation, age, ethnicity etc and the implications this might have for the EPC service and primary care more widely.

Data Gathering

We have mentioned at various stages in this report some of the challenges that we found with regard to the data. We highlight the following:

Questionnaire - We were surprised at the relatively large number of patient questionnaires that were returned. However, there were some comments about its' length and some services found it harder to identify when was the best time to give patients the questionnaire. For example, it is may be easier to be clear about when a physiotherapy intervention ends than a social prescribing one. This sort of questionnaire is also not user friendly for people who might find it hard to fill in such as patients with dementia.

Going forward we suggest that a distinction could be usefully made between monitoring the quality of service delivery versus its impact.

SystemONE - More fundamentally, work to generate data from SystemOne had not been fully completed during our evaluation. We understand that the ambition is to be able to identify people who have received an EPC service and to be able to test whether this has had an impact on their utilisation of other services - in particular General Practice and Urgent Care.

As will be seen earlier in the report we did receive some basic SystmOne data. It does therefore look as though it may be possible to generate the data to achieve the above ambition. We do however indicate the need for caution here, it is perfectly possible that an effective EPC will provide better health outcomes for individuals but lead to no discernible decrease in service utilisation - in some cases possibly even an increase!

Finally, some EPC providers did tell us that the different ways in which SystmOne is managed across practices made the process of entering data laborious and slow.

Cost and Volume

The commissioners of this evaluation were not able to share the financial information on the EPC with us. Going forward it will be important to include any costs in any further evaluation. Similarly our evaluation did not take account of the relative scale of this programme - for example comparing activity to practice size. It is striking when we look at the SystmOne data that some practices had many more patients registered on the scheme than others. We are not in a position to compare this level of activity against practice population.

CONCLUSION AND SUGGESTIONS FOR WAYS FORWARD

Four evaluation aims were set out in the introduction to this report. We would argue that three of these have been largely fulfilled:

- Levels of patient satisfaction with EPC services have been assessed and the response rate for Physio First and Social Prescribing was good enough to draw the conclusion that for many patients the service is working well. What we do not know is how representative those who filled in the questionnaire were of patients as a whole but given it was a long survey requiring reasonably high literacy levels it is reasonable to assume that those with low literacy levels in English will have been under represented. The number of responses for the Frailty Service were too small to draw any real conclusions and how to better enable patients and their carers to provide feedback needs to be considered.
- We were able to gain insight into what a small group of the key stakeholders want from evaluation and from the EPC programme. However we would suggest that it would be useful to interview a wider range of stakeholders (including for example GPs not directly involved with the programme) to gain more insight into the challenges and opportunities the programme presents.
- We were able to find out about staff acceptability through the interviews we did with key staff delivering services, but again it would be useful to get feedback from staff not directly involved in delivery in order to better understand for example, any barriers to referral.

The evaluation has been less successful in achieving the fourth aim which was to test the evaluation tools to see if they produce data which fully address the KPIs. The patient survey did provide positive feedback on five of the KPIs (Appendix 1): 'experience of care', 'self-care and looking after myself', 'assessment of need', 'personalized care' and 'access to care' although without access to detailed SystmOne data we are unable to comment on care plans in relation to the last two of these. Analysis of the patient survey of those patients accessing Social Prescribing would suggest in relation to 'involvement',

that it is enabling people to access community and voluntary sector support and is reducing social isolation.

However without access to data on care utilization data we cannot comment on the KPIs relating to whether the EPC programme is making it more likely patients will be cared for at home or in the community rather than in hospital.

Overall the evidence from this evaluation would suggest that this is a successful programme, but in addition to the comments above about improving any future evaluation, we would like to make the following comments and recommendations:

Impact

We think that more work needs to be done to demonstrate the contribution that the EPC makes to the health of the local population and to the wider health system. In the report we flag up a number of issues:

- Demonstrating scale of service compared to practice population size
- Tailoring resource and service to practice population need

We are cautious about making the case for more work to seek to test whether these services generate savings to the NHS because this impact may be long term, is dependent on who is selected for the EPC and because of the wide range of variables. Nonetheless the generation of EPC reports through SystemOne should provide some insight into outcomes. However we would suggest that the existing evidence bases for the programme are built on rather than emphasis placed on trying to prove long term outcomes. We believe this to be virtually impossible with small scale, short term funding but also unnecessary where there is evidence demonstrating that programmes such as Social Prescribing can work. Instead the focus needs to be on evaluating process and impact to ensure programmes are being run effectively.

Services

All services (Physio First, Social Prescribing and Frailty) merit more detailed consideration in order to develop greater understanding of their focus and impact. For example:

Physio First - what issues are patients presenting with?

Social Prescribing - what are the range of issues that patients are presenting with, which voluntary and community organisations are being used and what are the implications for these organisations?

Frailty - relationship between support to people at home compared to those in nursing or residential care. How to ensure that patient voice is heard more powerfully?

Sustainability

All of the services provided through the EPC are dependent on relationships - with patients, carers, voluntary sector and most importantly with practice staff. They rely on the knowledge and expertise of their providers. It is important to move as quickly as possible to a more long-term funding stream.

RECOMMENDATIONS

Our recommendations follow from our conclusions above:

- Impact - agree at a system level what 'impact' looks like in the medium term, drawing on existing evidence bases where useful. Use this to shape the current work on an integrated approach to data collection. We anticipate that in addition to internal work on SystmOne this will include outward facing work to locate the work of the EPC into the wider demographic needs of specific practice populations. This should also include developing a greater understanding of the three EPC services as we outline above.
- Improve patient feedback through improving the survey and providing face to face support to complete it, to enable those patients who are 'seldom heard' to participate. Provide SAEs where patients take the survey away to complete.
- Improve communication in order to provide more consistency of approach across practices - this should be enabled by recent practice mergers into large partnerships.
- Sustainability - agree a medium-term funding strategy which should include considering how to incorporate the EPC model into a future vision for what good primary care looks like in Airedale, Wharfedale and Craven.
- Finally, it is important not to underestimate the logistics of a programme such as this - if momentum is to be maintained we suggest that there the resourcing of two areas should be considered - firstly, some dedicated project management supports and secondly access to a some specific data management expertise - with particular regard to SystmOne

APPENDIX 1 Key Performance Indicators

Outcome	Social prescribing and care navigation	Physio First	Chronic pain and MUS support groups	Enhanced frailty service
Experience of care Myself and my main carer have a positive experience of care	Yes - patient and carer survey and Wellbeing Score	Yes - patient and carer survey	Yes - Pain/symptom specific Patient Reported Outcome Measure (PROM) and Patient Reported Experience Measures (PREM); patient and carer survey	Yes - patient and carer survey
Living at Home: I will only go into hospital if I cannot receive my care safely in the community	Yes - cohort data on elective and non-elective care spells; number of VCS referrals	Yes - cohort data on elective and non-elective care spells	Yes - cohort data on elective and non-elective care spells	Yes - cohort data on elective and non-elective care spells; proportion of deaths in hospital
Self Care and Looking After Myself: I have knowledge and easy access to information to be confident to care for myself	Yes - patient and carer survey and Wellbeing Score	Yes - patient and carer survey		
Getting Better: After being in hospital I will be supported to get home, to get well and to stay in my own home wherever possible	Yes - proportion of people still at home after 91 days; number of care plans in place; utilisation of step-up/rehab beds; number of primary care contacts	N/A	Yes - proportion of people still at home after 91 days; number of care plans in place; utilisation of step-up/rehab beds; number of primary care contacts	
Involvement: I am motivated and able to participate in community activities should I wish to, I do not become or remain socially isolated	Yes - patient and carer survey and wellbeing score; number of VCS referrals; number of care plans in place	N/A	Yes - patient and carer survey; number of patients attending groups and online and social media support community	Yes - patient and carer survey

Outcome	Social prescribing and care navigation	Physio First	Chronic pain and MUS support groups	Enhanced frailty service
Assessment of Needs: All my needs are taken into account (physical, psychological and social)	Yes - patient and carer survey and wellbeing score; number of care plans in place; number of care plan reviews	Yes - patient and carer survey	Yes - patient and carer survey; PROP / PREM measures	Yes - patient and carer survey and wellbeing score; number of care plans in place; number of care plan reviews
Personalised Care: People are supported in setting their own goals and receive care that is personalised to their needs			Yes - patient and carer survey; PROP / PREM measures	
Access to Care: People can access care, support and information in a timely manner	Yes - patient and carer survey; number of care plans in place; number of care plan reviews; confirmation that professionals can be contacted by a range of means	Yes - patient and carer survey; confirmation of triage system for MSK conditions	Yes - patient and carer survey; confirmation of use of online and social media support	Yes - patient and carer survey; number of care plans in place; number of care plan reviews; confirmation that professionals can be contacted by a range of means
Organisational Culture: The organisation respects and seeks the views of its workforce, acting upon feedback received	Yes - staff survey; evidence of action taken in response to survey			
System Sustainability: The system is financially sustainable	Yes - elective and non-elective care spend at population level; cohort level evaluation of elective and non-elective care utilisation before and after intervention; chronic pain cohort evaluation will include assessment of polypharmacy rates and prescribing costs (xref with CROP data)			
Efficiency: Resources and infrastructure are optimised and used in the most efficient manner to maximize outcomes for individuals	Yes - scheme evaluation report			

Appendix 2 Enhanced Primary Care Scheme: Patient Survey

Dear Patient

Your feedback is important to us. We would therefore really appreciate it if you could take a few minutes to complete this survey. Your responses will help us to understand how well the service you have recently received is working and how it might be improved. The information you provide will be treated as strictly confidential. It will be anonymised and will only be shared with your local General Practice, NHS Commissioning Group and Leeds Beckett University Evaluation Team who are evaluating the Enhanced Primary Care Scheme.

I confirm that I have read and understood the Participant Information Sheet and by participating in this survey, I consent to the data being used in Leeds Beckett University's evaluation.

Yes

No

Please indicate by ticking one box only your response to the following questions:

1. The service I accessed was:

Physio First

Social Prescribing

2. I was able to have an appointment at a mutually agreeable time and place?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

3. I was given enough time to discuss my problem?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

4. I was listened to?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

5. I was treated with care and concern?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

6. I was confident in the service and professionals involved in my care?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

7. I was involved in the development of my plan of care and support?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

8. The information and support I have received has helped me to care for myself more?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

9. I am now more confident that I can look after myself better?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

10. My health has improved as a result of the service I have received?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
-

11. How would you rate your overall level of satisfaction with the service you received?

- Completely satisfied
- Mostly satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat unsatisfied
- Not satisfied

12. Thinking about your recent experience how likely are you to recommend this service to friends and family if they need similar care or treatment?

- Extremely likely
- Likely
- Neither likely or unlikely
- Unlikely
- Extremely unlikely
- Don't know

13. If this service had not been available how would you have managed your condition/ health issue/ wellbeing (delete as appropriate)? Please tick all boxes that apply.

- Seen my GP
- Used the GP 'Out of Hours' Service
- Gone to A & E
- Managed it myself
- Other (Please provide details in the box)

14. What has been good about the service you received?

15. What improvements could be made to the service to make it better?

Thank you for taking the time to complete this patient survey.

Equality Data Collection Form

In order to ensure that we provide the best services for all of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules. This information will be kept confidential and you do not have to answer all of these questions, but we would be very grateful if you would.

Please tick the relevant boxes or write in the answer

Postcode (1st part only) _____ e.g. BD20/LS29 Prefer not to say

Sex - What is your sex?

Female Male Prefer not to say

Age - How old are you?

Under 16 16-25 26-40 41-55 56-65 66-75

76-85

85 + Prefer not to say

Ethnicity - What is your ethnic group?

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Please write in _____

Black or Black British

- African
- Caribbean
- Any other Black/African/Caribbean background

Please write in _____

Mixed/Multiple Ethnic Groups

- White & Asian
- White & Black African
- White & Black Caribbean
- Any other mixed/multiple ethnic group

Please write in _____

White

- British - English/Scottish/Welsh/Northern Irish
- Irish
- Gypsy/Traveller
- Any other White background

Please write in _____

Other Ethnic Group

- Arab
- Other ethnic group
- Prefer not to say

Please write in _____

Prefer not to say

Disability - Do you consider yourself to be disabled?

The Equality Act 2010 states that a person has a disability if 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities'

Yes No Prefer not to say

If you ticked yes, please specify below

Carer

Do you provide care for someone, such as family, friends, neighbours or others who are ill, disabled or who need support because they are older?

Yes No Prefer not to say

Appendix 3 Enhanced Primary Care Scheme: Frailty Service Patient Survey

Dear Patient

Your feedback is important to us. We would therefore really appreciate it if you could take a few minutes to complete this survey. Your responses will help us to understand how well the service you have recently received is working and how it might be improved. The information you provide will be treated as strictly confidential. It will be anonymised and will only be shared with your local General Practice, NHS Commissioning Group and Leeds Beckett University Evaluation Team who are evaluating the Enhanced Primary Care Scheme.

I confirm that I have read and understood the Participant Information Sheet and by participating in this survey, I consent to the data being used in Leeds Beckett University's evaluation.

Yes

No

Please indicate by ticking one box only your response to the following questions:

16. I was informed about the scheme and how it would help in my care?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

17. I was given enough time to discuss my care plan and what it meant?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

18. I was listened to during the discussions with the GP/Nurse who spoke to me about my care plan?

Strongly agree

Agree

- Neither agree nor disagree
- Disagree
- Strongly disagree

19. I was treated with care and concern when discussing my health and care needs?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

20. I was confident in the service and professionals involved in my care?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

21. The information and support I have received has helped me to understand and influence how I am cared for?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

22. I am now more confident that I can look after myself better?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree

Strongly disagree

23. How would you rate your overall level of satisfaction with the service you received?
Please

tick one box only.

- Completely satisfied
- Mostly satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Minimally satisfied
- Not satisfied

24. Thinking about your recent experience how likely are you to recommend this service to friends and family if they need similar care or treatment? Please tick one box only.

- Extremely likely
- Likely
- Neither likely or unlikely
- Unlikely
- Extremely unlikely
- Don't know

25. If this service had not been available how would you have managed your condition/ health issue/ wellbeing (delete as appropriate)? Please tick all boxes that apply.

- Seen my GP
- Used the GP 'Out of Hours' Service
- Gone to A & E
- Managed it myself
- Other (Please provide details in the box)

26. What has been good about the service you received?

27. What improvements could be made to the service to make it better?

Thank you for taking the time to complete this patient survey.
Please return to your GP Surgery

Equality Data Collection Form

In order to ensure that we provide the best services for all of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules. This information will be kept confidential and you do not have to answer all of these questions, but we would be very grateful if you would.

Please tick the relevant boxes or write in the answer

Postcode (1st part only) _____ e.g. BD20/LS29 Prefer not to say

Sex - What is your sex?

Female Male Prefer not to say

Age - How old are you?

Under 16 16-25 26-40 41-55 56-65 66-75

76-85

85 + Prefer not to say

Appendix 4 Interview Schedule (Stakeholders)

Could you tell us what your connection/involvement is to EPC?

- Can you tell us a bit more about your involvement in....
- What do you know about the other elements of EPC?

What do you see as the 'problem' the EPC is trying to solve?

- Pressure on PC? And on GPs in particular?
- Inappropriate use of PC?
- Ageing population?

What do you see as the challenges in trying to implement this programme?

- Lots of different players
- Different models and start times across the 15 practices
- Lack of staff understanding about EPC and no/inappropriate referrals
- Lack of clarity about what the funding is being spent on
- Lack of direction/clarity from CCG
- Continual change in system - CCGs and GPs merging

What would you see as 'success' in the context of the EPC programme?

- What would you want to see as 'evidence'?
- What input have you had into the evaluation planning?
- How are you hoping the evaluation will help?
- How do you think impact could be demonstrated at both individual and practice population level?

How well understood and owned is this programme across the system?

- By GPs
- By other health care professionals
- By the CCG
- By the Local Authority and the Voluntary Sector

Are there any other stakeholders we need to speak to?

Is there anything you would like to add that we haven't asked you about?

Appendix 4 Interview Schedule (Staff providing service)

Could you tell us what your connection/involvement is to EPC?

- Can you tell us a bit more about your involvement in.....
- What do you know about the other elements of EPC?

What do you see as the 'problem' the EPC is trying to solve?

- Pressure on PC? And on GPs in particular?
- Inappropriate use of PC?
- Ageing population?

What do you see as the challenges in trying to implement this programme?

- Different models and start times across the 15 practices
- Lack of staff understanding about EPC and no/inappropriate referrals
- Any particular limitations of their service? Eg enough time to respond to needs
- Continual change in system - CCGs and GPs merging

What would you see as 'success' in the context of the EPC programme?

- What would you want to see as 'evidence'?
- What input have you had into the evaluation planning?
- How are you hoping the evaluation will help?
- How do you think you could show what difference your input has made? At individual and practice population level?

What evaluation tools are you using and how do you find them?

- Patient Survey?
- SystemOne templates?

How well understood and owned this programme is within the practices you work with?

- By GPs
- By other health care professionals
- By reception staff

Are there any other staff we need to speak to?

Is there anything you would like to add that we haven't asked you about?

Appendix 5 Patient Survey Results: Physio First and Social Prescribing

Appointment at mutually convenient time/place

Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No response	Total
Physio First	149	28	1	0	0	2	180
Social Prescribing	31	12	0	1	2	0	46
Total	180	40	1	1	2	2	226

Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No response	Total
Physio First	83%	16%	1%	0%	0%	1%	100%
Social Prescribing	67%	26%	0%	2%	4%	0%	100%

Enough time at appointment to discuss my problem

Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
Physio First	156	23	1	0	0	180
Social Prescribing	33	9	2	1	1	46
Total	189	32	3	1	1	226

Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
Physio First	87%	13%	1%	0%	0%	100%
Social Prescribing	72%	20%	4%	2%	2%	100%

I was listened to

Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
Physio First	155	24	1	0	0	180
Social Prescribing	39	5	0	1	1	46
Total	194	29	1	1	1	226

Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
Physio First	86%	13%	1%	0%	0%	100%
Social Prescribing	85%	11%	0%	2%	2%	100%

I was treated with care and concern

Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No response	Total
Physio First	156	22	0	0	0	2	180
Social Prescribing	37	7	0	0	2	0	46
Total	193	29	0	0	2	2	226

Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No response	Total
Physio First	87%	12%	0%	0%	0%	1%	100%
Social Prescribing	80%	15%	0%	0%	4%	0%	100%

I was confident in the service and professionals involved in my care

Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No response	Total
Physio First	150	25	4	0	0	1	180
Social Prescribing	30	10	4	1	1	0	46
Total	180	35	8	1	1	1	226

Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No response	Total
Physio First	83%	14%	2%	0%	0%	1%	100%
Social Prescribing	65%	22%	9%	2%	2%	0%	100%

I was involved in the development of my plan of care and support

Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No response	Total
Physio First	134	36	8	0	0	2	180
Social Prescribing	25	18	1	0	2	0	46
Total	159	54	9	0	2	2	226

Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No response	Total
Physio First	74%	20%	4%	0%	0%	1%	100%
Social Prescribing	54%	39%	2%	0%	4%	0%	100%

The information and support helped me to care for myself more

Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No response	Too soon to know	NA	Total
Physio First	128	41	8	0	0	1	1	1	180
Social Prescribing	19	19	5	1	1	1	0	0	46
Total	147	60	13	1	1	2	1	1	226

Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No response	Too soon to know	NA	Total
Physio First	71%	23%	4%	0%	0%	1%	1%	1%	100%
Social Prescribing	41%	41%	11%	2%	2%	2%	0%	0%	100%

I am now more confident I can look after myself better

Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No response	NA	Total
Physio First	120	40	16	2	0	1	1	180
Social Prescribing	16	17	10	2	1	0	0	46
Total	136	57	26	4	1	1	1	226
Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No response	NA	Total
Physio First	67%	22%	9%	1%	0%	1%	1%	100%
Social Prescribing	35%	37%	22%	4%	2%	0%	0%	100%

My health has improved

Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No response	Too soon to know	NA	Total
Physio First	88	32	39	6	1	7	4	3	180
Social Prescribing	9	20	15	2	0	0	0	0	46
Total	97	52	54	8	1	7	4	3	226

Service	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No response	Too soon to know	NA	Total
Physio First	49%	18%	22%	3%	1%	4%	2%	2%	100%
Social Prescribing	20%	43%	33%	4%	0%	0%	0%	0%	100%

How would you rate your overall satisfaction with the service?

Service	Completely satisfied	Mostly satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat unsatisfied	Not satisfied	No response	Total
Physio First	148	17	7	1	0	0	7	180
Social Prescribing	30	12	2	0	0	1	1	46
Total	178	29	9	1	0	1	8	226

Service	Completely satisfied	Mostly satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat unsatisfied	Not satisfied	No response	Total
Physio First	82%	9%	4%	1%	0%	0%	4%	100%
Social Prescribing	65%	26%	4%	0%	0%	2%	2%	100%

How likely are you to recommend the service?

Service	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	No response	Don't know	Total
Physio First	146	27	3	1	0	2	1	180
Social Prescribing	32	12	0	1	0	0	1	46
Total	178	39	3	2	0	2	2	226

Service	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	No response	Don't know	Total
Physio First	81%	15%	2%	1%	0%	1%	1%	100%
Social Prescribing	70%	26%	0%	2%	0%	0%	2%	100%

If this service had not been available, how would you have managed your condition...?

Service	Seen my GP	Used the GP 'Out of Hours' Service	Gone to A & E	Managed it myself	Other
Physio First	139		5	19	39
Social Prescribing	31		5	6	17
Total	170		10	25	56

Service	Seen my GP	Used the GP 'Out of Hours' Service	Gone to A & E	Managed it myself	Other
Physio First	77%	3%	11%	22%	7%
Social Prescribing	67%	11%	13%	37%	20%

Demographics

Postcode	No response	BD	BD11	BD14	BD16	BD20	BD21	BD22	BD23	BD24	LS29	Prefer not to say	Total
Physio First	29	1	1	1	2	55	37	31	8	6	9	0	180
Social Prescribing	10	0	0	0	0	18	4	5	2	2	4	1	46
Total	39	1	1	1	2	73	41	36	10	8	13	1	226

Postcode

151 out of 180 respondents for Physio First answered this question

35 out of 46 respondent for Social Prescribing answered this question

	BD	BD11	BD14	BD16	BD20	BD21	BD22	BD23	BD24	LS29
Physio First	1%	1%	1%	1%	36%	25%	21%	5%	4%	6%
Social Prescribing	0%	0%	0%	0%	51%	11%	14%	6%	6%	11%

Sex	No response	Female	Male	Prefer not to say	Total
Physio First	25	81	72	2	180
Social Prescribing	5	26	14	1	46
Total	30	107	86	3	226

Gender

PF: 157/180 answered this question

SP: 41/46 answered this question

	Female	Male
Physio First	53%	47%
Social Prescribing	65%	35%

Age

PF: 153/180 answered this question

SP: 40/46 answered this question

Age	No response	16-25	26-40	41-55	56-65	66-75	76-85	85+	Prefer not to say	Total
Physio First	22	8	34	41	27	32	10	5	1	180
Social Prescribing	5	0	3	10	9	10	5	4	0	46
Total	27	8	37	51	36	42	15	9	1	226

Age	16-25	26-40	41-55	56-65	66-75	76-85	85+
Physio First	5%	22%	26%	17%	20%	6%	3%
Social Prescribing	0%	7%	24%	22%	24%	12%	10%

Ethnicity

PF: 157/180 answered this question

SP: 43/46 answered this question

Ethnicity	No response	Asian or Asian British: Bangladeshi	Asian or Asian British: Indian	Asian or Asian British: Mauritian	Asian or Asian British: Pakistani	Mixed/ Multiple Ethnic Groups: White and Asian	Mixed/ Multiple Ethnic Groups: White and Black African	Mixed/ Multiple Ethnic Groups: White and Black Caribbean	Other	White: British
Physio First	23	1	2	1	23	2	1	1	1	122
Social Prescribing	3	0	0	0	1	0	0	0	0	41
Total	26	1	2	1	24	2	1	1	1	163

White: Gypsy/ Traveller	White: Irish	White: Other	Total
1	1	1	180
0	1	0	46
1	2	1	226

Eth_Other	Hologisumalang	Prefer not to say	White, African, Arab	Total
Physio First	1	1	1	180

Ethnicity	Asian or Asian British: Bangladeshi	Asian or Asian British: Indian	Asian or Asian British: Mauritian	Asian or Asian British: Pakistani	Mixed/ Multiple Ethnic Groups: White and Asian	Mixed/ Multiple Ethnic Groups: White and Black African	Mixed/ Multiple Ethnic Groups: White and Black Caribbean	Other	White: British	White: Gypsy/ Traveller	White: Irish	White: Other
Physio First	1%	1%	1%	15%	1%	1%	1%	1%	78%	1%	1%	1%
Social Prescribing	0%	0%	0%	2%	0%	0%	0%	0%	95%	0%	2%	0%

Disability

PF: 136/180 answered this question

SP: 36/46 answered this question

Disabled	No response	No	Prefer not to say	Yes	Total
Physio First	33	123	11	13	180
Social Prescribing	7	21	3	15	46
Total	40	144	14	28	226

Disabled	No	Yes
Physio First	90%	10%
Social Prescribing	58%	42%

Carer

PF: 143/180 answered this question

SP: 38/46 answered this question

Carer	No response	No	Prefer not to say	Yes	Total
Physio First	35	112	2	31	180
Social Prescribing	6	30	2	8	46
Total	41	142	4	39	226

Carer	No	Yes
Physio First	78%	22%
Social Prescribing	79%	21%

Appendix 6 Patient Survey Results: Frailty

I was informed about the scheme and how it would help in my care

Strongly Agree	4
Agree	5
Neither agree nor disagree	1
Disagree	0
Strongly Disagree	0

I was given enough time to discuss my care plan and what it meant

Strongly Agree	4
Agree	4
Neither agree nor disagree	1
Disagree	1
Strongly Disagree	0

I was listened to during the discussions with the GP/Nurse who spoke to me about my care plan

Strongly Agree	4
Agree	5
Neither agree nor disagree	1
Disagree	0
Strongly Disagree	0

I was treated with care and concern when discussing my health and care needs

Strongly Agree	5
Agree	4
Neither agree nor disagree	1
Disagree	0
Strongly Disagree	0

I was confident in the service and professionals involved in my care

Strongly Agree	6
Agree	1
Neither agree nor disagree	3
Disagree	0
Strongly Disagree	0

The information and support I have received has helped me to understand and influence how I am cared for

Strongly Agree	5
Agree	4
Neither agree nor disagree	1
Disagree	0
Strongly Disagree	0

I am now more confident that I can look after myself better?

Strongly Agree	2
Agree	5
Neither agree nor disagree	3
Disagree	0
Strongly Disagree	0

How satisfied were you with the service?

Completely	4
Mostly	4
Somewhat satisfied	2

Thinking about your recent experience, how likely are you...

Extremely likely	2
Likely	5
Neither likely nor unlikely	3

If this service had not been available
how would you have managed your
condition?

Seen my GP	6
Gone to A & E	1
Managed it myself	2
No response	1

Only one comment: the GP has treated me with kindness

Demographics

Male	3
Female	4
No response	3

85+	5
76-85	2
66-75	2
No response	1

White: British	7
White: Other (Polish)	1
White: Gypsy/Traveller	1
No response	1

Are you a carer? (Do you provide care for someone, such a...

Yes	1
No	7
Prefer not to say	2

Do you have a disability?

Yes	4
No	4
Prefer not to say	2



Evaluation of the Enhanced Primary Care Programme Participant Information Sheet

As someone with an interest in the AWC Enhanced Primary Care (EPC) Programme we would like to invite you to be interviewed for the programme evaluation. Before deciding whether you are happy to take part, please read the following information.

What is the purpose of this evaluation?

The objectives for the first phase of the evaluation until end of February 2018 will be:

- To test the tools to see if they produce data which fully address KPIs/whether they need adapting or refining. If they do, to recommend ways of doing this.
- To find out what key stakeholders want from the evaluation and from the EPC programme.
- To find out about staff acceptability by doing some interviews with key staff. Clearly positive staff engagement is critical to the effective delivery of EPC and we think it important to have some more in depth, early feedback rather than rely just on the annual focus group.

What will the interview involve?

The interview will be an opportunity for you to express your views of EPC and what you want from the evaluation. It will be conducted by telephone at a time convenient to you and should take no more than 20 minutes.

The discussion will be recorded so that we can remember everything that has been said, but we will first check that you are willing for us to do this. The recordings will be written up and then destroyed after the evaluation has been written up.

Do I have to take part?

Taking part is voluntary and you can withdraw at any time - including withdrawing anything you have said after the interview. You can do this by phoning or emailing a member of the team to request that the information you gave us is not used. However you need to do this within two weeks of the interview.

What will happen to the information I provide?

After the interview, the recording will be transcribed and then stored securely and only the evaluation team at the University will have access to it. Anything that you tell us will be kept strictly confidential. This means that your name will not be used at any point in written reports or in verbal feedback. If you do say something in the discussion that makes us worry about the safety of you or someone else we are obliged to pass this on to the relevant bodies.

How will my personal information be used?

The Evaluation Team at Leeds Beckett University will analyse the responses of everyone who was interviewed. The key findings from this information will be presented to AWC CCG and YorDales Health Ltd in the form of a report. The information may also be used (with permission from the

CCG and YorDales Health Ltd) by Leeds Beckett University for academic publications. Any responses included in the research reports will be anonymous. However where quotations are used in the report the role of the respondent will be indicated where this is necessary to the relevance of the quote. If this makes it possible to determine you as the respondent your permission will be sought before publication.

Who is funding this research?

The evaluation is being funded from the monies for EPC awarded to YorDales Health Ltd by the CCG. It is being conducted by Health Together at Leeds Beckett University.

If you have a concern about this evaluation, you should ask to speak to a member of the evaluation team who will do their best to answer your questions:

Professor Mark Gamsu: m.gamsu@leedsbeckett.ac.uk mobile: 07557375028

Judy White: j.white@leedsbeckett.ac.uk mobile 07854353429

Independent research contact: Dr Jo Trigwell, Leeds Beckett University, Calverley Building, Portland Way, Leeds, LS1 3HE Email: j.trigwell@leedsbeckett.ac.uk

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