Better Local Care Hampshire Multispecialty Community Provider Vanguard

Deep Dive Evaluation Report: Surgery Signposters

April 2017

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GLOSSARY

This report discusses the role of signposting patients to alternative sources of care, which represents one role within a wider social prescribing process. For clarity, definitions of social prescribing and signposting are provided below, together with other terms that are commonly used throughout this report.

Term	Definition
Social Prescribing	A clear, coherent and collaborative process in which healthcare practitioners including GPs, practice nurses and community matrons work with patients and service users to select and make referrals to community-based services.[1]
Signposting	New roles and support for navigators, health trainers and advisors who help patients and service users understand, access and navigate community-based services that will improve their health.[2]
Self-Management	Self-management is a term used to include all the actions taken by people to recognise, treat and manage their own health. (NHS England)
Long Term Condition	A condition that cannot, at present be cured; but can be controlled by medication and/or other therapies. (NHS England)

[1] Nesta, More than Medicine, New Services for People Powered Health, 2013
[2] Ibid

EXECUTIVE SUMMARY

Surgery Signposters is a signposting and social prescribing pilot project supported by the Better Local Care Multispecialty Community Provider (MCP) Vanguard in southern Hampshire.

The pilot involves signposting patients with long term conditions (LTCs) to voluntary and community support services and activities within their local communities via liaison with a trained volunteer stationed in GP practices. The goal of the pilot is to reduce user demand on general practice and improve patient experience by directing patients to more appropriate care closer to home.

At the time of writing, the service operates in five GP practices across Gosport, Fareham and Havant localities in southern Hampshire. The service has involved two phases, an initial pilot in Gosport beginning in November 2015 followed by a wider rollout beyond the peninsula, the latter phase being supported by Better Local Care.

To date, 372 patients have been referred into the service, and approximately 20 volunteers have received training.

Findings

- There is a clear rationale within national and regional policy for this intervention. The evidence base for signposting is relatively well developed and a wide range of similar initiatives have been piloted around the UK in recent years.
- Service data shows that uptake of the service by patients remains limited with 372 patients assisted patients between November 2015 and January 2017 against a target of 500. This may be due to the fact that the service has recently spread to new localities in which awareness and understanding of the service is still being raised.
- Surveys of staff at participating practices found the extent of awareness of the service among staff in participating practices could be improved, with approximately a third of staff citing lack of knowledge about the service as a key constraint to implementation. Improving the knowledge of the service could yield improved utilization of volunteers within the project.
- Health and wellbeing surveys completed by supported patients indicate an increase in health confidence and self-management ability (self-management confidence in patients grew from 20% to 57% after 6 weeks)[3], though the number of patients completing follow-up surveys (around 15%) for before-and-after comparison remains low.
- Surgery Signposters is still at an embryonic stage of development and shows positive signs with regard to outcomes. However, further analysis of the evidence base regarding its effectiveness and efficacy will be required, and we therefore recommend that funding is maintained with a follow-up review in six months i.e. autumn 2017.

[3] R-Outcomes question: ‘I can look after my health’, percent who strongly agree.

Methodology

- Patient outcomes were monitored using an R-outcomes survey created by the Academic Health Sciences Network (AHSN). The survey consists of four measures: health status, health confidence, experience and personal wellbeing.
- Staff outcomes were addressed using a primary care staff survey designed by RSM PACEC. The survey measured project level outcomes and captured general feedback regarding the effectiveness of the service.
- Surgery Signposters activity is tracked by Gosport Voluntary Action (GVA), the lead voluntary umbrella organisation, and by individual practices. Data is provided on the number of volunteers trained and the number of Surgery Signposters appointments completed among the five practices involved in the service. Additionally, Gosport Medical Centre provided data on GP appointments for Surgery Signposters users at intervals before and after using the service.
- Patient clinical outcomes (measured by A&E activity) has been provided by the Commissioning Support Unit (CSU) to monitor the change in activity at 6 months before and after using the signposting service.

Limitations

- Data provided by participating GP practices is limited. At the time of writing only Gosport Medical Centre appointment data was available.
- Caution should be exercised when interpreting the results of patient R-Outcomes feedback due to a small sample size (n=15).

1 INTRODUCTION

RSM PACEC were appointed by Southern Health NHS Foundation Trust on behalf of Hampshire Better Local Care (the MCP Vanguard) to complete an evaluation of the Vanguard pilot to support implementation of a new care model.

The Better Local Care (BLC) Vanguard is a partnership of GPs, NHS providers and commissioners, Hampshire County Council, local councils of voluntary services, a number of local community, voluntary and charity organisations.[4] The BLC aim is to:

> *Improve the health, well-being and independence of people living in our natural communities of care, making Hampshire an even greater place for all our residents to live.*

Better Local Care has four key themes:

- Improving access to care: Aiming to make it easier for people to get a same-day or urgent appointment at their GP surgery.
- Joining up the professionals that support the same people: developing extended primary care teams, making care more straightforward.
- Bringing specialist care nearer to patients: so that patients can see the professional they need, sooner.
- Delivering more preventative care solutions: to help people make the right choices about their health and wellbeing, to stay independent and reduce the need to go to hospital.

This report is one of a series of Deep Dive Evaluation Reports which aim to evaluate some of the projects supported under Better Local Care to explore the outputs, outcomes and impacts, the successes and challenges and importantly the learning which can be used to improve projects in the future. This Deep Dive Evaluation report focuses on the **Surgery Signposters service**.

1.1 Overview of Surgery Signposters

Surgery Signposters is an initiative aimed at reducing pressure on GP services by using trained volunteers to 'signpost' individuals to voluntary and community sector services. The pilot began in four sites, covering 13 GP practices.

1.1.1 Objectives

The overarching objectives the Surgery Signposter service, identified in the project logic model and agreed as the basis of BLC funding are:

- Improved R-outcomes;
- 50% of people seen use the support identified;
- A reduction in number of GP appointments, ED attendances and emergency admissions by those seen;
- 20% of those seen self-reporting feeling better able to self-manage;

[4] http://www.southernhealth.nhs.uk/inside/better-local-care/

- Positive feedback from primary care; and
- 500 people are seen.

1.2 Methodology

The evaluation utilised mixed quantitative and qualitative methods as described below.

1.2.1 Desk review of policy and similar studies

An assessment of the national and regional context and underlying rationale for the Surgery Signposters pilot based on a review of more than a dozen national and regional policy documents, and evidence from existing studies on other social prescribing interventions.

1.2.2 Collation and analysis of secondary data

Data was used from GP practices to assess the number of people seen by the service, with Signposting data available from all practices delivering the service. Gosport Medical Centre data is specifically used to monitor the change in number of GP appointments attended by service users.

Data from the Commissioning Support Unit (CSU) was used to monitor both A&E activity and emergency admissions for Surgery Signposters users both 6 months before using the service and 6 months after. Those that had used A&E and/or had an emergency admission are included in the report.

The service also measures the extent of engagement with the voluntary sector. GVA train volunteers specifically for the Signposters project and maintain records of training delivered. The number of people using support after signposting is tracked by GVA.

1.2.3 Primary quantitative and qualitative research

Patient outcomes were monitored using the AHSN's R-outcomes tool. R-outcomes is a short patient-reported outcome survey used to measure how users perceive their own health and wellbeing. The survey has four measures: health status, experience, health confidence and personal wellbeing and is administered at a minimum of two time-points (baseline and follow-up). Question responses are weighted and then used to calculate a mean score out of 100, with 0 being the worst score and 100 being the best. A total of 99 baseline surveys and 15 follow up surveys had been completed at the time of writing.

Evidence from staff was captured by a primary care staff survey designed by RSM PACEC. The survey was designed to measure project outcomes as well as capturing general feedback. A total of 25 responses were received from a combination of practice managers, administrators and GP staff.

1.2.4 Limitations

The evaluation team would like to thank all staff from Southern Health, Better Local Care and the AHSN for their support regarding background information and data requests. There are, however, some limitations to the data including:

- Patient outcome data is limited for follow-up respondents. At the time of writing, a total of 15 out of 99 patients surveyed at baseline stage had completed a follow up survey.

- A&E and emergency admission data does not demonstrate significant impact due to the small sample size, therefore it is difficult to determine whether the service reduced A&E activity. Although the data is provided at 6 month intervals, we are unable to track outcomes to each specific patient.
- GP appointment data (at intervals before and after referral) is not available for all five surgeries, and a small sample has been used to show the change in number of GP appointments for patients using the service, which may not be representative.
- The evaluation team's preferred method of follow-up telephone interviews with service users was not deemed feasible by operational staff due to perceived patient sensitivities.

1.3 Report Structure

The remainder of the report is set out as follows:

- Section 2: Context, Need and Objectives
- Section 3: Model and Activity to Date
- Section 4: Outputs and Outcomes
- Section 5: Value for Money
- Section 6: Conclusions and Recommendations

2 CONTEXT, NEED AND OBJECTIVES

This section sets out the national health and care context related specifically to the Better Local Care Surgery Signposters intervention. It therefore focuses on: pressures within general practice; the role of signposting by volunteers to alternative sources of support; collaborative approaches towards addressing system-wide pressures; and mechanisms to promote self-management.

2.1 National context and rationale

The NHS' **Five Year Forward View** (FYFV) sets out plans to address obesity, smoking, harmful drinking and the development of long term conditions through tackling lifestyle risks. A key focus of the FYFV is to empower patients by improving their access to information relating to wellbeing, and supporting them to manage their own health with the help of voluntary sector partners.

The Forward View also notes that three million volunteers make a contribution to health and social care, and that the NHS can go further, accrediting volunteers by partnering and including them as part of the NHS organisation.

The Kings Fund (2014) states that it is essential that patients and the general public become more engaged with adopting positive health behaviours.[5] The call for a more person-centred, better co-ordinated approach has been embraced by various advisory bodies, advocacy groups, governments and international agencies. A recent report by the Richmond Group of Charities and The King's Fund (2012) outlined the service components needed to achieve this, including supported self-management, prevention, early diagnosis and intervention, and emotional, psychological and practical support. For supported self-management in particular, general practice should signpost patients to receive the right care through voluntary organisations. This approach has been found to improve outcomes for those with long-term conditions.[6]

There is evidence to suggest that a range of health and wellbeing benefits can be derived as a result of 'social prescribing' (GP signposting to the voluntary sector). The Kings Fund (2013)[7] review of evidence *'Volunteering in health and social care'* quantifies the value of volunteering, and suggests that there is potential to generate large savings from voluntary services. Other similar schemes have been reported to deliver considerable savings: the Five Year Forward View cites a recent initiative in Greenwich which saved almost £1m for the local authority and healthcare expenditure using integrated social care services.[8]

A review of the evidence by Nesta (2013)[9] suggests that social prescription increases people's confidence, provides opportunities to build social networks, increases self-efficacy and that it can increase people's engagement with weight loss and exercise programmes. The Forward View notes that social prescribing has reduced the need for visits to A&E, GP appointments, and hospital admissions for those with long-term conditions in England.

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[5] Delivering better services for people with long term conditions, The Kings Fund, 2014
[6] Managing people with long term conditions, GP inquiry research paper, The Kings Fund, 2011
[7] Volunteering in health and social care, The Kings Fund 2013
[8] NHS Five Year Forward View
[9] NESTA (2013) More than medicine: new services for people powered health

The NHS Business Plan 2016/17[10] sets out various objectives in order to transform care and close the care and quality gap, designed to support the shift to a patient-centred and sustainable health system, achieved through a new partnership between citizens and communities with the involvement of voluntary and community services. Some of the key commitments stated in the plan are:

- to work with partners to increase provision of high quality mental health care for children and young people to ensure an extra 70,000 have access by 2020, including prevention and early intervention;
- to have the contracts in place locally for the delivery of diabetes prevention services;
- to have made available to at least a further 10,000 people at high risk of developing Type 2 diabetes support to help modify their diet, control their weight and become more physically active through a prevention programme; and
- to launch a Patient Supported Self-Management programme targeted at patients with long term conditions to include peer support, care planning and self-management.

There is increasing pressure on the general practice workload and capacity nationally. The **GP Forward View** identified workload for GPs and their staff to be the largest issue of concern, this is a nation-wide problem and a particularly acute issue in Gosport and South East Hampshire. Supporting people to self-care and offering tailored support to manage individuals' health and wellbeing through Surgery Signposters can help address this problem by reducing the demand in general practice. Active signposting, supporting self-care and social prescribing are part of the 10 'high impact actions' to release GP capacity noted in the GP Forward View.

2.2 Local context and need

The Surgery Signposters initiative was first set up in practices within the Fareham and Gosport CCG area, where prevalence of long-term conditions is high. In the Gosport area, the estimated diabetes prevalence (QOF measure) for those aged over 17 is 7.2%, almost 2 percentage points higher than the England average. Similarly, smoking prevalence in the Gosport and Fareham CCG area is 1% higher than the England average.[11] Further, Gosport has the highest percentage of population with long standing health conditions, at 58.3%, which is over the England average by more than 4%.[12]

The Joint Strategic Needs Assessment (JSNA) for the Gosport and Fareham CCG (2015)[13] stated that the main causes of premature death in the area for adults were cancer, heart disease and respiratory disease. Additionally, the number of sight loss certifications, age related macular degeneration (AMD) and diabetic eye disease were all above the England average for the Hampshire area, and represent the scope for preventable sight loss.[14] As part of the four core areas of Hampshire's Health and Wellbeing Strategy, methods of prevention are key to 'ageing well' and 'staying well'.

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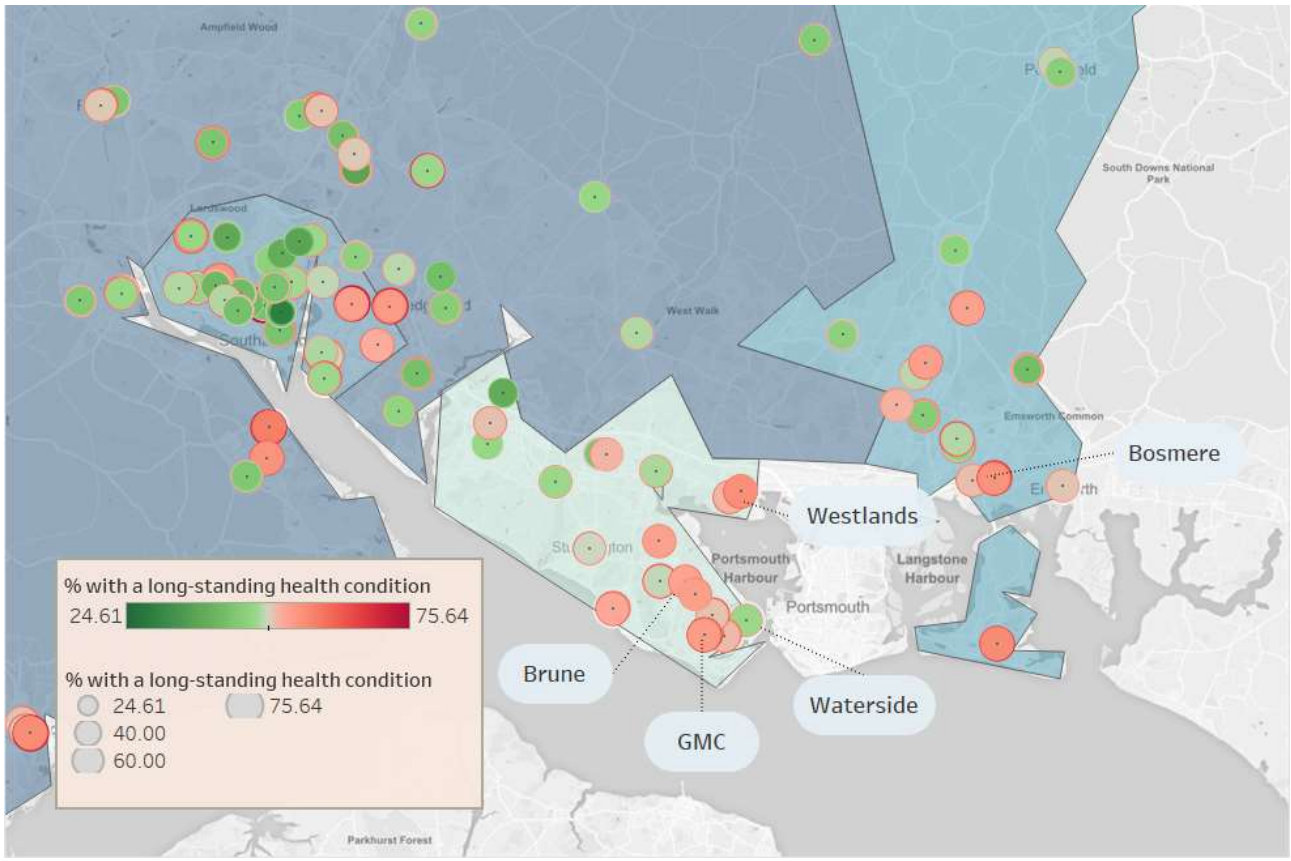
[10] Accessed via:https://www.england.nhs.uk/wp-content/uploads/2016/03/bus-plan-16.pdf
[11] Public Health England, QOF
[12] PHE FingerTips data (2014-15)
[13] Fareham and Gosport CCG Joint Strategic Needs Assessment 2015
[14] ibid

Long-term condition development is strongly related to deprivation, known to be a key driver of health inequalities in Gosport and the wider area. The ONS (2012)[15] show a link between the rate of smoking and area-deprivation in England, with the highest rates in the most deprived areas. Smoking rates are strongly linked with deprivation and health inequalities and are a risk factor in a wide range of long term conditions and comorbidities. Similarly, obesity prevalence, particularly for children is highly correlated with deprivation.[16] The figure below displays a map of the Gosport area, showing the levels of deprivation within the area. There are strong levels of deprivation in Gosport, particularly in the central region.

Figure 2.1: Better Local Care – Percent of people with long standing health condition



Source: GP Patient Survey, RSM PACEC

[15] Do smoking rates vary between more and less advantaged areas? Integrated Household Survey - Office for National Statistics, 2012

[16] http://www.noo.org.uk/NOO_about_obesity/inequalities

2.3 Evidence from similar initiatives

Evidence from evaluation studies of similar interventions elsewhere in England support the assertion that Signposting can deliver positive outcomes for patients and staff, as set out below.

2.3.1 Rotherham Social Prescribing Service for People with Long-Term Health Conditions[17]

An evaluation of the Rotherham service measured the impact of social prescribing over a 3 year period. The service was piloted for a period of two years in 2012 and was recommissioned for a further year. The team providing the social prescribing service consisted of a project manager and five voluntary and community sector advisers.

The evaluation used a sample size of 199 service users whose initial contact with the service was between 2012 and 2013, and 740 whose initial contact was between 2013 and 2014.

Wellbeing outcomes were measured by comparing a baseline (users when they were first referred to the service) to a follow-up, which was approximately 3-4 months after referral.

The service found that 82% of service users experienced a positive change on at least one of the above measured outcomes. The evaluation also analysed those users with a low baseline score, and found that overall they experienced improvements. The measures are listed below alongside the percentage of users that had made progress between the baseline and follow up:

Table Error! No text of specified style in document.**.1: Percentage of users that made progress between baseline and follow up**

Measure	Percentage of total users' that showed improvement	Percentage of low baseline users that showed improvement
Feeling positive	35%	65%
Lifestyle	26%	59%
Looking after yourself	23%	57%
Managing symptoms	23%	52%
Work, volunteering and other activities	46%	57%
Money	28%	71%
Where you live (living conditions, managing tenancy, etc.)	24%	68%
Family and friends (relationships, social isolation, etc.)	19%	63%

Source: Centre for Regional Economic Research, Sheffield Hallam University, Annual Evaluation

[17] Dayson C, Bashir N, Bennett E, Sanderson E. The Rotherham Social Prescribing Service for People with Long-Term Health Conditions, Annual Evaluation Report, 2016.

The total percentage of users that showed improvement in their scores varies from 19% to 46% depending on the outcome measure. Of the users who scored a low score at the baseline level, a larger percentage of users showed improvements in their score between the baseline and follow up, with the percentages varying from 52% to 72%.

The evaluation measures A&E attendances for users at both 12 months before using the service and 12 months after. It found that A&E attendances reduced by 17%. As a result, it was estimated that the service made savings of approximately £250k.

2.3.2 Doncaster Social Prescribing Service[18]

A recent evaluation of the Doncaster Social Prescribing Service measured the impact of the service between August 2015 and July 2016. Over 1000 people were referred to the service during this period.

The evaluation measured three types of outcome relevant to the service; health, social connectedness and financial wellbeing. A total of 215 questionnaires were completed between 3 and 6 months after initial use of the service.

The baseline and follow up responses to a survey measuring health outcomes showed very little improvements in levels of mobility, self-care, usual activities and pain/discomfort. However, large improvements were shown relating to anxiety/depression. The percentage of users reporting they receive enough social contact had increased by 19% between the baseline and follow up with a similar improvement in those reporting they are not financially struggling.

The service appeared to be a cost effective intervention however, the data only provided insight into short term benefits as the pilot was at an early stage of development.

2.4 Surgery Signposters: Pilot Objectives

A key aim of the Better Local Care MCP Vanguard is to support people to manage their own health by linking them with social support systems within their local community. These services aim to offer the best outcomes for patients through a non-clinical intervention. Better Local Care sets out to improve self-management and prevention through supporting patients to address lifestyle factors that increase ill health, link people to local support, and improve individuals' wellbeing and management of long-term conditions.[19]

The Surgery Signposters pilot is one of several Vanguard-funded pilots established to improve self-management and prevention, by raising awareness of non-clinical support available in the community, and securing take-up of the support among citizens who would otherwise have used GP or secondary care services.

Surgery Signposters is an initiative that focuses on self-management and prevention under the Better Local Care Value Proposition, this aims to identify when non-clinical interventions will offer the best outcomes for patients, and support them to manage their own health. In line with the

[18] Dayson, C. Bennett E. Evaluation of Doncaster Social Prescribing Service: Understanding outcomes and impact, 2016.
[19] Better Local Care Value Proposition 2016

evidence provided in Sections 2.1 and 2.2 above, Surgery Signposters directs the following type of service users to local services:

- those with a long-term condition which they struggle to manage;
- those needing support following a diagnosis e.g. dementia;
- individuals with mental health issues which can be helped by community and social contact;
- those with non-clinical problems affecting health and wellbeing (e.g. social isolation); and
- individuals with problems such as debt, housing or benefits issues.

Consistent with the FYFV, Surgery Signposters targets the 'Dementia Challenge', offering support to people with dementia, which enables them to continue to participate in daily activities.

The rationale for the Signposters project is further documented alongside the assumptions and logic model in the project evaluation plan. They include:

- local people want support to self-manage their health and wellbeing;
- healthcare professionals acknowledge voluntary sector support is available but are unsure what is in their local area; and
- 50% of GP appointments and 70% of primary and acute budgets are spent on those with a long-term condition who could receive some of the support they need from alternative sources.

Surgery Signposters builds on existing social prescribing activity undertaken in southern Hampshire. The project aims to improve self-management and prevent the need for access to core primary and acute care services. It has set the following outcomes and key performance indicators:

- 500 people seen;
- 50% of people seen use the support identified;
- reduction in the number of GP appointments;
- reduction in ED attendances and emergency admissions by those seen;
- increase in people reporting feeling better able to self-manage their health and wellbeing;
- positive feedback from primary care;
- increased use of voluntary sector services and group; and
- improvement in patient reported 'R-Outcomes'.

Context, need and objectives: in summary

- Evidence suggests that the increasing pressure on general practices is likely to become unsustainable at current rates. Patients with LTCs play a key role in driving this demand, and increasingly present at practices with non-clinical problems.
- The Five Year Forward View notes the need to support integrated care with charity and voluntary sector organisations, and empowering patients to improve health and wellbeing.
- Signposting can have a positive effect on managing demand and alleviating pressures as well as improving patient experience through social prescribing.
- The JSNA indicates the need for prevention within the local area to improve individuals' health and wellbeing, focusing on staying well and ageing well.
- Voluntary and community services can help to reduce the pressure on GP time and workload as well as emergency admissions.

3 MODEL AND ACTIVITY TO DATE

3.1 Project implementation

The Signposters project is split across two phases, with an initial pilot at Waterside Practice in Gosport, where the first patients were referred into the scheme beginning in November 2015. This phase was supported by the AHSN through the Accelerator Fund. Phase II was supported through Better Local Care funding, with a bid submitted in August 2016 for £59,640 to support signposting activities in the East Hampshire, Fareham, Gosport and Havant natural communities of care fast follower sites.

Phase II saw GVA taking a more central role in administering the service and overseeing training and allocation of volunteers. The service features two part-time leads, one responsible for the Gosport area and another responsible for remaining areas.

The service is available to anybody living in the participating localities listed above, with East Hampshire (Bordon) scheduled to implement the service later in 2017.

3.2 Surgery Signposters Model

Surgery Signposters is designed to help people with long-term conditions and social care needs in better managing their own health and social care through the support of the voluntary and community sector.

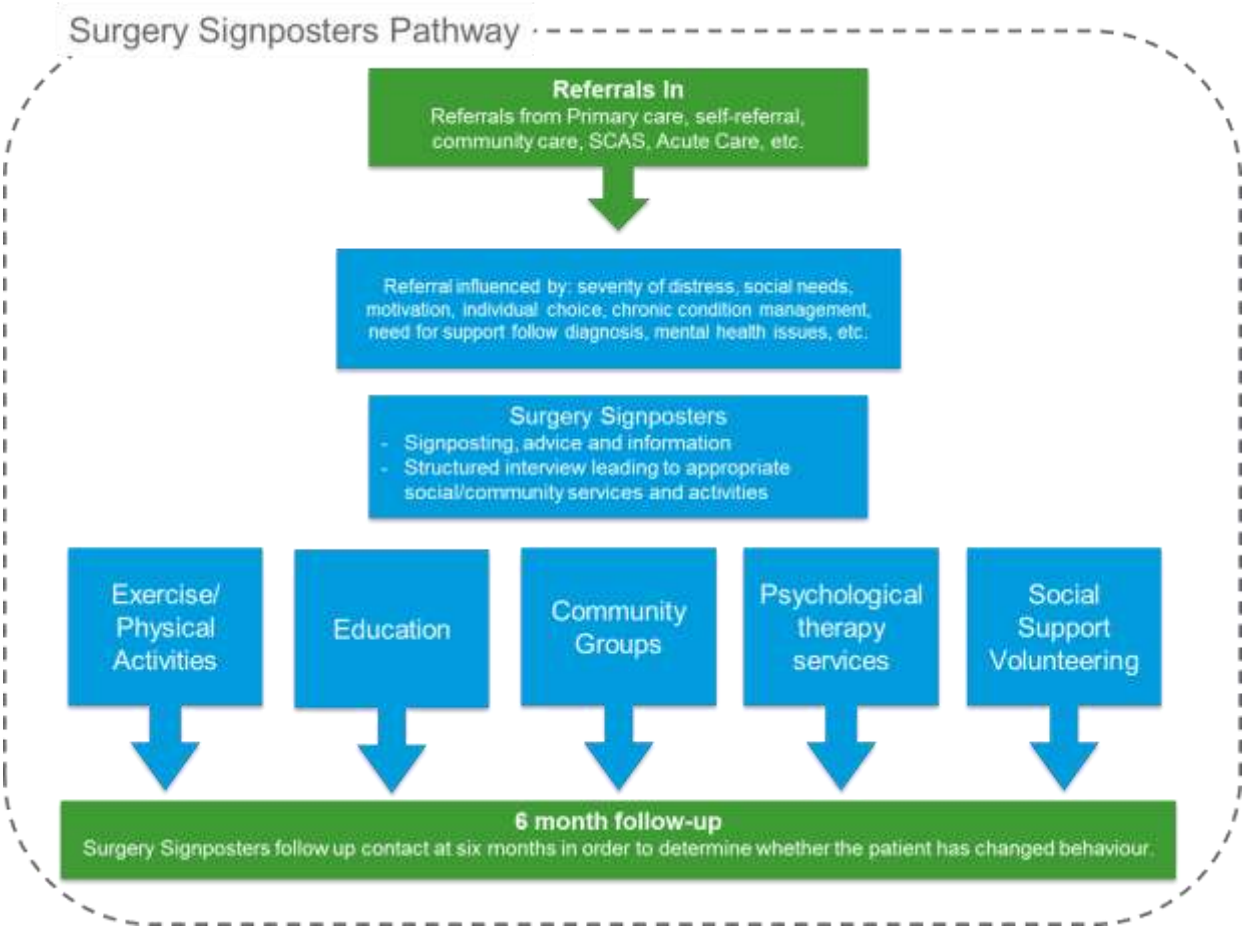
Typically, individuals recommended into the scheme will have made frequent visits to the GP in the preceding months and years and will have a complex range of health and social problems that cannot easily be dealt with through regular clinical referrals or prescriptions, hence a 'social prescription' is made. Individuals can be referred into the scheme by GPs, practice nurses, receptionists, and individuals can approach the service themselves.

Patients with some combination of the following characteristics are identified and referred:

- those with a chronic / long-term condition which they struggle to manage;
- those needing support following a diagnosis e.g. dementia;
- individuals with mental health issues which can be helped by community and social contact; and / or
- those with non-clinical problems affecting health and wellbeing (e.g. social isolation, debt, housing or benefits issues.

The service makes use of volunteers ('signposters') who operate within practices as well as premises of voluntary organisations. Volunteers receive training to help patients find local support organisations, and patients are given a structured initial interview to help assess their non-medical needs, ensuring they are directed to receive appropriate support. Figure 3.2 overleaf outlines the non-clinical pathway for those using the service.

Figure 3.2: Surgery Signposters Pathway



Source: Programme literature, RSM PACEC

Destinations for the signposting service vary. The table below displays organisations to which patients have been signposted as part of Phase II.

Table 3.2: Organisations which users have been signposted to

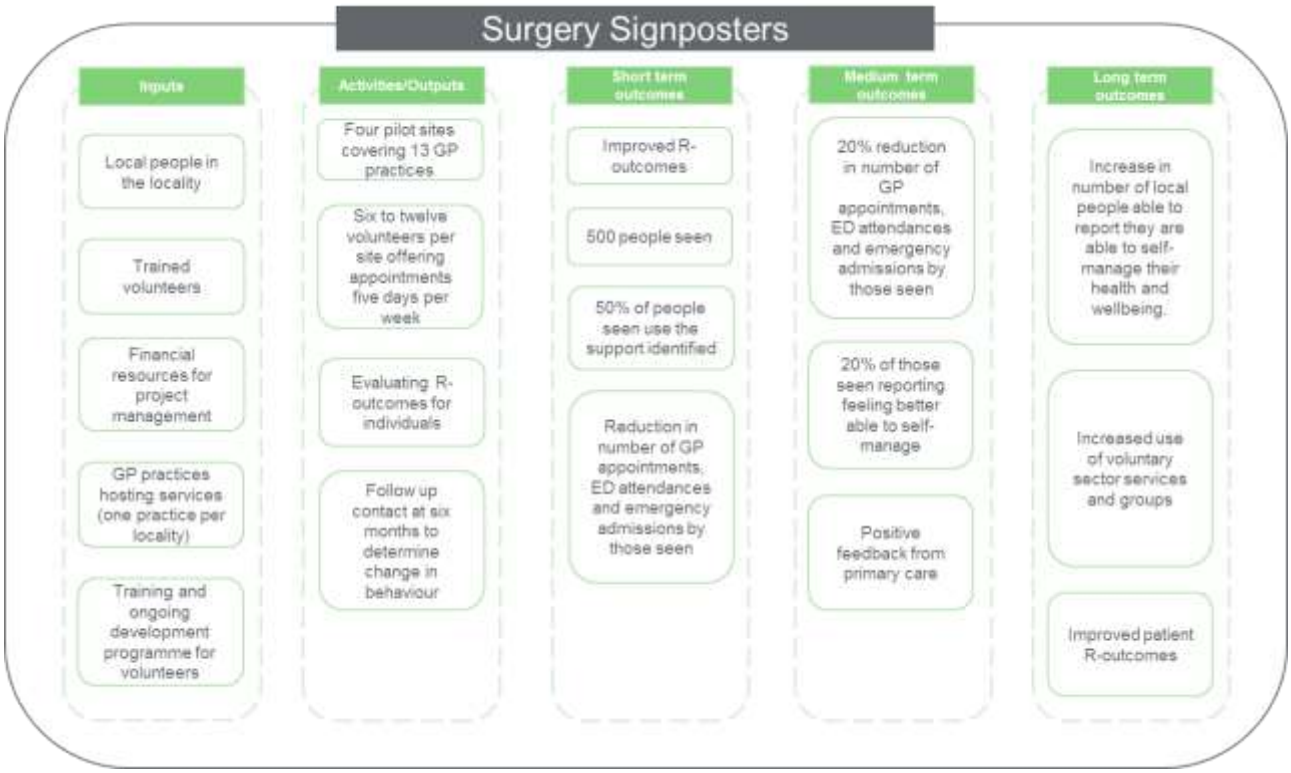
Social/Community Service	User issue addressed
Citizen Advice Services	Debt, benefits, housing and employment.
Brendon Care (care homes and wellbeing clubs)	Social isolation, mental health and support following a diagnosis (e.g. dementia).
GVA suite of existing services for Older People (Gosport Gardens, Advocacy for older people and Grain & Grow Volunteer Group) I-Talk, Solent Mind, Recovery College, Men's Shed	Social isolation and mental health (various patient age profiles).
Carers Hub	Carer support and information
Alzheimers Society, Dementia Friends, Diabetes UK, GADSAD, AA	Long-term conditions

The service user's needs, and associated alternative services that the Signposters intervention supports is broad. As such, there is clear opportunity for the Signposters intervention to raise awareness and increase the flow of service users to a wide range of community services. The extent to which that opportunity is being leveraged, is discussed in more detail in subsequent sections of this report.

3.3 Logic model

The outcomes for staff, patients and the wider care system are outlined in the project's logic model. Figure 3.3 below is an extract from the logic model for Surgery Signposters. It identifies the activities, outputs and outcomes that the project expects to deliver.

Figure 3.3: Surgery Signposters logic model



Source: Surgery Signposters Logic Model, RSM PACEC

3.4 Activity to date

The activities listed below are those designed to implement and develop as set out in the original Surgery Signposters evaluation plan:

1. to deliver in four pilot sites covering 13 GP practices;
2. six to twelve volunteers per site offering five appointments per week;
3. evaluation of R-outcomes for individuals; and
4. to follow up contact at six months to determine a change in behaviour.

Activity on these measures is tracked by GVA and individual practices.

Service data on volunteer training is provided in Table 3.3Table 3.3 below. Basic training for signposters is supplemented by inductions at local surgeries and ongoing monthly updates. The data shows good progress in recruiting and training signposters, more or less in line with activity targets of 6 to 9 per premises specified in project plans.

Table 3.3: Volunteer Training for Surgery Signposting

Location	Volunteers	MECC	NHS Safeguarding	SSP	Surgery induction	Ongoing Monthly
Gosport	9	7	Yes	Yes	Yes	Yes
Fareham	5	0	Yes	Yes	Yes	Yes
Havant	5	0	Yes	Yes	Yes	Yes

Source: GVA

Data on numbers referred via the service for phase I was gathered by the AHSN for the Gosport pilot. The data, displayed in Table 3.4 below, showed that 173 individuals were assisted by the service over an eight month period between November 2015 and June 2016. Service users were referred to a range of services including Citizens Advice, Alzheimer's Society and Alcoholics Anonymous.

Table 3.4: Surgery Signposters phase I activity tracker (Gosport only)

Month	GP/Nurse referral	Self-referral	Other Referral	Total Referral	No. of people seen
November 2015	13	4	1	18	24
December 2015	9	3	5	17	12
January 2016	16	3	7	26	24
February 2016	12	3	4	19	23
March 2016	11	1	7	19	26
April 2016	11	2	3	16	22
May 2016	8	1	8	17	21
June 2016	13	1	5	19	21
8 months	**93**	**18**	**40**	**151**	**173**

Source: AHSN evaluation of Surgery Signposters phase I

Phase II activity data on the number of volunteers and patients seen is gathered by GVA, displayed in Table 3.5**Error! Reference source not found.** below. The data shows that since the pilot phase another 200 individuals have been referred through the service under Phase II, bringing the total number of assists to 372 against a final target of 500.

Table 3.5: Surgery Signposters Phase II Activity (patients seen to January 2017)

Locality	Surgery	Start date	No. of Volunteers	Total booked	No. of Patients seen	Average patients per month	DNA	DNA (%)
Gosport	Waterside (Phase I)	Oct-15	3	222	219	15	3	1.40%
Gosport	Brune	Oct-16	4	38	35	9	3	8.00%
Gosport	Gosport Medical Centre	Dec-16	2	3	3	1.5	0	0.00%
Gosport	**Total**		**9**	**263**	**257**	**25.5**	**6**	**3.13%**
Fareham	Westlands (Portchester)	Jul-16	5	69	63	11	6	1.00%
Fareham	**Total**		**5**	**69**	**63**	**11**	**6**	**1.00%**
Havant	Bosmere	Oct-16	5	40	38	9.5	2	5.00%
Havant	**Total**		**5**	**40**	**38**	**9.5**	**2**	**5.00%**
Total / Average			19	372	358	9.7	14	3.00%

Source: Programme data. Total booked = no-shows + patients seen.

The data suggests that the service has performed reasonably well against its original target of 500 service users. The service has not yet managed to replicate Phase I activity levels as it has only recently spread to new practices. Evidence from internal in-depth interviews and the staff survey presented in subsequent sections explores the reasons for successes and challenges to date in more detail. The service has achieved its targets of 4 sites and 13 practices. It is open to all practices in each area, for instance, the 11 practices in Gosport can use any of the sites in their area.

4 OUTPUTS AND OUTCOMES

Outcomes reported in this document are focused more on short-term and medium-term outcomes, reflecting the recent start date and relatively early stage of Phase II implementation to date. Emphasis is therefore placed on measures of implementation such as team capacity building measures (staff training and development and evidence of co-ordinated working with the voluntary sector), issues in procurement of resources, and use of the R-outcomes tool.

The project's original bid document sets out five outcomes considered of greatest importance to the project team at inception stage:

1. Reduction in the use of primary care six months after referral to Surgery Signposters compared to six months before.
2. Reduction in unplanned hospital attendances (A&E attendances and non-elective admissions) six months after referral to Surgery Signposters compared to six months before.
3. Improved patient reported outcomes (wellbeing, health confidence, health status and experience) as measured by the R-outcomes tool six months after referral.
4. Increase in the number of people accessing local community and voluntary services.
5. Qualitative feedback to show the satisfaction from primary care in having an accessible and quality service to refer patients onto for support to improve their wellbeing.

The sections below detail the extent to which these outcomes have been met by the service using the data available to date. Evidence is collated and presented against three main outcome areas, in line with the overarching BLC evaluation framework, namely: Patient Outcomes; Service Outcomes and Staff Outcomes.

4.1 Patient outcomes

The key patient outcomes from the logic model cover both patient experience and clinical/pathway outcomes, evidenced via the following indicators:

- improved R-outcomes;
- 20% report being able to better self-manage;
- reduction in the number of GP appointments; and
- 20% reduction in the use of emergency / ED admissions.

Patient experience is measured using the AHSN's R-outcomes tool, a survey tool designed to measure a patient's own perception of their quality of life, independence and ability to self-manage and access support. A baseline survey is taken when a patient signs up, with follow up again 4 to 6 weeks later.[20] It was decided the service would use four of the R-Outcomes measures; health status,

[20] The evaluation team's preferred method included follow-up telephone interviews with service users but this was not permitted due to concerns regarding patient sensitivities.

experience, health confidence and personal wellbeing. A mean score is calculated from the R-outcomes survey to indicate any improvements between the initial baseline and follow up responses.

The numbers of patients using GP appointments are provided on demand by practices using historical patient data records.

Patient clinical outcomes (i.e. use of emergency / ED services) are measured using SUS data which track non-elective hospital admissions on a range of treatments and interventions. Patients referred into the service are issued a read code when visiting their GP which is used to track these outcomes, a practice which has been adhered to for around 60% of patients using the service.

4.1.1 R-Outcomes Data

A total of 99 patients completed an initial baseline R-Outcomes survey, and 15 follow-up surveys have been completed to date. Follow up surveys are given to patients 4-6 weeks after referral in to the service. Table 4.6 below presents the number of patient responses by locality:

Table 4.6: Surgery Signposters R-outcomes responses[21]

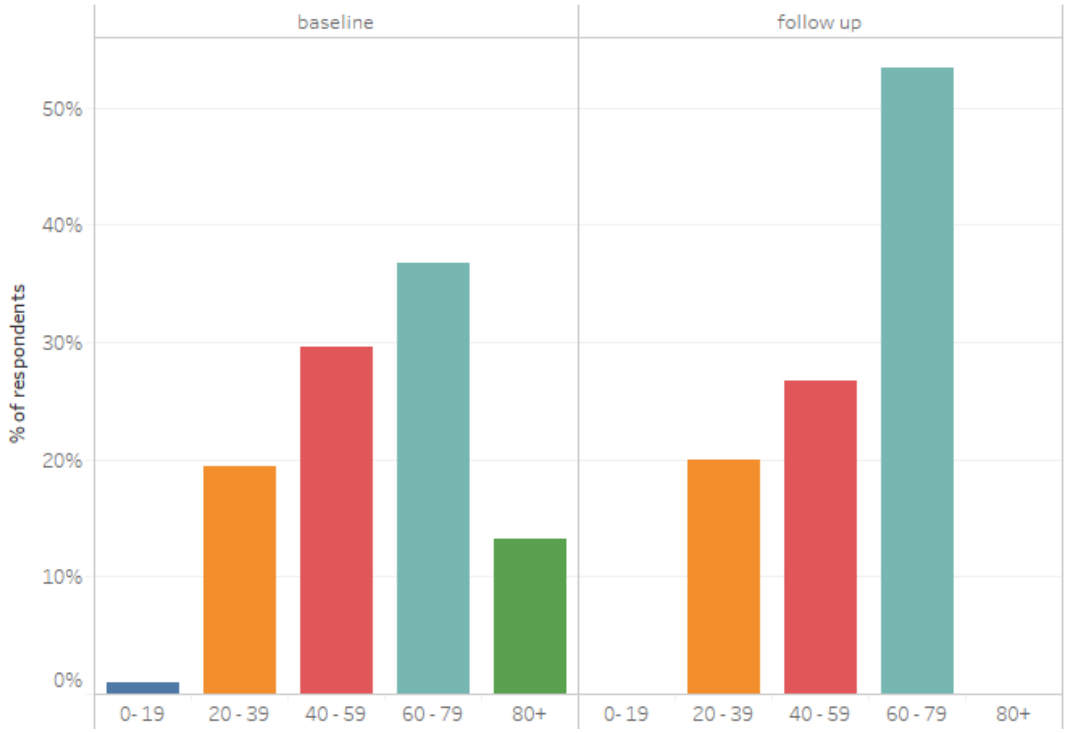
Locality	Baseline	Follow-up
Fareham	21	Base numbers not reported
Gosport	59	
Havant	19	
Total	99	15

Source: Surgery Signposters R-outcomes response data

Figure 4.4Figure 4.4Figure 4.4 overleaf presents the age group of patients who completed the R-outcomes health and wellbeing survey, showing a greater number among middle-aged and older users, as is to be expected.

[21] Bordon responses have not yet been completed

Figure 4.4: R-outcomes survey responses by age group



Source: Surgery Signposters R-outcomes data (n=99, 15)

4.1.2 R-Outcomes Findings

A key patient outcome from the logic model is that 20% of patients reporting they are better able to self-manage. Health confidence was assessed using four statements in the R-outcomes before-and-after patient surveys. The four tables below present results from the R-outcomes survey tool for both baseline and follow-up surveys completed to date.[22] At present, there is limited evidence available to draw findings from the follow-up patient responses due to the limited number of respondents to the follow-up survey.

4.1.2.1 Health Confidence

Table 4.7Table 4.7Table 4.7 displays survey responses indicating health confidence at baseline and follow up. A high proportion of follow up survey responses are reporting to look after their health; 57.1% (n=8, base=14) of respondents stated they 'Strongly Agree' and 21.4% (n=3) stated they 'Agree' that they can look after their health. Of the baseline responses, 20% (n=19, base=95) of users strongly agreed that they could look after their health. The proportion of patients reporting that they cannot look after their health was 13.7% (n=13) in the initial survey, whereas the follow up responses resulted in 7.1% (n=1) of users reporting that they cannot look after their health. A difference in the follow up seem to show an improvement, however more responses are needed to determine the significance of these results.

[22] Note: Follow up surveys are completed 4-6 weeks after initial contact

Table 4.7: R-outcomes wellbeing measure – 'I can look after my health'

Response options	Baseline count	Baseline (%)	Follow up count	Follow up (%)
Strongly agree	19	20.0%	8	57.1%
Agree	39	41.1%	3	21.4%
Not sure	24	25.3%	2	14.3%
Disagree	13	13.7%	1	7.1%
Total	95	100.0%	14	100.0%

Source: Surgery Signposters R-outcomes data

Table 4.8 below provides an indication of patients' knowledge of other services and options available to help them. The follow up shows positive change among the respondent sample. The majority of patients, 41.5% (n=39, base=94), reported they agree that they can get the right help if they need it and 30.9% (n=29) of baseline responses stated they were 'not sure'. The follow up survey responses indicate the majority either strongly agree or agree that they can get the right help if they need it, with 50% (n=7, base=14) stating 'strongly agree' and 21.4% (n=3) stating they 'agree'.

Table 4.8: I can get the right help if I need it

Response options	Baseline count	Baseline (%)	Follow up count	Follow up (%)
Strongly agree	19	20.2%	7	50.0%
Agree	39	41.5%	3	21.4%
Not sure	29	30.9%	2	14.3%
Disagree	7	7.4%	2	14.3%
Total	94	100.0%	14	100.0%

Source: Surgery Signposters R-outcomes data

Table 4.9**Error! Reference source not found.** overleaf presents patient responses to the statement 'I know enough about my health'. The proportion of patients who 'Strongly agree' with the statement is higher in the follow-up survey. Of the follow up survey responses, 71.4% (n=10, base=96) of service users strongly agreed with the statement in comparison to 31.3% (n=30, base=14) from the baseline survey. No users stated they were 'not sure' or 'disagree' in the follow up survey. Although all follow up users responded with the options 'Strongly agree' and 'Agree', the number of responses is limited and it is difficult to determine the statistical significance of the change in proportion of responses.

Table 4.9: I know enough about my health

Response option	Baseline count	Baseline (%)	Follow up count	Follow up (%)
Strongly agree	30	31.3%	10	71.4%
Agree	38	39.6%	4	28.6%
Not sure	23	24.0%	0	0.0%
Disagree	5	5.2%	0	0.0%
Total	96	100.0%	14	100.0%

Source: Surgery Signposters R-outcomes data

The final health confidence statement indicates how involved patients feel in decisions about their health and wellbeing. As a result of the baseline surveys, 44.1% (n=41, base=93) and 39.8% (n=37), 'strongly agreed' and 'agreed' that they are involved in decisions about themselves. 14% (n=13) were not sure and 2.2% (n=2) disagreed that they are involved in decisions about themselves. All users in the follow up surveys stated that they either strongly agree (73.3%, n=11, base=15) or agree (26.7%, n=4) that they are involved in decisions about themselves.

Table 4.10: I am involved in decisions about me

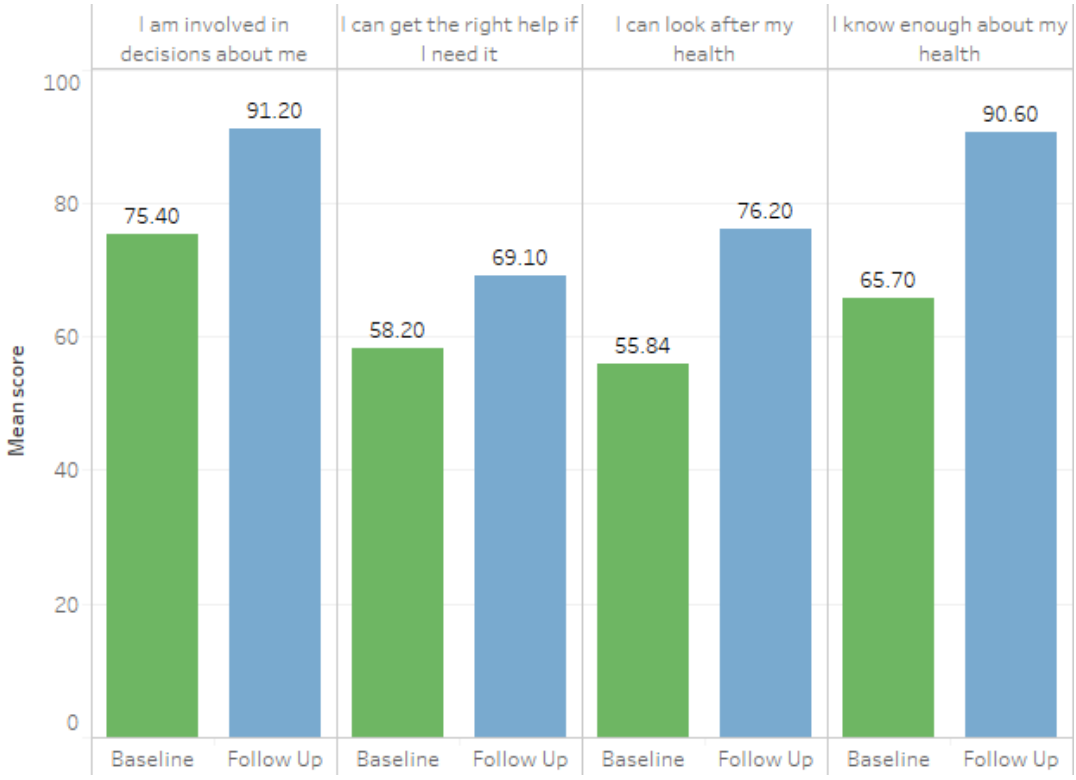
Response option	Baseline count	Baseline (%)	Follow up count	Follow up (%)
Strongly agree	41	44.1%	11	73.3%
Agree	37	39.8%	4	26.7%
Not sure	13	14.0%	0	0.0%
Disagree	2	2.2%	0	0.0%
Total	93	100.0%	15	100.0%

Source: Surgery Signposters R-outcomes data

The above tables provide details of the responses of the health confidence measure and the figures have been used to produce mean scores for R-outcomes shown in the Figure 4.5 overleaf. Each response option is weighted and mean scores are measured on a scale from 0 to 100 based on the R outcomes results, with the best score being 100 and the worst score being zero. According to the AHSN, as a rule of thumb in interpreting results, mean scores of over 80 are good, 60-79 imply some issues, 40-59 are poor and below 40 are very poor. If all patients select the best possible response option (i.e. strongly agree), then the mean score would be 100.[23]

[23] R-outcomes on patient reported outcomes for the Surgery Signposters service in Gosport and Fareham

Figure 4.5: Health Confidence mean scores



Source: Surgery Signposters R-outcomes data

The mean scores for each health confidence question are shown to have improved in the follow-up response. Scores vary from roughly 70 to 90 for follow-up responses and 55 to 75 for the baseline. 'I know enough about my health' sees the largest improvement in mean score, with the initial baseline (65.7) indicating some issues and the follow up showing a strong mean score (90.6). Similarly, 'I am involved in decisions about me' saw an increase in mean score after the baseline, and is the highest scoring within the health confidence measure. Although scores improved for all questions, the sample size is very small for the follow up scores, therefore it is difficult to determine the significance in the improvements. Patients scored lower on questions related to accessing the right help if they need it and looking after their health. This indicates a potential area for future development in terms of informing patients of the services and options available to them.

In addition to health confidence, R-outcomes assesses patient experience, personal wellbeing and health status. The R-outcomes survey questions on patient experience, personal wellbeing and health status can be found in **Error! Reference source not found.Error! Reference source not found.**. The Figure overleaf presents overall mean scores for each measure used in the R-outcomes survey.

Figure 4.6: R-outcomes mean scores

Source: Surgery Signposters R-outcomes data (n=15)

Patient experience scores were high for both the baseline and follow up surveys, with the follow-up increasing to a score of just over 90. Health status scores at baseline indicates users have poor health status at the outset. The follow up scores are higher, though again this could be due to the limited sample size.

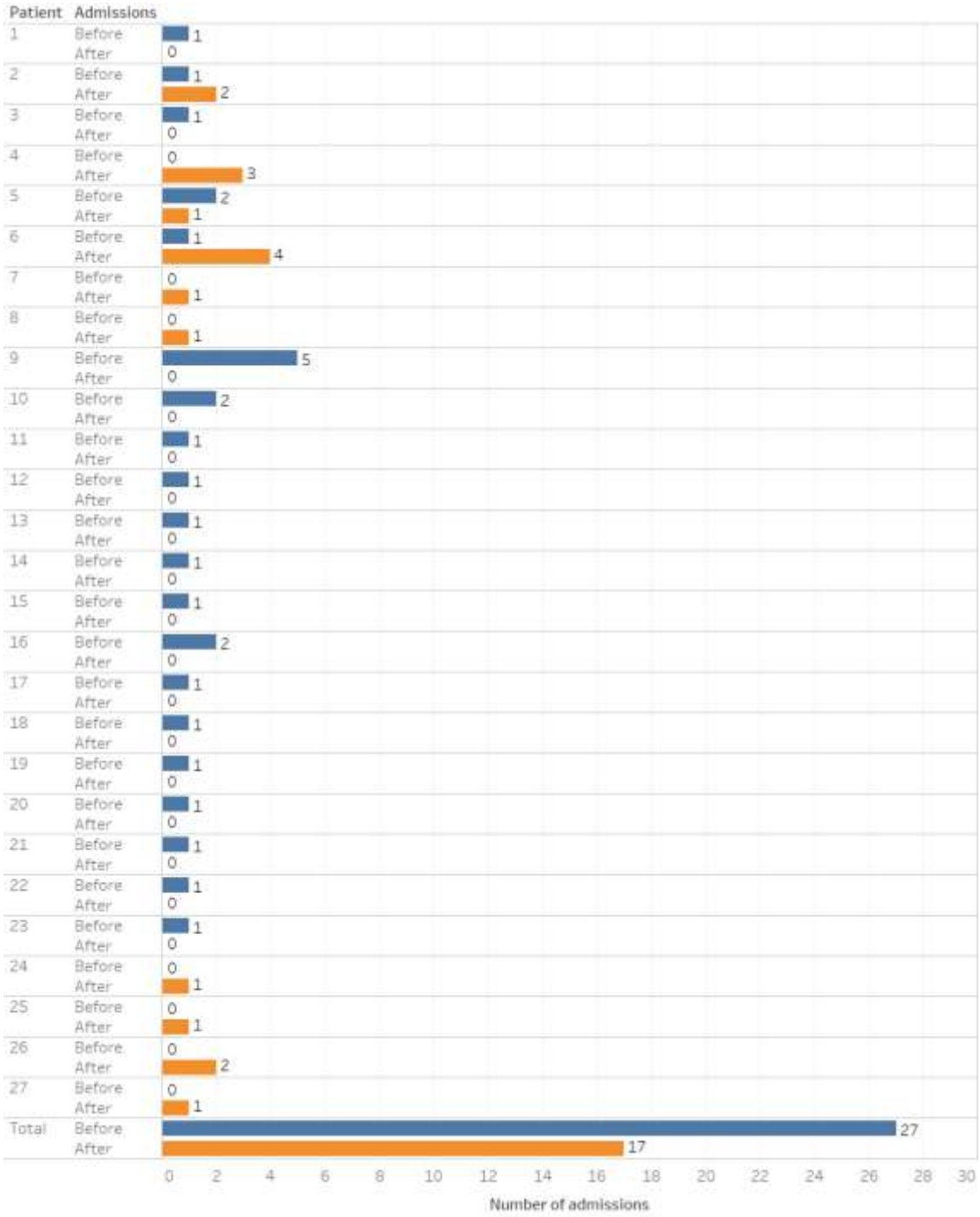
A noticeable difference is shown in personal wellbeing in comparison to the other measures, of the four measures, this is shown to be the weakest for the baseline score. The personal wellbeing mean score is very low, indicating very poor wellbeing for service users and the local need for the service in the area.

Overall, the follow up mean scores indicate an improvement across all four measures.

4.1.3 Admissions data

As set out in the project logic model, a key outcome for the Surgery Signposters service is to reduce unplanned hospital attendances (A&E attendances and non-elective admissions) six months after referral to Surgery Signposters compared to six months before. The following tables present anonymised information on Surgery Signposters users who attended A&E 6 months before using the service and 6 months after the use of the service.

Table 4.11: A&E activity attendance count



Source: SUS Emergency Medicine CDS

Table 4.11Table 4.11Table 4.11: A&E activity attendance count above shows that among Surgery Signposters service users there were a total of 27 A&E admissions (20 patients) in the 6 month period prior to their use of the service, and 17 admissions among the same cohort (10 patients) in the 6 months following their use of the service. Again, some caution should be exercised in interpreting these results given the complexity of issues among the patient cohort. For instance 7 of the 17 post service use admissions (40%) were multiple admissions by just two patients. Follow-up data obtained via telephone interviews would provide further insight into the contribution that Surgery Signposters made to the overall reduction in admissions.

Table 4.12: Reasons for attendance (A&E activity)

Practice	Reasons for attendance (diagnosis)	Before count	After count
Anon A	Respiratory conditions	Base numbers not reported	
	Cardiac conditions		
	Contusion/abrasion		
	Infectious disease		
	Sprain/ligament injury		
	Diagnosis not classifiable		
	Foreign body		
	Total	**3**	**5**
Anon B	Cardiac conditions	Base numbers not reported	
	Respiratory conditions		
	Local infection		
	Infectious disease		
	Sprain/ligament injury		
	Urological conditions (including cystitis)		
	Poisoning (including overdose)		
	Total	**3**	**7**
Anon C	Nothing abnormal detected	Base numbers not reported	
	Sprain/ligament injury		
	Poisoning (including overdose)		
	Diagnosis not classifiable		
	Laceration		
	Dislocation/fracture/joint injury/amputation		

	Social problem (includes chronic alcoholism and homelessness)		
	Head injury		
	Contusion/abrasion		
	Infectious disease		
	Total	**12**	**0**
Anon D	Central Nervous System conditions (excluding strokes)	Base numbers not reported	
	Sprain/ligament injury		
	Gastrointestinal conditions		
	Urological conditions (including cystitis)		
	Foreign body		
	Poisoning (including overdose)		
	Diabetes and other endocrinological conditions		
	Contusion/abrasion		
	Head injury		
	Infectious disease		
	Total	**9**	**5**

Source: SUS Emergency Medicine, CDS

The figures in Table 4.12 above show the reasons for attendance. The data suggest an overall reduction in attendances over the timeframe, though the sample size is small. There are some clues in the nature of the diagnoses:[24] Anon C practice, for instance, shows those patients presenting non-clinical symptoms did not return to A&E in the succeeding 6 months. It is possible that these issues were instead presented to those involved in the signposting service with the cost of addressing these issues born by external organisations. However, patients may have also presented their issues to primary care providers, and we are unable to determine this due to the lack of data on use of other services. For other symptoms (e.g. head injury), where problems were clearly clinical, hospitalisation was likely to have been unavoidable in any event, though it remains possible that signposting can reduce the likelihood of these types of injuries (e.g. alcohol-related injuries).

Table 4.13Table 4.13 below displays emergency admissions at six months before and after using Surgery Signposters. Of the emergency admissions, 10 new patients are included that did not feature in A&E activity data. Among the patients recorded as being referred into the service, there were 19 instances of emergency admission six months prior to referral and 16 instances of admission six months after. Table 4.14 overleaf offers an insight to reasons for emergency admission.[25]

Table 4.13: Emergency Admissions

Practice	Patient	Before count	After count	Attendance Difference
Anon A	2	Base numbers not reported		1
	28			-1
	29			1
	Total	2	3	1
Anon B	5	Base numbers not reported		-1
	30			-1
	6			1
	Total	4	3	-1
Anon C	10	Base numbers not reported		-2
	15			-1
	11			-1
	14			-1
	Total	5	0	-5
Anon D	31	Base numbers not reported		-1
	32			-1
	17			-1
	16			-1
	33			-1
	24			-1
	23			-1
	20			-1
	34			1

[24] Note that the reasons for attendance are not identifiable for each patient

[25] Note that the reasons for emergency admissions are not identifiable for each patient

Practice	Patient	Before count	After count	Attendance Difference
	35			1
	36			2
	22			1
	26			1
	37			4
	Total	8	10	2
	Grand Total	19	16	-3

Source: SUS Emergency Medicine, CDS

Table 4.14: Reasons for admission

Reason for admission (diagnosis)
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Diseases of the circulatory system
Diseases of the digestive system
Diseases of the genitourinary system
Diseases of the musculoskeletal system and connective tissue
Diseases of the respiratory system
Injury, poisoning and certain other consequences of external causes
Mental and behavioural disorders
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
Endocrine, nutritional and metabolic diseases
Neoplasms
Diseases of the eye and adnexa
Factors influencing health status and contact with health services
Grand Total

Source: SUS Emergency Medicine, CDS (numbers by condition not reported due to small base size)

4.2 Service outcomes

For ease of reference, service level outcomes set out in the Signposters logic model include:

- 500 people seen;
- 50% of people using the support identified;
- Increased use of voluntary sector services/groups; and
- 20% reduction in GP appointments.

Data from GP practices is used to assess the number of people seen by the service as well as changes in the number of GP appointments by service users. The number of people using support after sign-posting is tracked by the voluntary association (GVA).

The service also measures the extent of engagement with the voluntary sector. GVA train volunteers specifically for the Signposters project and maintain records of training delivered.

4.2.1 Numbers / Sample / Representativeness

372 patients have been seen by the service to date in 5 practices. GP utilisation is provided for a single practice (Table 4.15). Data on the proportion of individuals using the support of volunteers or services they are signposted to is limited, though early findings outlined in Table 3.5 suggest relatively low DNA (did not attend) rates, at 5% or under.

4.2.2 Findings

The sample in Table 4.15Table 4.15Table 4.15 below considers GP attendance at a single practice, Gosport Medical Centre, for patients referred in late 2016 and early 2017.

Table 4.15: GP attendance among signposted patients at Gosport Medical Centre

Date Referred	Date seen	Appointments in the previous 6 months	Appointments after 6 months to 09/02/17	Did not attend
29-11-16	12/12/16 & 23/01/17	5	2	
18-01-17	DNA	3	0	DNA 24/01/17
05-12-16	12-12-16	5	4	DNA 30/01/17
11-01-17	30-01-17	5	0	
30-01-17	07-02-17	3	0	
02-12-16	DNA	3	1	DNA 12/12/16
08-12-16	13-12-16	17	18	
Total		41	25	

Source: Gosport Medical Centre practice data

The data shows GP appointments for the 6 months prior to signposting. Utilisation among the cohort is high – with 41 GP visits at an average of 6.8 per month. Following signposting, the total number of appointments falls to 25. Note, however, that this figure does not include a full 6 months "post intervention" period for all patients, and the average attendance per month is therefore actually higher. This data will therefore be updated in subsequent reports.

4.3 Staff outcomes

The key staff outcome was qualitative, described as 'positive feedback from primary care'. To capture this, RSM PACEC composed a primary care staff survey for both administrative and clinical staff involved in the scheme. The survey was circulated in February 2017. The number of complete responses was 25. The majority of respondents were administrators and practice managers, but the findings also included 2 GP staff. The questionnaire and response findings are provided in full in the appendices.

As well as measuring project outcomes, the surveys also provided an opportunity to enrich the data by capturing general feedback regarding the effectiveness of the programme, lessons learned and potential for rolling the initiative out at scale. It included questions on vanguard-wide care outcomes specified in the Better Local Care 'care model measures' matrix.

4.3.1 Staff Perspectives

Respondents were asked about the project's contribution toward vanguard-wide objectives for Better Local Care. Most of those surveyed responded positively when asked about the project's contribution towards patient objectives:

- Approximately half said it supported better use of resources across primary care and the voluntary and community sectors. Fourteen percent disagreed and none disagreed strongly.
- A majority of respondents believed patients were more independent and able to manage their own health, and / or that they needed less support from primary care.
- Forty percent of staff agreed that patients were more socially included as a result of the Surgery Signposters intervention.

Respondents were generally less positive about service demand impacts:

- More disagreed than agreed that the service had reduced demand on primary care services.
- None agreed that the service had reduced the demand for nurse appointments.

When asked about barriers to the service, respondents were less aware, with most answering 'don't know' to these questions. However, some questions received more attention:

- 29% listed lack of knowledge or up-to-date information on points of contact as a constraint.
- Likewise 25% listed "lack of sufficient training / information for me to use the service effectively".

Respondents were generally upbeat on the sustainability of the project into the future, though a third said they didn't know. Just 5 respondents felt it was not sustainable. Those who thought that the service to be sustainable in the longer term commented:

- Provides a fantastic service but one needs to know the suitable patients for referral
- Patients seem to use the service of the Signposters and are happy with the information they are given. Since it is run by volunteers does not cost the NHS.
- Needs to be used more and advertised more
- It is helpful to give another option to patients rather than booking with a GP or nurse.

Those who did not think that the service to be sustainable in the longer term commented:

- I would imagine the signposters will get bored and stop coming in as no one to see.
- The uptake of this service has been very poor. This has not been through lack of trying at our practice. I'm not sure why this service has not been more successful.
- Lack of use by patients - many appointments wasted.

4.4 Learning to date

RSM PACEC's staff survey sought written feedback on a number of aspects of the pilot. Two factors stood out as being key to success:

- The dedication and training of the external staff and volunteers.
- The cost-effectiveness, in principle, of the service in diverting patients from primary and secondary care utilisation.

The project is still relatively early in its development and this was noted by a number of respondents to RSM PACEC's staff perception survey. Written feedback from RSM PACEC's patient survey yielded a number of possible learning points regarding the project. There was a suggestion that the service was not advertised enough locally outside of GP practices and advertised inconsistently across practices, leading to underutilisation of volunteers. Appointments provided by volunteers were not being used due to poor uptake thus far on the service. Some respondents commented that, where volunteers are visiting practices, motivation will begin to decline if service uptake is not forthcoming.

In solving the uptake issue a number of observations and recommendations were made by clinical and front-of-house staff:

- "I think the service is the right one but not clear how to use in this area and therefore underutilised."
- "Provides a fantastic service but one needs to know the suitable patients for referral."
- "Upskill the team on knowing the types of patients who would benefit. A list would be simple and effective. Basic run down on the provisions that can be provided on one page. Keep going."

A number of staff noted that practices may not be the most appropriate location for signposting in all cases:

- "I believe that having the signposters in a GP practice is not the best site. In a library, council offices, job centre, CAB anywhere other than a GP setting. As listening to feedback from those that have signposters in their surgery that patients just want to see a Nurse or GP and that it compromises what the signposters may say. But outside of a GP setting it would work well and be greatly received. In the CAB often patients just need help and advice an ideal setting."
- "I'm not sure that GP practices are the best place for signposters to be based. Patients can feel that if they are coming to the practice they may as well see a GP or nurse."

5 VALUE FOR MONEY

5.1 Budget and Projected Spending

For the first phase £3,000 was budgeted (November 2015) to cover the costs of promotional support in the two pilots, expiring in June 2016, and £20,000 for project support in January 2016. The pilot in Fareham was not included initially as it was scheduled to launch in 2016/17.

To implement the second phase of Surgery Signposters in Gosport and continue delivery in all phase one localities, a total of £59,640 was budgeted and is displayed in Table 5.16 below.

Table 5.16: Phase 2 Project Finances

Item	Cost
Gosport Voluntary Action overall project management	£41,640
Community Action Fareham and Community First recruitment costs	£7,000
Signposter volunteers training and ongoing development (incl. venue hire)	£4,000
Promotional materials	£1,000
Signposter volunteers travel costs	£500
R-outcomes software	£5,500
Total bid	£59,640

Source: Surgery Signposters Bid August 2016

5.2 Actual Spending

Table 5.17 displays actual expenditure against planned expenditure. To date the majority of funds have been dispensed to project managers, with £54,140 issued in September 2016 and £4,899 issued the following December, with a small sum outstanding. Based on the total number of service users at the time of writing, the financial data suggests **a per patient cost of the Signposters service of £160.32 per patient**.

Table 5.17: Actual spend

Approved Budget	Sep 2016	Oct 2016	Dec 2016	Jan 2017	Balance o/s
£59,640	£54,140		£4,899.6	-817	**£1,417**

5.3 Analysis and Conclusions

A key attraction of signposting for commissioners and primary care is the relative lack of budget impact as most costs are absorbed by link workers involved on a voluntary basis.

Project expenditure for the Signposters program has been limited compared to other pilots, with the majority of outlay spent on volunteer sector staffing to facilitate the link between patients and volunteers, which would be expected to fall in the long term as links become embedded.

A 2015 review of social prescribing evidence by the University of York found only one systematic study on the cost-effectiveness of social prescribing, an analysis of 161 patients referred to the Amalthea Project in 26 practices in Avon.[26] The study did not detect any overall cost reduction resulting from the project because overall primary care utilisation among patients did not fall following referral into the project. A recent study (2016) from the University of West England has adopted a Social Return on Investment (SROI) approach, calculating a return of £2.90 for every £1 invested.[27]

Cost savings are not a primary aim of the Surgery Signposters service. A large amount of the benefit of social prescribing is in the wellbeing benefits to patients derived through community development and integration. A key objective of the pilot has therefore been to build capacity in the voluntary sector and facilitate linkages with primary care.

A number of non-cost elements affect sustainability, and questions were raised in the staff survey about the whether the project was presently embedded enough to become sustainable in the long term.

[26] Grant C et al, 'A randomised controlled trial and economic evaluation of a referrals facilitator between primary care and the voluntary sector', *BMJ* (2000)

[27] Kimberlee, R. 'What is the value of social prescribing?' *Advances in Social Sciences Research Journal* (2016).

6 CONCLUSIONS

The evidence base on the clinical effectiveness of social prescribing is limited, though growing. Early indications are that much of the benefit is derived from patient experience and wellbeing impacts, and a key goal of the project was to build linkages with the voluntary sector for the future.

To date, uptake in newer practices has been comparatively low, and awareness among staff in participating practices appears to be low, reflected in the survey findings from RSM PACEC's staff questionnaire.

Initial patient survey findings (R-outcomes health and wellbeing survey data) is starting to indicate improvements in self-management and health confidence reported by patients across the four health domains. However the overall sample size in these surveys is small, particularly for follow-up surveys, undermining the reliability of the findings.

Data on A&E and emergency admissions among social prescribers seems to suggest a marked decrease in secondary care utilisation. However, the overall sample size was again small, and the extent to which the fall can be attributed to signposting interventions is not clear.

The table below provides a summary of the targets against the outcomes of the project to date:

Table 6.18: Targets and outcomes to date

Targets	Outcome
50% of people seen use the support identified	Unclear in terms of signposted destinations, though the DNA rate in Gosport Medical Centre is low.
500 people seen	372 seen
20% reduction in the number of GP appointments	No reduction in reporting practices
Reduction in ED attendances and emergency admissions by those seen	Data indicates a 40% reduction in secondary care utilisation before and after signposting referral.
20% increase in people reporting feeling better able to self-manage their health and wellbeing	R-outcomes indicates an increase in health confidence reporting by patients
Positive feedback from primary care	Mixed findings, low overall awareness
Increased use of voluntary sector services and group	Increase in training and linkages, underutilisation of volunteers

Although the pilot is at an early stage in its development, there is evidence to suggest social prescribing initiatives have worked elsewhere. An evaluation of a three year pilot in Rotherham indicated social prescribing reduces A&E activity[28] for users and as a result, leads to cost savings.

[28] Measured at 12 months before and after initial engagement with the service

Additionally, evidence of other similar initiatives in both Rotherham and Doncaster indicate improvements in patient wellbeing.

6.1 Recommendations:

- The pilot remains at an early stage in its development in newly participating practices with limited evidence available, therefore we suggest funding continues with a review after 6 months.
- Data on the number of patients using GP appointments are currently provided on demand by practices using historical patient data records. The measurement process would be made easier by ensuring primary care staff are aware of read codes and the importance of issuing them to signposted patients. This would permit easy search and analysis and help demonstrate the benefits to external stakeholders. It is likely primary care utilisation is a better measure of the project's effectiveness than secondary care utilisation (admissions to hospital).
- While there are sensitivities associated with interviewing patients who have used the service, data from any such patient survey would add significant insight into the contribution that the Surgery Signposters service makes to both patient and system outcomes. RSM PACEC would therefore welcome the opportunity to administer a patient telephone survey to inform future reports.
- Project awareness and publicity was raised as a key constraint to implementation by a number of staff in both surveys and consultations, with several citing the threat to volunteer motivation and relations with the community sector in the long term if uptake continued to be poor. A clear publicity plan delivered at the outset and supported by buy-in from all practices and voluntary groups during joint planning would support better awareness among practitioners and support future uptake.
- The shortage of follow-up surveys limits the analytical usefulness of R-outcomes data at this stage. Planning sessions described above should convey to voluntary groups and volunteers the importance of generating impact evidence to support both future funding and best practice.

APPENDIX 1: R-OUTCOMES PATIENT SURVEY

Measure	Question	Response options
Health Status (How are you today?)	Pain of discomfort	None A little Quite a lot Extreme
	Feeling low or worried	
	Require help from others	
	Limited in what I can do	
Personal Wellbeing	I am satisfied with my life	Strongly agree Agree Not sure Disagree
	What I do in my life is worthwhile	
	I was happy yesterday	
Experience (How are we doing today?)	Treat me kindly	Excellent Good Fair Poor
	Listen and explain	
	See you promptly	
	Well organised	

APPENDIX 2: STAFF SURVEY RESULTS

Table 1: Which locality do you work in? (Please tick one)

Answer Options	Response Percent	Response Count
Gosport	71%	17
Fareham	21%	5
Havant	8%	2
answered question		**24**
skipped question		**1**

Table 2: What is your role within your practice or team? (Please tick one)

Answer Options	Response Percent	Response Count
GP	Base numbers not reported	
Mental health nurse		
Practice nurse		
Reception / front-of-house		
Other (please state)	75%	18
answered question		**24**
skipped question		**1**

Others:

- 44% Practice Manager, 33% Administrator
- Others: HCA, Assistant PM, practice pharmacist

Table 3: To what extent do you think the Signposters service results in …?

Answer Options	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Rating Average	Response Count
Patients being more independent and better able to manage their own mental health?	4%	32%	16%	4%	44%	3.52	25
Patients feeling more socially included, receiving more social contact and support from relatives and the community?	4%	40%	16%	4%	36%	3.28	25

Patients needing less support from primary care?	4%	36%	12%	4%	44%	3.48	25
answered question							**25**
skipped question							**0**

Table 4: To what extent do you think the Signposters service has …?

Answer Options	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Rating Average	Response Count
Improved patient continuity of care?	0%	28%	5%	0%	67%	4.05	21
Improved overall quality of care?	0%	41%	9%	5%	45%	3.55	22
Supported better use of resources across primary and voluntary/community sectors?	5%	48%	14%	0%	33%	3.10	21
answered question							**22**
skipped question							**3**

Table 5: Please indicate whether you agree/disagree with the following statements about the service

Answer Options	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Rating Average	Response Count
The service has reduced GP appointments	4%	4%	24%	16%	52%	4.08	25
The service has reduced demand for nurse appointments	0%	0%	32%	16%	52%	4.20	25
The service has reduced demand on primary care services	0%	12%	24%	12%	52%	4.04	25
The service is an effective way of signposting patients to voluntary and community services	4%	44%	8%	4%	40%	3.32	25
answered question							**25**
skipped question							**0**

Table 6: Have any of the following factors inhibited smooth implementation of the service?

Answer Options	Yes	No	Don't know	Rating Average	Response Count
Lack of clarity over agreed referral process	17%	42%	41%	2.25	24
Lack of knowledge or up-to-date information on points of contact	29%	33%	38%	2.08	24
Questions over accountability / liability / delivered by outside organisations	13%	33%	54%	2.42	24
Lack of quality of care from external groups	0%	37%	63%	2.63	24
Lack of capacity of external groups to handle complex patients	4%	26%	70%	2.65	23
Lack of knowledge or skills among volunteers	0%	42%	58%	2.58	24
Fear that the patient would not be satisfied with this type of referral.	9%	35%	56%	2.48	23
External parties (e.g. businesses, leisure) not sufficiently committed or bought-in	4%	29%	67%	2.63	24
Lack of sufficient training / information for me to use the service effectively.	25%	25%	50%	2.25	24
answered question					**24**
skipped question					**1**

Table 7: Overall, in your view does the Signposters service provide benefits to GPs and primary care that would not have been derived otherwise?

Answer Options	Response Percent	Response Count
Yes	44%	11
No	4%	1
Don't know	52%	13

answered question	**25**
skipped question	**0**

How could the service be improved?

- More accessible to patients - perhaps in a community setting where these patients can be encouraged to attend
- More local service that practices can access - not in our immediate locality at present therefore not of value to us at the present time, but could be if 'rolled' out more
- I think the service is the right one but not clear how to use in this area and therefore under utilised
- Upskill the team on knowing the types of patients who would benefit. A list would be simple and effective. Basic run down on the provisions that can be provided on one page. Keep going.
- Needs to be publicised outside of General Practice in the local area
- I believe that having the signposters in a GP practice is not the best site. In a library, council offices, job centre, CAB anywhere other than a GP setting. As listening to feedback from those that have signposters in their surgery that patients just want to see a Nurse or GP and that it compromises what the signposters may say. But out of a GP setting it would work well and be greatly received. In the CAB often patients just need help and advice an ideal setting.
- Not sure that GP practices are the best place for signposters to be based. Patients can feel that if they are coming to the practice they may as well see a GP or nurse

Table 8: Based on what you know of the Surgery Signposters intervention, please provide your perception of the extent to which it is sustainable in the longer term.

Answer Options	Response Percent	Response Count
Definitely Sustainable	8%	2
Probably Sustainable	36%	9
Probably Not Sustainable	20%	5
Definitely Not Sustainable	0%	0
No knowledge of this intervention / Can't comment	36%	9
Please use the space below to briefly explain your answer.		10
answered question		**25**
skipped question		**0**

Those who thought that the service to be sustainable in the longer terms commented:

- Provides a fantastic service but one needs to know the suitable patients for referral
- Patients seem to use the service of the Signposters and are happy with the information they are given. Since it is run by volunteers does not cost the NHS

- Needs to be used more and advertised more
- It is helpful to give another option to patients rather than booking with a GP or nurse.

Those who did not think that the service to be sustainable in the longer terms commented:

- I would imagine the signposters will get bored and stop coming in as no one to see
- The uptake of this service has been very poor. This has not been through lack of trying at our practice. I'm not sure why this service has not been more successful.
- Lack of use by patients - many appointments wasted

Table 9: Based on what you know of the Surgery Signposters intervention, please provide your perception of the extent to which it represents Value for Money.

Answer Options	Response Percent	Response Count
Exceptional Value for Money	8%	2
Good Value for Money	32%	8
Poor Value for Money	0%	0
Exceptionally Poor Value for Money	0%	0
No knowledge of this intervention / Can't comment	60%	15
Please use this space to briefly explain your answer?		5
answered question		**25**
skipped question		**0**

Those who thought that the service represented value for money commented:

- Good value for us considering they are volunteers
- Reduction in NHS service use
- Since it is run by volunteers does not cost the NHS

Table 10: Do you have any further comments you would like to see reflected in the Surgery Signposters evaluation report?

Answer Options	Response Count
answered question	9
skipped question	16

Comments included:

- They are doing a wonderful job though not appreciated enough. It is a shame but I don't think it is what people need or want really
- The concept is a good one
- I found some of the questions difficult to answer because the service has only recently got up and running and so it is too early to answer some of the questions confidently
- Thank you so much for all your hard work.
- I am sure it is a good service but not known about locally enough - no doubt used better in practices that host sessions
- It is a very good service and providers work so hard in helping patients but they could do much more if it is brainstormed