



Better Local Care Hampshire Multispecialty Community Provider Vanguard

Deep Dive Evaluation Report: Same Day Access Service (SDAS)

Appendices - June 2017

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APPENDIX 1: METHODOLOGY OVERVIEW

SDAS Deep Dive Methodology Overview

RSM PACEC's methodology for this deep dive report used a mixed-method approach, relying upon a variety of research tools evaluating both qualitative and quantitative data, including a review of secondary data and collection of primary data from relevant staff.

Time scale

This report covers measures SDAS activity from the start of its implementation (January 2016) through to April 2017.

SDAS Outputs and Outcomes

The key outputs and outcomes of the SDAS are outlined in this table below, alongside a reflection of data which was available to RSM PACEC to evaluation then within this report.

SDAS Outputs and Outcomes

Output	Data Available	Short term outcome	Data Available	Medium term outcome	Data Available
Provision of SDAS in one hub for patients from four GP practices		High patient satisfaction with SDAS	yes	Improved patient satisfaction with all aspect of primary care	yes
Number of calls - subdivided into time bands	yes	Increase in staff wellbeing	yes	Improved recruitment and retention of clinicians	no
Number triaged	yes	Increase in number of longer appointment slots for patients with complex needs	no	Improved clinical outcomes for patients with LTCs	no
Number of face to face appointments	yes	Reduction of CAU admissions from four practices	no	Reduction in emergency admissions by condition and age group	no
Number/% of DNA	no	Decrease in waiting times for routine appointments	no	Reduction in call to 111 and use of out of hours services	no
Patient demographics	yes	Increased routine appointments in primary care	no	Reduction in admissions to the acute hospital children's assessment unit	no
Call back timeframe	yes	Reduced rates of attendance at urgent care services	no		
		Reduced use of locums in participating practices	no		

An expanded explanation of each methodology stage is outlined below. Relevant documents are referenced as part of separate appendices

Desk based research

RSM PACEC analysed SDAS service data for the whole of 2016 (Jan-Dec) against key performance indicators to measure clinical outcomes, performance and patient experience, including;

SDAS Service Data	Triage Outcome Data	Patient Experience & Clinical Outcomes
<ul style="list-style-type: none">⑩ Appointment call times⑩ Appointment call volumes⑩ Amount of time taken for patients to receive a call back from SDAS	<ul style="list-style-type: none">⑩ Proportion of calls redirected to other care sources⑩ Proportion resulting in telephone / face-to-face consultation⑩ Demographic profile of patients using the service	<ul style="list-style-type: none">⑩ Patient clinical outcomes tracked using SDAS outcome codes⑩ Patient experience (measured using patient surveys conducted by the SDAS service from May and December 2016)

An analysis of SDAS monitoring data

RSM PACEC reviewed Gosport Urgent Care Hub dashboard data between January and December 2016 which detailed numbers of Triaged calls split by weekly date and appointment hour. This was used to ascertain the weekly average call back time and a grand total number for the year.

More detailed data was also provided detailing the months of May and December 2016 in greater detail.

Monthly data for May and December included:

- Number of Triaged calls
- Number of Face to Face Appointments Offered
- Conversion rates (Appointments offered / Calls Triaged)
- Number of Face to Face Appointments taken
- Call/ Appointment comparisons
- Triage calls by Practice
- Patient demographics (gender and age band)
- Outcome codes (aka outcome of triage appointment)

Analysis of publicly available statistics

RSM PACEC also made use of other wider surveys and census data for benchmarking purposes and to inform this deep dive evaluation. This included GP Practice surveys, University Research reports such as 'Unit Costs of Health and Social Care' Personal Social Services Research Unit (PSSRU), University of Kent (2015), and Office of National Statistics data on Deprivation.

Semi-structured interviews with clinical and administrative staff

Four members of staff were interviewed in total including one Clinical Manager, One Primary Care Integration Lead, one MCP Manager and one Practice Nurse.

The interviews were semi-structured, with some questions asked to all and others tailored to the specific role of each interviewee. The baseline topic guide used as the starting point for these interviews can be found in Appendix 3.

Staff survey

RSM PACEC conducted a programme wide staff survey for the Hampshire Better Local Care Vanguard. This survey received 115 responses between February and March 2017. This deep dive then filtered responses for those who listed themselves as part of the SDAS service.

The full questionnaire can be viewed in Appendix 4. The RSM PACEC evaluation team made the decision to use these filtered results in place of releasing a new targeted SDAS one due to similarity of questions which would be targeting the same staff, affecting response rates.

Question 5 of the survey asked “Which of the following BLC interventions have you been involved in? (Please tick all that apply)”. The response rate for this question was 86% (n=99) and 16.16% (16 people) reported their involvement in the Same Day Access Service. These were then filtered for analysis. The staff roles of these 16 respondents are outlined below. Numbers are not reported against roles to protect anonymity, however 10 of the 16 respondents were either Practice Manager / Deputy Managers, Demonstrators or GPs.

Role
Practice manager/ Deputy Practice Manager
Demonstrator
GP
Practice Nurse
Receptionist
Volunteer
Project Manager
CCG Representative

Methodology Limitations

The evaluation team would like to thank all staff from Southern Health, Better Local Care and the SDAS team for their support regarding background information and data requests. There are, however, some limitations to the data and challenges which the RSM PACEC evaluation team encountered which are detailed below

Data access: Regulatory changes regarding the use and publication of Secondary Users Service (SUS) data on secondary care (hospital) settings has reduced the scope of the quantitative analysis for several the SDAS's outcomes, including;

- Reduction in admissions to the Children's Assessment Unit (CAU);
- Reduction in emergency admissions by condition and age group (only general admission statistics were available)
- Rates of attendance at Urgent Care services reduced;
- Increased routine appointments in primary care;
- Increased number of longer appointment slots for patients with complex needs;
- Reduction in the use of locums in participating practices;
- Improved clinical outcomes for patients with LTCs; and
- Reduction in 111 & use of out of hours services Mon-Fri (8-8).

Workforce changes: The evaluation plan originally sought to measure changes in locum usage to assess the extent to which the service was freeing up GP time. However, the departure of several GPs from the area has led to an increase in locum usage, making it more difficult to assess capacity impacts.

Quality of data: Data quality more generally was a limiting factor. In particular, small sample sizes used in staff interviews, patient experience data that relates to non-equivalent months, and the lack of any control group limits the extent to which the evaluation can provide concrete conclusions regarding the impact of the service (subsequent recommendations on this point are detailed in section 6.2)

In addition, patient satisfaction feedback is limited as an indicator of outcome. There are a large potential for positive bias and the questions are very broad in nature, failing to tackle on more detailed, specific elements of the service or to capture feedback on specific issues.

The question phrasing is also problematic, with question 4.1.1 asking "was the main reason for which you called the SDAS dealt with to your satisfaction?"

HBLC Survey data: As an originals survey was not created solely targeting SDAS involvement, this could have some impact on the answers given about general HBLC topics, such as Q14 (Appendix 3), which asks respondents to indicate the extent to which they agree with statement about BLC. These responses have been used in some instances.





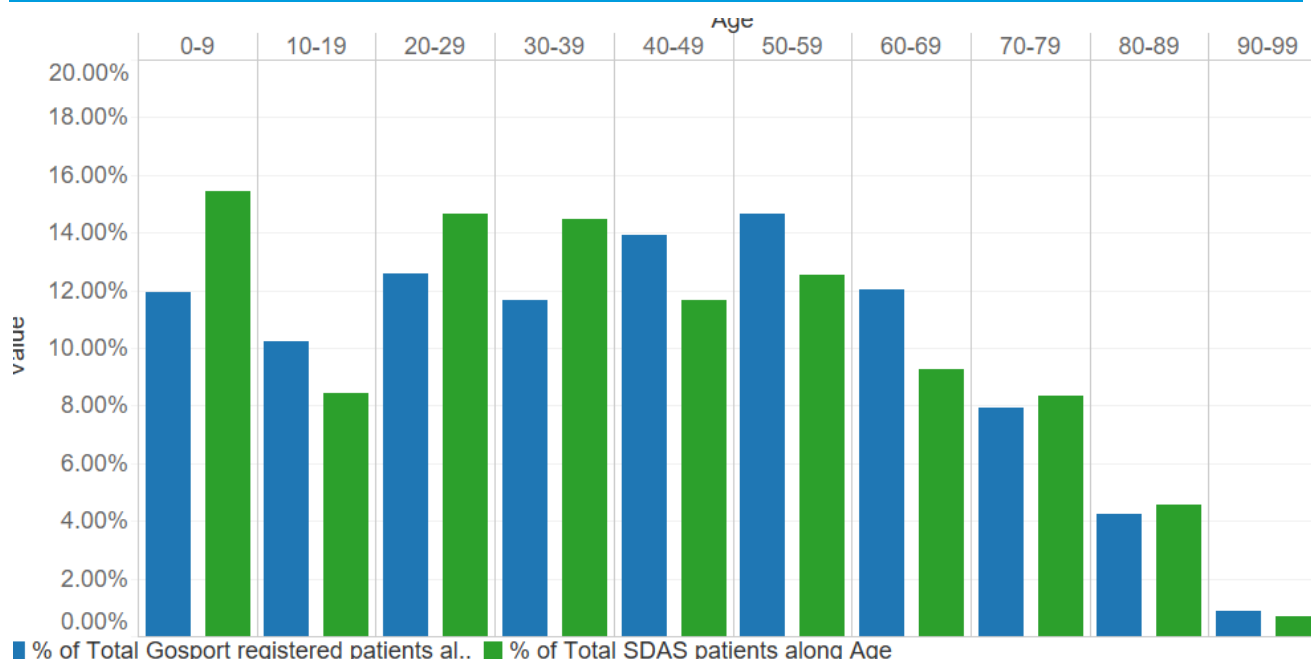
APPENDIX 2: SDAS PATIENT DEMOGRAPHIC

Patient demographics

Data on patient age and gender were recorded as part of the service. Data on ethnicity was subsequently captured in patient surveys. The age profile of users covers a range of age groups using the service, approximate to registered patient population demographic in Gosport.

The Figure below displays the percentage of SDAS service users within different age cohorts compared to the wider locality population in May 2016. Young children (0-9) are overrepresented in the service data relative to the registered patient population, as are young adults (20-29 and 30-39) and older users (70-79 and 80-89). For 0-9s the high service usage levels are likely a consequence of the presence of a specialist paediatric nurse within the unit.¹

Age of SDAS patients vs. Gosport residents (May 2016 users)



Source: SDAS monitoring data; registered patient data

¹ Note that the two datasets used in this analysis are not ideal comparisons as the locality population figures reflect registered populations rather than actual service users.

A comparison of the age profile of SDAS services users within the year (comparing May and December) also shows consistency in the percentage of service users by age band over time.

Age cohort	Number (May)	Percent (May)	Number (December)	Percent (December)
0-9	665	18.7%	719	20.8%
10-19	302	8.5%	267	7.7%
20-29	490	13.7%	444	12.8%
30-39	478	13.4%	425	12.3%
40-49	427	12.0%	350	10.1%
50-59	424	11.9%	450	13.0%
60-69	332	9.3%	358	10.3%
70-79	286	8.0%	270	7.8%
80-89	140	3.9%	152	4.4%
90-99	21	0.6%	26	0.8%
Total	3565	100%	3461	100%

Source: SDAS Activity Data (May 2016 and December 2016)

The majority of service users in both May and December in 2016 were female. In both months, users were split 63% female to 37% male. Ethnicity data of users is not recorded in the activity tracker, though survey response data indicate 95% of users identified as White, 2% as mixed, 2% as Asian and 1% as 'other'.



APPENDIX 3: STAFF INTERVIEW TOPIC GUIDE

STAFF INTERVIEW – TOPIC GUIDE

Project specific Questions

- Q1. Who claims appointment slots within the practice?
- Q2. How do the handovers work (from paramedics to GP)?
- Q3. Do you offer mentoring/go over case studies?

Process Evaluation Questions


- Q4. What have been the main implementation successes?
- Q5. How have these been achieved / what have been the drivers behind success and can they be replicated?
- Q6. What have been the main implementation challenges?
- Q7. How could / should these challenges be overcome [practical steps required to improve]

Impact Evaluation Questions

- Q8. In your view what difference has SDAS made in each of the following areas, and most importantly, how / what are the reasons behind the differences:
 - a) Information sharing
 - b) More general team collaboration
 - c) Any other intended or unintended effects

Sustainability & Commissioning Questions

- Q9. What if any awareness do commissioners have of the intervention?
- Q10. Are you aware of commissioning intentions, and any associated expectations for the intervention?
- Q11. [If relevant based on previous answer] what practical steps need to be taken to meet commissioning expectations (including any evidence requirements)?
- Q12. To what extent is the intervention perceived by staff as providing VfM currently?
- Q13. How, if at all could VfM be improved e.g. cost savings, increasing take up etc.?
- Q14. How can VfM improvements be practically achieved (what are the steps required to deliver improvement)?



Q15. In your view is the intervention currently being implemented in a sustainable way in terms of

- a) type and availability of physical and staff resources; and
- b) future budgets / commissioning plans?

Q16. **Can** the intervention be delivered sustainably ***in future at scale***, again in terms of

- c) type and availability of physical and staff resources; and
- d) future budgets / commissioning plans?

Q17. If so, what practical changes need to be made to deliver the intervention sustainably in future?



APPENDIX 4: HAMPSHIRE BLC PROGRAMME WIDE STAFF SURVEY

Introduction

Since summer 2015, the Hampshire Better Local Care MCP Vanguard (HBLC) has used funding to invest in new, innovative interventions that are intended to better integrate out of hospital care, and thereby improve the quality of care for local people. To date a total of 14 different interventions have been funded.

As a member of front line staff responsible for implementing the interventions, your views on the difference they are making is vital. HBLC has therefore appointed Public and Corporate Economic Consultants (PACEC) as the external evaluator. In that role PACEC will capture your views about the contribution that the programme has had on outcomes for both primary care services, and patients.

This on-line survey asks a series of questions that seek to understand the extent to which anticipated outcomes are being delivered, and what changes could be made to improve patient and service outcomes in future.

Your response will be anonymous and we will ensure that you cannot inadvertently be identified by using national guidelines on disclosure of personal data.

It is anticipated that the survey will take no longer than 20 minutes to complete.

Thank you very much in advance for taking the time to complete the survey. Any information you provide will be held securely on a managed computer server and can only be accessed by members of the evaluation team. Your individual data will not be shared with any third party, and results of our survey will be reported in aggregate form.

The deadline for completing the survey is Friday 27th January at 5pm.

If you have any queries about the evaluation, or this survey, please contact Jasmeet Phagoora at PACEC, jasmeet.phagoora@pacec.co.uk. or Jonathan Hobson, jonathan.hobson@pacec.co.uk

Thank you.

Internal Survey Management

This page is for use by the evaluation team - you do not need to complete any of these questions.

1. For completion by evaluation team

CCG name (to be
completed by evaluation
team)

CCG code (to be
completed by evaluation
team)

GP Practice ID (to be
completed by evaluation
team)

Staff Survey Reference
Number

About you and your involvement in Hampshire Better Local Care

This section asks for some basic information about you, your role within the care system and the HBLC intervention(s) you have been involved in to date. Any information you provide will be treated in strictest confidence and you will not be identified in any reports.

2. Please provide...

Your name

Your e-mail address

3. Which organisation do you work for? (Please tick one)

- ☐ GP Practice
- ☐ Southern Health
- ☐ Hampshire County Council
- ☐ Community NHS Mental Health Trust
- ☐ Acute Hospital Trust
- ☐ Community or voluntary organisation
- ☐ Other (please specify)

4. Which locality(ies) do you primarily work in? (Please tick all that apply)

- | | |
|------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> East Hants | <input type="checkbox"/> SW New Forest & Avon Valley |
| <input type="checkbox"/> Gosport | <input type="checkbox"/> Totton & Waterside |
| <input type="checkbox"/> Havant, Hayling Island & Emsworth | <input type="checkbox"/> Winchester |
| <input type="checkbox"/> Waterlooville | <input type="checkbox"/> Southampton East |
| <input type="checkbox"/> Fareham | <input type="checkbox"/> Southampton West |
| <input type="checkbox"/> Eastleigh | <input type="checkbox"/> Southampton Central & North |
| <input type="checkbox"/> Eastleigh Southern Parishes | <input type="checkbox"/> North Hampshire |
| <input type="checkbox"/> Other (please specify) | |

5. Which GP practices do you primarily work in? (Please list all that apply)

About you and your involvement in Hampshire Better Local Care

This section asks for some basic information about you, your role within the care system and the HBLC intervention(s) you have been involved in to date. Any information you provide will be treated in strictest confidence and you will not be identified in any reports.

6. What is your role within the delivery of primary or community care services? (Please tick the role that fits most closely)

- | | | |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------|
| <input type="radio"/> Administrator | <input type="radio"/> Health Care Assistant | <input type="radio"/> Physiotherapist |
| <input type="radio"/> Care Co-ordinator / Navigator | <input type="radio"/> Hospital Based Consultant | <input type="radio"/> Practice Manager / Deputy Practice Manager |
| <input type="radio"/> Community Nurse | <input type="radio"/> Hospital Based Allied Health Professional | <input type="radio"/> Receptionist |
| <input type="radio"/> Community Psychiatric Nurse / Mental Health Practitioner | <input type="radio"/> Hospital Based Nurse | <input type="radio"/> Social Worker |
| <input type="radio"/> Community Psychiatric Nurse / Mental Health Practitioner (Older People) | <input type="radio"/> Hospital Based Health Care Assistant | <input type="radio"/> Social Worker Assistant |
| <input type="radio"/> Geriatrician / Psychogeriatrician | <input type="radio"/> Matron | <input type="radio"/> Therapy Assistant |
| <input type="radio"/> GP | <input type="radio"/> Occupational Therapist | |
| <input type="radio"/> Practice Nurse | <input type="radio"/> Pharmacist | |
| <input type="radio"/> Other role - please state. | | |

7. Which of the following HBLC interventions have you been involved in? (Please tick all that apply)

- | | |
|------------------------------------------------------------|-------------------------------------------------------------|
| <input type="radio"/> Acute Frailty | <input type="radio"/> MSK Physio |
| <input type="radio"/> End of Life Care | <input type="radio"/> Paramedic Home Visiting Service |
| <input type="radio"/> Long Term Conditions Carousel Clinic | <input type="radio"/> WebGP |
| <input type="radio"/> Care Home In-Reach | <input type="radio"/> Community Development |
| <input type="radio"/> Integrated Pharmacy Model | <input type="radio"/> Surgery Signposters / Care Navigators |
| <input type="radio"/> Same Day Access Service | <input type="radio"/> None of the Interventions |
| <input type="radio"/> Other (please specify) | |

8. Would you be willing to be involved in further research regarding HBLC in future?

☐ Yes

☐ No

☐ If yes, please provide the best telephone number in the space below.

9. Please use the space below to provide a suitable telephone number for us to contact you on.

Enabling Technology - Shared Care Records

* 10. Have you used new Shared Care Record systems recently?

- ☐ Yes
- ☐ No
- ☐ Don't Know

Use of Shared Care Records - System Utilisation

11. Which of the following Shared Care Record systems have you used?

- ☐ Medical Interoperability Gateway (MIG)
- ☐ If you have primarily used a different Shared Care Record system, please use the space below to state which one.

Use of Shared Care Records - Contribution to Outcomes

12. Please state the extent to which you agree with each of the following statements. Shared Care Record systems funded by HBLC have...

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Improved information sharing within one team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved information sharing across multiple teams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved continuity of care for patients in this area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved overall quality of care for patients in this area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use the space below to provide a brief explanation for your rating

13. How **well equipped** are you (in terms of technical knowledge and training) to make effective use **in the future** of the Shared Care Records funded via HBLC?

- ☐ Very well
- ☐ Well
- ☐ Not very
- ☐ Not at all
- ☐ Don't Know
- ☐ Please use the space below to provide a brief explanation for your rating

14. Please use the space below to identify any priority actions that need to be taken to maximise the potential for Shared Care Records to improve information sharing and continuity of care in future?

Team Enablers - One Team Programme

15. Have you participated in the One Team programme?

- ☐ Yes
- ☐ No
- ☐ Don't Know

Employed by GP Practice

16. Are you employed by a GP Practice at this time? (Please tick)

☐ Yes

☐ No

☐ In-part

☐ If you selected 'in-part' please use the space below to briefly describe your circumstance.

Primary Care Setting Leadership & Governance

17. Based on your experience of the primary care setting you primarily work in, please state the extent to which you agree with the following statements? (Please tick one answer per statement).

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
When there is a conflict the people involved usually talk it out and resolve the problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff have constructive working relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is often tension between people in this primary care setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff and clinicians in this primary care setting operate as a real team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff input is encouraged for making changes and improvements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing and clinical staff input is encouraged for making changes and improvements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All of the staff participate in important decisions about clinical operation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership discourages nursing staff from taking the initiative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This is a very hierarchical structure; decisions are made at the top with little input from those doing the work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The leadership are available for consultation on problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Success is defined as teamwork and concern for people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff are involved in developing plans for improving quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's hard to make any changes because we are so busy assisting patients / service users.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff members very frequently feel overwhelmed by the work demands.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinicians very frequently feel overwhelmed by the work demands.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The experience of being in this primary care setting can be described as stressful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This primary care setting / team is almost always in chaos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Things have been changing so fast in our primary care setting / team that it is hard to keep up with what is going on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our primary care setting / team has changed in how it takes initiatives to improve patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our primary care setting / team has changed in how it does business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our primary care setting / team has changed in how everyone relates.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please use the space below to tell us anything else you feel is important to know about working in your primary care setting / your team?					

Working in partnership

18. There are a number of ways in which primary care practices and primary care professionals based in localities within the Southern Hampshire region can work together. Please tell us how much collaboration there is in each of these areas right now by rating each of the following statements?

	No collaboration	Some collaboration - geographically limited	Some collaboration - some practices retaining autonomy	Some collaboration - information governance obstacles	Full collaboration - functions fully applied across all practices
Share back office functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint purchasing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharing clinical expertise across a wider group of practices with specific clinical expertise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Putting in place shared care arrangements with practices with specific clinical expertise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introducing access to emergency care in a co-ordinated way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responding to tenders from local commissioners for current services or new service developments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared training and education for all clinical staff in general practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared training and education for all non-clinical staff in general practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementing common information systems so that patient notes can be accessed across all practices, and potentially the wider health and social care system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No collaboration	Some collaboration - geographically limited	Some collaboration - some practices retaining autonomy	Some collaboration - information governance obstacles	Full collaboration - functions fully applied across all practices
A shared approach to supporting frail elderly people with complex health needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating integrated primary care teams that connect general practice and community health services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating integrated primary care teams that connect general practice and specialist medical services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use the space below to briefly explain your response to these statements.

19. To what extent do you believe that each of the following issues represent challenges for achieving greater collaborative working in primary care, in your area?

	Strongly Agree		Agree		Disagree		Strongly Disagree		Don't Know	
Workloads in general practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient support for GPs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient dissatisfaction with service changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Differences in the organisation of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Differences in the quality of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusting other practices to provide care to my registered list.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forming relationships with other practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Differences in funding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of the unknown.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the space below to briefly explain your response to these statements.

20. Please use the space below to tell us anything else about the challenges to achieving collaborative working in primary care in your area?

Inter-professional and joint working for patients / service users with complex needs.

21. Please use the statements below to indicate the extent to which you are satisfied with inter-professional and joint working for patients with complex health and social care needs in your area?

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Working jointly with other professionals to provide care for many patients / service users has simplified my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionals providing care for my patients / service users work well together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint working with other professionals has not changed the way I provide care for patients / service users.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionals I work jointly with to provide care for my patients / service users understand the capabilities of other professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionals I work jointly with to provide care for my patients / service users trust other professionals' judgements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionals I work jointly with to provide care for my patients / service users have a clear understanding of my role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionals I work jointly with to provide care for my patients / service users have a shared approach to managing risk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Professionals I work jointly with to provide care for my patients / service users care clear about where professional accountability lies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please use the space below to briefly explain your response to these statements.						
<div></div>						
22. Please use the space below to tell us anything else about how satisfied you are with inter-professional and joint working for patients / service users with complex health and social care needs?						
<div></div>						

Attitudes Toward Health Care Teams

We would like to know about your attitudes toward interdisciplinary health care teams (including social care professionals) and the team approach to care. By interdisciplinary health care team, we mean three or more health professionals who work together and meet regularly to plan and coordinate treatment for a specific patient population.

23. To what extent do you agree with each of the following statements? (Please tick one box per statement)

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Working in teams unnecessarily complicates things most of the time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The team approach improves the quality of care to patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team meetings foster communication among team members from different disciplines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physicians have the right to alter patient care plans developed by the team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients receiving team care are more likely than other patients to be treated holistically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A team's primary purpose is to assist physicians in achieving treatment goals for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working on a team keeps most health professionals enthusiastic and interested in their jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients are less satisfied with their care when it is provided by a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing a patient care plan with other team members avoids errors in delivering care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
When developing interdisciplinary patient care plans, much time is wasted translating jargon from other disciplines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health professionals working on teams are more responsive than others to the emotional and financial needs of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing an interdisciplinary patient care plan is excessively time consuming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The physician should not always have the final word in decisions made by health care teams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The give and take among team members help them make better patient care decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In most instances, the time required for team meetings could be better spent in other ways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The physician has the ultimate legal responsibility for decisions made by the team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital patients who receive team care are better prepared for discharge than other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physicians are natural team leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The team approach makes the delivery of care more efficient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The team approach permits health professionals to meet the needs of family caregivers as well as patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strongly Agree

Agree

Neither Agree
nor Disagree

Disagree

Strongly
Disagree

Don't Know

Having to report
observations to the team
helps team members
better understand the
work of other health
professionals

☐

☐

☐

☐

☐

☐

24. Please enter any additional comments:



General Comments

25. Please enter any other general comments in the box below: