Delivering Rural Anticipatory Care through a paramedic model:

Pilot evaluation

October 2011

Pamela Reid, Andrew Lord;
GEN
Marion Lacey;
Rock Solid Research

We are happy to consider requests for other languages or formats. Please contact 0131 536 5500 or email nhs.healthscotland-alternativeformats@nhs.net

The opinions expressed in this publication are those of the author/s and do not necessarily reflect those of NHS Health Scotland.

© NHS Health Scotland, 2011

www.healthscotland.com

Contents

Acknowledgements ..... **i**

Abbreviations / Glossary ..... **ii**

Executive summary ..... **iv**

1 Introduction **1**

1.1 General background to Keep Well and Well North programmes 1

1.2 Policy context and development of programme 1

1.3 Specific background to the RACCP model 3

1.4 The RACPP model 3

1.5 Aims and objectives of the RACPP 6

1.6 Report structure 7

2 Research methods **8**

2.1 Methodology 8

2.2 Data collection procedure 11

2.3 Challenges and limitations 12

3 Results - delivery model **14**

3.1 Introduction 14

3.2 Expectations of the delivery model 14

3.3 Revised delivery model 15

3.4 Challenges arising from the model 17

3.5 Performance against targets 18

3.6 Summary and key lessons 20

4 Results - Patient Feedback **22**

4.1 Introduction 22

4.2 Profile of patients 22

4.3 Accessing the health check 23

4.4 Motivations and expectations 24

4.5 Views on the health check 25

4.6 Outcomes of the health check 26

4.7 Attitudes towards attending GP surgeries 29

4.8 Findings from in-depth interviews – patient case studies 29

4.9 Summary and key lessons 30

5 Results - added value **32**

5.1 Introduction 32

5.2 Cost effectiveness 32
5.3 Added value 35
5.4 Partnership working 37
5.5 Summary and lessons 38
6 Discussion 39
6.1 Overall performance 39
6.2 Key successes 39
6.3 Key challenges 43
6.4 Key learning points 46
7 Conclusions, learning and recommendations 50
7.1 Conclusions 50
7.2 Learning and recommendations 52
7.3 Future delivery 53
8 References 54
Appendix 1: Patient case studies 55
Appendix 2: Patient survey questionnaire 79
Appendix 3: Patient survey – frequency analysis 90

Acknowledgements

We thank firstly the members of the evaluation steering group for their input throughout the study, including collating information at the commencement of the study, providing advice and feedback throughout.

We also thank members of each of the three local programmes whom we met through the evaluation work and for the assistance which they provided, especially with regards to the setup of the survey. In addition, we thank the various national stakeholders who provided their views on the pilot programme.

Finally we thank the 66 members of the general public who received a health check and cooperated in the patient survey, in particular the 12 patients who provided more detailed information and were willing to act as a patient case study in the report.

Abbreviations / Glossary

Anticipatory Care – the process through which individuals at risk of ill-health are identified at an early stage and provided with appropriate advice, support and treatment to prevent (or delay) serious ill-health from occurring (working definition; not official).

CHP – abbreviated term for Community Health Partnership.

CVD – abbreviated term for cardiovascular disease.

Diabetes (Type 2) – a form of diabetes most common in people aged over 40.

Evaluation steering group – a group which was established to oversee the delivery and evaluation of the RACPP, which included representatives from NHS Health Scotland, the three Local Health Boards and the Scottish Ambulance Service.

Evaluation team – this refers to GEN and Rock Solid Research, two independent research consultancies appointed to undertake the evaluation of the RACPP.

HEAT targets – abbreviated reference to Health Improvement, Efficiency, Access and Treatment performance management targets which reflect the Scottish Government's key objectives for NHS Scotland.

H8 – abbreviated reference to a specific Health Improvement target: to achieve agreed number of inequalities targeted cardiovascular health checks.

Keep Well – an anticipatory care programme launched in 2006, which aims to reduce health inequalities and increase the rate of health improvement in 40-64 year olds in areas of greatest need. The programme focuses particularly on CVD and associated risk factors. The programme operates in Ayrshire and Arran, Borders, Dumfries and Galloway, Fife, Forth Valley, Grampian (Keep Well), Greater Glasgow and Clyde, Lanarkshire, Lothian and Tayside. Operating in tandem with Keep Well/Well North has similar origins of Keep Well however its design has been tailored specifically to meet the needs of remote and rural areas and their populations. Well North operates in: parts of NHS Grampian, Western Isles, Orkney, Shetland and Highland.

Local Health Boards – this refers to the three Local Health Boards, participating in this programme: NHS Highland, Orkney and Ayrshire and Arran.

NHSHS – abbreviated reference to NHS Health Scotland, a special Health Board of NHS Scotland whose core purpose is to improve health, reduce health inequalities and promote equality in health and healthcare provision across all of Scotland's population.

Primary Care Model – a model of delivering health checks through GP surgeries.

RACPP – abbreviated reference to the Rural Anticipatory Care Paramedic Pilot, a pilot approach to delivering anticipatory care by paramedics in rural

and urban parts of Scotland.

SIMD – abbreviated reference to the Scottish Index of Multiple Deprivation, an index for measuring area-level deprivation.

SAS – abbreviated reference to the Scottish Ambulance Service, a Special Health Board of NHS Scotland which provides a national emergency un-scheduled and planned service to more than 5.1 million people across mainland Scotland and its island communities.

Well North – a programme involving the delivery of a series of anticipatory care projects in rural areas of North Scotland. It was developed in response to the need to improve the health of people within remote and rural areas of northern Scotland, and to adopt a different model than in urban areas as delivered via the Keep Well programme as described above. Well North operates in Highland, Orkney, Shetland, Western Isles and within the Moray and Dufftown regions of Grampian.

Executive summary

Background

The Rural Anticipatory Care Paramedic Pilot (RACPP) project is a pilot initiative to test the delivery of Keep Well and Well North health checks by trained Scottish Ambulance Service (SAS) paramedics. It was piloted in three Local Health Board areas: NHS Orkney, Highland and Ayrshire and Arran during an eight-month period. It represents a partnership approach between NHS Health Scotland (NHSHS), the three Local Health Boards and SAS.

The Keep Well and Well North programmes represent one model of Anticipatory Care and are broadly similar. Both aim to increase the rate of health improvement in 40-64 year olds in areas of greatest need. There is a particular focus on early intervention for those at a high risk of cardiovascular disease (CVD) and associated risk factors. For further information, see http://www.healthscotland.com/anticipatory-care/programmes/keepwell.aspx.

The original rationale for the RACPP project was to build on the previous success of mobile units and to test out new models of delivery.

Aims and objectives

The objectives set for the RACPP were:

- develop effective joint working arrangements between NHS Highland, NHS Orkney and NHS Ayrshire and Arran and SAS
- develop capacity within SAS to deliver health checks, refer to other services in response to identified needs and provide brief interventions when appropriate
- agree specific populations for Scottish Ambulance Service paramedics to target for health check engagement and any required interventions
- support the delivery of the agreed minimum number of health checks as part of each Local Health Board's H8 target requirements
- design and establish effective mobile health data recording and transfer systems
- test and establish effective work patterns that allow anticipatory care delivery and emergency response requirements to operate in tandem and negate potential patient risk
- identify broader health improvement roles for SAS for future consideration as part of mainstream SAS delivery
- establish the key lessons for dissemination and application in the delivery of future inequalities targeted health checks in rural and urban settings across Scotland.

The evaluation aimed to assess the extent to which the delivery of the project had achieved these objectives and to highlight the lessons learnt for the continuation of the model and the delivery of future anticipatory care programmes in other parts of Scotland.

Methodology

The evaluation was largely qualitative and captured the experiences of staff, strategic stakeholders and local partners as well as patients who had undergone a health check. The methodology included:

- a patient feedback survey
- follow-up depth telephone interviews with a sample of patients
- depth interviews with staff, strategic stakeholders and local partners
- desk-based research.

A number of methodological issues arose during the evaluation including:

- there were slightly different Information Governance requirements in the Local Health Boards – this meant that different methods of collecting patient feedback had to be adopted (telephone survey and paper questionnaire)
- lower numbers of patient contacts were available than originally anticipated – this meant the inclusion of more depth interviews with patients
- the varying costs associated with the different delivery models which meant that cost comparison analysis could not be carried out as part of this evaluation process.

Summary of results

Delivery model

The delivery of the pilot project took a different format to that originally envisaged. In order to fit with Local Health Board's objectives in NHS Highland and Orkney of encouraging patients to attend their GP practice, the pilot largely focused on paramedics delivering the health checks in GP practices as opposed to a more mobile approach of delivering health checks in people's homes and in community settings. In NHS Ayrshire and Arran, the pilot initially focused on the delivery of health checks in patients' homes, however for a number of reasons this approach was revised to a GP practice based model.

A number of challenges were identified around delivery of the models within the pilot, including:

- the relatively short timescale for planning, implementation and delivery of the pilot
- the limited opportunity for Local Health Boards to have an input during the recruitment of paramedics. This meant that their expertise was not capitalised on at this stage
- the funding for RACPP did not cover all of the NHS staff time associated with mentoring, training and supporting the paramedics

- Information Governance and data protection issues in relation to how patient data would be stored and transported
- the time required to secure the active involvement of GPs.

A significant amount of time in the early stages of the pilot focused on preparing and agreeing the delivery model, recruiting and training the paramedics and setting up local systems.

It took longer than expected to start delivering health checks, however delivery increased significantly towards the latter half of the pilot as the models were refined and refocused.

Although the project had no official targets set for the delivery of health checks in each of the three Local Health Board areas, it did contribute to the number of health checks that each of the areas achieved and impacted positively on the H8 targets.

Patient feedback

Sixty-six patients took part in the feedback survey and 12 of these patients participated in follow-up in-depth interviews. The evidence gathered showed a high level of satisfaction with the health checks. Key findings are presented below:

- a letter from a health professional was considered the most appropriate and effective method of communication
- the majority of patients were happy that the health checks included the necessary tests and checks, although some felt that there was scope to include more tests
- patients reported an extremely high level of satisfaction with the health check – 98% were satisfied or very satisfied, and 97% would recommend the check to family or friends
- most patients agreed that the paramedic made them feel at ease; there was a friendly atmosphere; they felt listened to; things were explained clearly; and there was sufficient time to discuss issues
- in a number of cases the health check identified health issues that patients had not been aware of
- based on the health checks, some patients were advised to modify their diets or participate in more physical activity and there was evidence that a number of patients had acted on this advice
- there were limited direct referrals to other health professionals and services
- the RACPP reached a number of patients who said they would not otherwise have had a health check and who had not visited their GP for a year or more.
- as a result of the health check, a quarter of respondents said they were more likely to attend their GP in future

- a small number of patients were unaware that the health check would be delivered by a paramedic.

Key lessons from the feedback from patients include the effectiveness of letters in targeting patients and the need to make it clear to patients that a paramedic will be delivering the health check.

Added value

A total of £148,000 was provided to SAS to work with the three Local Health Boards to deliver the RACPP. One of the original objectives of the study was to assess the cost effectiveness of delivering health checks through this approach in comparison with other models from each Local Health Board area. However, a like for like comparison was not possible with other delivery models used within or across the Board areas for a number of reasons. The objective was then revised to review the costs associated with the delivery of this pilot project and to identify the hidden costs. This showed that the project incurs a significant amount of management time to oversee delivery. The majority of additional costs related to clinical equipment, IT equipment and payment to GP practices within Well North areas.

There were however a number of areas where the RACPP had added value to other activities of Keep Well and Well North:

- the contribution to meeting H8 targets in each of the three areas
- the delivery of health checks which otherwise would not have taken place in some areas
- engagement with a number of patients who have not been to their GP in the last year
- Seven paramedics have been trained to deliver health checks and so have enhanced their skills. Three of these seven were actively involved in the delivery of the health checks.

Discussion

The planning and delivery of the RACPP represented an ambitious approach to the delivery of the Scottish Government's H8 target. The challenges encountered resulted in a slow start and impacted on the number of health checks carried out. The RACPP has been an extremely worthwhile pilot exercise in testing the role of paramedics in the delivery of health checks. It has also brought together new organisations in the delivery of anticipatory care which provides a solid platform for future joint working. In summary, the evaluation found that:

- the project was not delivered as originally intended and the potential for a community outreach role by paramedics was not fully tested within all Local Health Boards involved in the pilot
- partners in local areas worked hard and adapted the approach to ensure that the pilot was implemented, developing positive and creative

responses to the challenges

- there was an extremely high level of patient satisfaction with the health checks resulting in changes to lifestyles
- RACPP has developed the skills of paramedics and demonstrated the contribution that they can make to the delivery of anticipatory care.

There are a number of learning points from the delivery of RACPP as summarised below:

Setup and planning lessons

- the setup of the pilot project and gaining all partners' buy-in takes time but is fundamental to the project's success. Therefore sufficient time should be allocated at the planning stage.
- it is vital that the design and development of the project takes account of the policies and priorities within each Local Health Board and SAS.
- local Health Boards and SAS should work together at all stages of the planning and setup to draw on the expertise of both. This should encompass joint working and consultation with any new paramedics and ensuring a whole team approach to management and delivery.

Delivery lessons

- there must be comprehensive induction and ongoing support for paramedics who are delivering health checks.
- the individual skills and attributes of paramedics are important for success at local level and therefore are paramedics are well positioned and able to deliver anticipatory care.
- encouraging GPs to support the project can take time but it is critical to secure their buy-in if the project is to be a success.
- if health checks are to be delivered in community settings and at events, then there needs to be sufficient lead-in time to identify and take up opportunities.

Targeting, monitoring and referral lessons

- letters with follow up phone calls from GP practices is effective in reaching target groups. Consideration should be given to alternative engagement methods with people who did not take up the offer of a health check
- before delivery commences, having robust monitoring and referral systems in place is beneficial. These need not be complex or overly onerous.

Conclusions

In summary, the evaluation demonstrated that the RACPP has been very successful in a number of key areas, bringing benefits to patients, the paramedics, Local Health Boards, SAS and other key delivery staff. The RACCP positively supported the delivery of H8 targets in each of the three Local Health Boards. There was a high level of patient satisfaction with the health checks and in a number of instances, the outcome of the check resulted in patients making positive changes to their lifestyles which will result in health benefits. A key priority going forward will be for Local Health Boards to build on this learning and the partnership working developed through the RACPP in the next phase of delivering anticipatory care. The continuation of the pilot project in Highland for a further ten months provides the opportunity to test the model further and apply the learning highlighted within this evaluation.

1 Introduction

1.1 General background to Keep Well and Well North programmes

The Rural Anticipatory Care Paramedic Pilot (RACPP) aims to support the delivery of Keep Well and Well North by enhancing access to health checks provided by a Scottish Ambulance Service Paramedic.

The Keep Well and Well North programmes, which represent one model of Anticipatory Care, are broadly similar. Both aim to increase the rate of health improvement in 40-64 year olds in areas of greatest need. There is a particular focus on early intervention for those at a high risk of cardiovascular disease (CVD) and associated risk factors[1]. Whilst the majority of Local Health Boards in Scotland deliver Keep Well, (11 of 14), five Local Health Boards in the North of Scotland instead deliver Well North. NHS Grampian spans a geographical area in which both Keep Well and Well North are delivered.

The vision for Keep Well and Well North is 'to increase the rate of health improvement in deprived communities by enhancing primary care services to deliver anticipatory care'[2]. The programmes aim to do this by:

- identifying and targeting those at particular risk of preventable serious ill-health (including those with undetected chronic disease)
- offering appropriate interventions and services to them
- providing monitoring and follow-up.

1.2 Policy context and development of programme

Keep Well and Well North was first introduced through Delivering for Health (2005)[3] Keep Well is one of NHS Scotland's key delivery vehicles for reducing health inequalities, recognising that quick access to health advice, treatment and support has a positive impact on health and well-being. By identifying populations most at risk of disease and successfully inviting individuals for a health check, the NHS is contributing to reducing the life expectancy gap between our most affluent and deprived and or disadvantaged communities.

The original Keep Well Wave 1 (2006) pilot programmes targeted communities within the Community Health Partnership (CHP) areas of North Glasgow, East Glasgow, Edinburgh, Dundee and North Lanarkshire. Keep

---

[1] See the 'What is Keep Well' leaflet: http://www.healthscotland.com/documents/4090.aspx

[2] See the Health Scotland website:

http://www.healthscotland.com/anticipatory-care/programmes/keepwell.aspx

[3] See Scottish Government website:

http://www.scotland.gov.uk/Publications/2005/11/02102635/26356

Well Wave 2 (2007) areas were North Ayrshire, East Ayrshire, Inverclyde, West Dunbartonshire, Aberdeen, South West Glasgow and all three NHS Fife CHPs. The original Keep Well budget was £25m, which covered funding between 2006-09, and was to support additional services in each Local Health Board area and NHS Health Scotland's management of the national programme via the Keep Well Programme Board.

In March 2008 under the new health policy Better Health Better Care[4], and the associated spending review, the programme budget was increased to £37.5m over three years. This allowed an extension of delivery to a third and fourth Wave of programmes and Wave 1 and 2 areas until March 2011. It also allowed for the further development of the Well North programme.

Well North was developed as a consequence of initial discussions in late 2006/07 between the North of Scotland Public Health Network, NHS Health Scotland and the then Scottish Executive to develop a range of rural anticipatory care approaches. During 2007/08, proposals were developed further and supported in their development through ongoing regional and national discussions, linkages with Keep Well Groups and development days. In October 2007, a final draft describing six individual programmes across NHS Highland, Grampian, Shetland, Orkney and Western Isles Local Health Boards at a total cost of £750k (2008-10) was submitted and approved.

In 2008/09 NHS Forth Valley, NHS Dumfries and Galloway and NHS Borders (Keep Well Wave 3) were invited to develop two year anticipatory care proposals based on the same national criteria for Wave 1 Extension Criteria. A total of £400k over two years (2009/11) was agreed for Dumfries and Galloway and Borders NHS Board areas. NHS Forth Valley received £500k for years 2008/11. Similar to Well North, geographic and demographic challenges presented population targeting challenges and as a consequence prompted a range of new approaches.

The national management of the Keep Well and Well North national programme continues to be maintained by NHS Health Scotland, which is responsible for ensuring a support, delivery and governance infrastructure is in place for Local Health Boards to deliver effective and efficient projects and for the Scottish Government to remain fully appraised of progress. This includes a governance responsibility for reporting progress of each Local Health Boards against its specific target (H8) relating to health checks:

> 'Achieve agreed number of inequalities targeted cardiovascular health checks during 2011/12 (H8).'

Targets have been previously set for 2009/10 and 2010/11.

In May 2010, the Scottish Government announced its intention to mainstream the Keep Well programme of targeted health checks from April 2012. In March 2011, the Scottish Government published guidelines for Local Health Boards in Scotland about applying for Keep Well extension funding. These guidelines

---

[4] See the Scottish Government website:

http://scotland.gov.uk/Publications/2007/12/11103453/0

set out an aspiration that primary prevention activities, specifically health checks and related follow-up services, become part of the normal practice of all Local Health Boards.

1.3 Specific background to the RACCP model

1.3.1 Primary care engagement

Prior to the RACPP, the three Local Health Boards involved had delivered health checks predominately within primary care settings. The main health professional involved in this model of delivery would generally be primary care staff. The results of the health check would be passed back to the GP and where necessary the health professional would refer the patient on for necessary treatment such as weight management or smoking cessation services.

1.4 The RACPP model

RACPP is a pilot initiative to test the delivery of Keep Well and Well North health checks by trained Scottish Ambulance Service (SAS) paramedics. SAS received £148,000 during 2009/10 to enable them to work in conjunction with three Local Health Boards – NHS Orkney, NHS Highland and NHS Ayrshire and Arran. It was delivered over an eight month period mostly during 2011, and is a partnership approach involving NHS Health Scotland (NHSHS), the three Local Health Boards and SAS. One paramedic was appointed to carry out the health checks in each of the individual Local Health Boards.

1.4.1 RACPP rationale

The original rationale for the RACPP was based around the success of previous mobile unit engagement models, for example where target populations were engaged on an outreach basis in the Western Isles. It was therefore decided to test a similar model delivered by paramedics using ambulance facilities to conduct the health check. Three Local Health Boards were selected for the pilot project. Two of these are within the Well North programme (NHS Orkney and NHS Highland) and the third was delivering the Keep Well programme (NHS Ayrshire and Arran). The original model envisaged by NHSHS and SAS was to use a range of approaches to carry out health checks e.g. using community venues, visiting people at home, and within Well North, testing the delivery of health checks by paramedics in primary care settings.

1.4.2 RACPP evaluation report

GEN and RSR were commissioned by NHSHS in March 2011 to evaluate the pilot and are referred to as the evaluation team throughout this report.

This report adds to a series of evaluation reports in relation to the anticipatory care agenda in Scotland, notably:

- the evaluation of Well North, which assessed the effectiveness of the identification of target populations, interventions, engagement, changes for patients and the NHS and lessons learnt
- a series of reports that form the external evaluation of Keep Well Wave 1
- the evaluation of the anticipatory care community pharmacy programme which examined the delivery of Keep Well health checks in pharmacies across seven Local Health Boards.

The evaluation of the RACPP will provide additional learning to help inform future models of anticipatory care.

1.4.3 Local Health Board delivery models

NHS Ayrshire and Arran (Keep Well rural and urban settings)

- It was proposed that the SAS would support the delivery of the programme locally by providing health checks to patients unable to attend their GP practice. Initially two rural and one urban GP practice were identified as early implementer sites to enable the approach to be tested in advance of roll out across the Keep Well areas. The proposed model of delivery required the dedicated paramedic to deliver health checks to patients identified by the Practice within their own home. The early implementer practices sent letters to eligible patients to explain the SAS service and asked them to respond by calling the paramedic's mobile number if they wanted the health check to be conducted in their own home. This approach was ineffective in generating sufficient numbers of appointments.

- The revised model of delivery resulted in one urban GP practice being approached and offered support in the delivery of their health checks within the Practice. The practice generated a patient list and the Keep Well central team then contacted patients and arranged appointments on behalf of the paramedic. The health check was then carried out predominately within practice premises and recorded on the 'Infopath' screens to ensure consistency of local data collection and management.

NHS Highland (Well North remote and rural area)

Prior to the RACPP going live, NHS Highland delivered its Well North health checks in five GP practices in North and West Sutherland Local Health Partnership. These checks had predominantly been delivered by the area's community nursing staff, although where applicable they were being delivered by the practice nurse staff.

Due to local circumstances NHS Highland decided that in order to take forward the RACPP it would require to expand the area of delivery. The GP Practices in Lairg and Bonar Bridge were approached and asked to take part. While not part of the Local Health Partnership (LHP) for North and

West Sutherland, the two practices do fall into the area designated by Highland Council as North, West and Central Sutherland.

NHS Orkney- (Well North remote and rural area)

Orkney had developed and signed off Local Enhanced Service agreements (LESs) within four of the mainland practices of Stromness, Dounby, St Margaret's Hope and Skerryvore Practice. These practices were delivering health checks to patients via their practice nurses and GPs. The aim for the RACPP aspect of the programme was to enhance delivery and capacity within the other GP practices by using the paramedic to deliver health checks where necessary but also to enable delivery within geographical areas that were not able to deliver health checks due to staff absences and vacancies. Having looked at the overall availability and provision in Orkney, it was decided through the local steering group to focus on areas which were logistically suitable and would otherwise have missed the opportunity to participate. Health checks by the paramedic were subsequently delivered in Evie, a mainland practice with no dedicated practice nurse and Rousay and Hoy; islands off the mainland of Orkney where there were temporary gaps in personnel to deliver health checks.

1.4.4 Role of the paramedic in engaging patients

In all Local Health Board areas GP practices were responsible for identifying suitable patients for Keep Well and Well North health screening based on the programme's eligibility criteria, complemented by local intelligence where appropriate. Within the pilot delivery areas, a range of promotional and engagement methods were used to promote and invite the patients for a health check.

In Ayrshire and Arran and Highland, the paramedic initially made contact with the person directly, to schedule a suitable time and place for the health check. However, after an initial trial period in Highland and Ayrshire and Arran it was agreed that this was not the most effective use of the paramedics' time. The methodology was then revised so that either GP practice staff or Keep Well central teams would have access to the paramedics' shifts in advance and could then schedule health check appointments directly with the patients. In Orkney the GP practices used this approach from the outset.

The paramedic conducted the standard Keep Well and Well North health check which takes approximately 45 minutes to complete. During the health check assessment, consent for sharing and passing on of information would be obtained and further follow up requirements would be identified and recommended by the paramedic. Following completion of the health check, a copy of the results was sent direct to the patient's GP practice, and or the local Keep Well team. Secure data storage and management systems were in place to ensure that Local Health Board Information Governance and data protection processes were adhered to. Within Well North areas the paramedic would also assess the patient for any necessary referral recommendations such as smoking cessation and where appropriate the paramedic would

also provide brief interventions such as Alcohol Brief Interventions (ABIs).

1.5 Aims and objectives of the RACPP

The aim of the RACPP was to test the effectiveness of the delivery of H8 inequalities targeted health checks within urban and rural settings by paramedics who were specifically trained to conduct the checks. The objectives of the pilot project were:

- to develop effective joint working arrangements between NHS Highland, NHS Orkney and NHS Ayrshire and Arran and Scottish Ambulance Service (SAS)
- to develop capacity within SAS to deliver health checks, refer to other services in response to identified needs and provide brief interventions when appropriate
- to agree specific populations for SAS paramedics to target for health check engagement and any required interventions
- to support the delivery of the agreed minimum number of health checks as part of each Local Health Board's H8 target requirements
- to design and establish effective mobile health data recording and transfer systems
- to test and establish effective work patterns that allow anticipatory care delivery and emergency response requirements to operate in tandem and negate potential patient risk
- to identify broader health improvement roles for SAS for future consideration as part of mainstream SAS delivery
- to establish the key lessons for dissemination and application in the delivery of future inequalities targeted health checks in rural settings across Scotland.

The study was commissioned to assess the extent to which the delivery of the project has achieved these objectives. The evaluation steering group was set up to oversee the delivery of the pilot project agreed the following objectives for the evaluation:

- to evaluate the extent to which the paramedic pilot has achieved its aims and objectives, with a particular focus on identifying the challenges and successes of and the key learning points arising from the Scottish Ambulance Service working in partnership with other organisations in the delivery of the project
- to measure levels of patient satisfaction with this delivery model
- to measure the cost effectiveness of delivering this model of Anticipatory Care in comparison with other models currently applied Local Health Board areas outside the pilot
- to make recommendations on delivery options for any future Keep Well and Well North programmes using a paramedic approach.

In addition, this evaluation considers the extent to which target outcomes have been achieved relating to:

- improving the skills of delivery staff, partnership working, and service delivery improvements
- increasing awareness of the role and skills of paramedics; improved access and choice to clients
- contributing towards delivery of the H8 targets in each of the participating areas.

The focus of this evaluation is on identifying lessons relating to the provision of anticipatory care health checks by paramedics. This report does not focus on individual case study areas however it does aim to present lessons from the pilot as a whole, by using the learning from across the Local Health Board areas and summarising these findings.

1.6 Report structure

The report is structured as follows:

- Chapter 2 provides details of the research methods used for the study, including the methodology, data collection procedures and problems and solutions with the approach.
- Chapters 3-5 provide an assessment and analysis of the research results, covering: the delivery model; performance against target; patient satisfaction; cost effectiveness; added value; and partnership working.
- Chapter 6 provides discussion and interpretation of the findings, including an assessment of the project's overall performance against its target objectives, key successes, challenges and learning points.
- Chapter 7 provides the overall evaluation conclusions and recommendations which focus on the lessons learnt from the project which can be applied to the future delivery of health checks.

A supporting appendix is provided which sets out the patient case studies, survey questionnaires and patient survey frequency analysis.

2 Research methods

2.1 Methodology

In order to evaluate the delivery of the RACPP, an approach was developed which was largely qualitative. It was based around capturing the experiences of management, delivery staff and patients who had undergone a health check. The approach to the study included the following six stages:

- inception stage
- review of each Local Health Board area
- patient feedback survey
- patient case studies
- delivery staff and stakeholder consultations
- desk based research
- analysis.

The pilot model was delivered in three different Local Health Boards, each with their own context, structures and approaches. Consequently, whilst the evaluation considers the delivery of the model as a whole, it also considered different approaches and their impact on the effectiveness of the model. Each of the evaluation stages is summarised below.

2.1.1 Inception stage

The evaluation team met with the evaluation steering group to discuss and agree the context, objectives, methods and study protocols for the evaluation. The evaluation team then developed a workplan with clear roles and responsibilities and milestones to manage the delivery of the study.

2.1.2 Site visit reviews

In the first stage of the evaluation, members of the evaluation team visited each Local Health Board area to meet with key delivery staff, review systems and discuss how the evaluation would be carried out in each area. Interviews were conducted with the local project manager, paramedics and other key partners involved in the project (e.g. GP practices). The focus of the meetings was to build a comprehensive understanding of each area and how the pilot project was managed and delivered. Monitoring and strategy documents were collected to inform a desk based review of process and performance.

2.1.3 Patient feedback on RACPP programme

One of the key elements of the evaluation was to gather feedback from patients who had received a health check. This included:

- a telephone survey (with patients from Highland and Orkney)
- a paper questionnaire (with patients from Ayrshire and Arran)
- an in-depth follow-up telephone interview with twelve patients who had provided feedback through the telephone survey or paper questionnaire.

The questionnaires (included in Appendix 1) comprised a mixture of closed and open questions, covering topics such as:

- motivations for attending the health check
- expectations of the health check
- views on different elements of the health check
- the advice and recommendations provided
- whether the patient had changed any behaviours since the health check
- overall satisfaction with the health check.

The questionnaire was piloted for language, routing and consistency with five randomly selected patients, adjusted, and then piloted with another five randomly selected patients before being rolled out. Table 1 summarises the response rates for the patient survey (which includes the ten questionnaires completed in the pilot) during the evaluation timescale rather than the overall timeframe for the pilot project.

Area and method	No. of responses	Contacts provided	Response rate	Total health checks undertaken
Ayrshire and Arran: postal	6	40	15.0%	50
Highland: telephone	18	22	81.8%	40
Orkney: telephone	42	49	85.7%	60
Total	**66**	**111**	**59.5%**	**150**

The response rate to the telephone survey was high with over 80% of the contacts provided agreeing to take part. The response rate to the postal survey was much lower at 15%. The overall response rate to the survey was 59.5%. This response rate is adequate to draw conclusions when examining the results as a whole. However as it is a small sample it is less feasible to undertake detailed cross tabulations and analyse the results of the survey by specific groups (e.g. age, gender or occupation).

2.1.4 Patient case studies

To complement the patient telephone and questionnaire surveys, follow up interviews were carried out with a sample of survey respondents willing to take part in a more in-depth telephone interview. The purpose of the interviews was to explore patients' experiences of the health check including: advice given, any actions taken, changes in behaviour and their views on the health check being delivered by the paramedic. The patients were selected against a set of criteria in order to explore specific issues and findings. This included patients who:

- said they would not otherwise have had a health check
- indicated that they had changed their lifestyle
- were referred on to other support
- had given negative feedback
- reported that they would be more likely to attend their GP in future as a result of having the health check
- found the health check particularly reassuring.

In total, 12 patients were interviewed comprising two from Ayrshire and Arran, six from Orkney and four from Highland. The results from these interviews are presented as case studies in Appendix 2. The detail provided by some of the patients was limited for a number of reasons:

- they had not been referred on to an additional service
- there was no necessary follow-up appointment.

2.1.5 Staff and stakeholder consultations

Twenty stakeholder interviews were carried out, either face to face or by telephone, with representatives from SAS, NHSHS and strategic partners within the Local Health Boards e.g. Directors of Public Health, GP leads. The list of consultees was agreed with the evaluation steering group. These interviews covered topics such as:

- their role and involvement in the project
- their views on the delivery models being used
- the added value of the project
- programme impacts and achievements
- the future and ongoing rationale for this model.

In addition, staff and paramedics delivering the project were interviewed to understand issues relating to skills development and training, partnership working at a local level, added value and links to other agencies that patients could be referred to.

2.1.6 Desk based research

Desk based research methods were also included as follows:

- a review of the costs involved in the programme to demonstrate the time and resources required to manage and deliver a pilot project of this type
- a logic model was developed to set out the links between resource inputs, activities and expected outcomes
- a brief review of performance against project objectives.

2.1.7 Data analysis

The quantitative data from the patient surveys was analysed using the SPSS statistical software package. The evaluation team ran frequency analyses of the data for each Local Health Board and the RACPP overall. The qualitative data gathered through the in-depth interviews was analysed manually and used to add depth to the survey findings and to develop case stories of the patients' experience. The qualitative information gathered through stakeholder interviews were sorted and analysed using a structured analysis framework. The framework was developed based on the research objectives and the data was themed and analysed against it. This allowed the main findings to be drawn from the data, appropriate weight to be attached to them and for the sources of the findings to be identified.

2.2 Data collection procedure

In order to ensure that the collection and use of data conformed to the Information Governance procedures in each of the three areas, the evaluation team worked closely with the project lead from NHSHS and the Local Health Boards who in turn liaised with their respective Information Governance leads. To ensure adherence to procedures, the following steps were taken:

2.2.1 NHS Highland and Orkney

- a consent form was developed to be distributed by paramedics to gather consent from patients to be contacted during the evaluation.
- encrypted and password protected spreadsheets were used for data transfer
- patients were asked at the end of the telephone survey whether they would be willing to be contacted for a follow up interview.
- verbal consent was obtained from the patients prior to both the telephone survey and case study interviews.

2.2.2 NHS Ayrshire and Arran

- a consent form was developed to inform the patient about the external evaluation researchers and distributed by the paramedic at the health check. In addition, patient consent was also obtained and recorded on the Infopath screens, in relation to transfer of patient details to other agencies for follow up
- health check data transfer required the downloading of information in the Keep Well office and storage on a password protected server
- although patient consent was obtained, Information Governance protocols within Ayrshire and Arran prevented the transfer of patient identifiable information to a non NHS agency. As a result, a postal patient survey was undertaken, with the local Keep Well team issuing the questionnaire. Self addressed envelopes enabled the responses to be sent directly to the evaluation team
- patients were asked at the end of the questionnaire to indicate whether they would be willing to be contacted for a follow up telephone interview
- verbal consent was obtained from the patient prior to case study telephone interviews.

2.3 Challenges and limitations

The evaluation was delivered largely in line with the original workplan although a number of methodological issues arose which meant that the original approach had to be adjusted. Each of these was resolved by the evaluation team working closely with the project lead and the evaluation steering group. The evaluation is based on the health check delivered by the three paramedics, one in each of the Local Health Board areas.

2.3.1 Information Governance

Each area had slightly different Information Governance procedures. The patient survey data was therefore gathered in two different ways. However, as the questionnaires were broadly similar the data could be aggregated and therefore had no impact on the quality of the findings.

2.3.2 Delivery approaches

Each area had adopted a slightly different approach to delivering the pilot, and all of these varied from the delivery method originally envisaged (see Chapter 3). Consequently, the evaluation has focused on assessing the success of the overall RACPP model which was predominately delivered via a primary care model with delivery by paramedics, rather than a community based approach of outreach health checks being provided in people's homes and or in community settings. The latter approach was only used in Ayrshire and Arran.

Another reason for this was that the resources and time available for the originally planned evaluation (which was based on evaluation the overall delivery of the model) meant that it was not feasible to evaluate the individual approaches adopted in each of the Local Health Board areas in any depth.

This limits the amount of data which can be reported at Local Health Board level.

2.3.3 Patient contacts

A lower number of patient contacts were available than originally expected, resulting in fewer surveys being completed than anticipated. It was therefore decided to include more in-depth interviews. The volume of the survey data is a slight limitation of the overall evaluation results. However, it should be recognised that when analysing the feedback from patients as a whole that the feasibility of the results are of an acceptable level.

2.3.4 Comparison of cost data

It was intended that the evaluation would include an assessment of the cost effectiveness of delivering health checks through a paramedic model in comparison with other delivery models used within Keep Well and Well North e.g. Community Pharmacy.

However, the cost data available varied considerably in the level of detail and in the way in which it was recorded across the Local Health Boards. In addition, the cost data held by SAS was very high level and categorised into broad themes which made it difficult to extract and interpret how the funding was distributed across the Local Health Boards for the various activities and expenditure.

Following discussion with the evaluation steering group a decision was made that comparisons would be neither valid nor useful and potentially misleading. A decision was taken to instead provide an overview of the range of costs incurred in delivering the RACPP.

2.3.5 Timeframe of the evaluation

The timeframe for the evaluation and reporting was March to August 2011. As a result of this, all fieldwork and data collection had to be completed by May 2011 to give adequate time for analysis and reporting. There were a number of limitations relating to the timeframe:

- as discussed above the timeframe meant that it was not feasible to report on each of the delivery approaches adopted within the Local Health Boards in a detailed way
- the pilot was still delivering health checks in the Local Health Boards after the data collection phase of the evaluation had been completed – this meant that some of the creative approaches which were continually evolving during the pilot project could not be reported on in the evaluation. It also means that the number of health checks reported within this report is not a true reflection of the number delivered during the pilot timescale.

3 Results - delivery model

3.1 Introduction

The following three chapters present the findings from the research covering the delivery model, patient feedback and experience, and added value of the pilot.

This chapter presents the findings on the delivery model adopted in each of the Local Health Boards. It draws on the findings from consultations with delivery staff and stakeholders and a review of project management information.

3.2 Expectations of the delivery model

The RACPP, as originally conceived by NHSHS and SAS, incorporated the following elements:

- delivery of health checks by trained paramedics (when not involved in emergency duties) including at weekends
- delivery in community settings and at events
- delivery in remote and rural areas in Well North areas where there is less opportunity to deliver through community pharmacies
- delivery to patients who are housebound or for whom transport is poor as this would allow the health check to be delivered within a home setting
- the original rationale for the project is summarised by the comment below:

  ‘the project was designed to involve mobile unit engagement…visiting people at home…utilising a range of venues…any place, anywhere’ (SAS paramedic).

The model was designed to:

- deliver a cost effective solution to delivering health checks, as the proposed delivery model would use the spare capacity of paramedics in predictable quiet periods during shifts and therefore incur travel costs but no additional salary costs
- enable SAS to extend its role into health promotion which SAS considers to be a logical development for paramedics’ involvement in tackling health inequalities
- contribute to achieving H8 targets by boosting the number of health checks carried out in each of the participating areas.

It was expected that piloting the model would provide an opportunity to develop joint working between Local Health Boards and SAS. Paramedics would also develop additional skills and increase their knowledge about local services that are relevant to taking on a health promotion focus. Thirdly, it would provide an opportunity to test other approaches to delivering

health checks for example in people's homes, at community events such as health fairs, in workplaces, and other community settings such as town halls.

From the perspective of SAS, the model would enable it to showcase the contribution that can be made by paramedics to anticipatory care in rural and urban areas:

> 'SAS is looking to expand its role into more resilience type work, and to be more involved in community engagement and partnership working.' (SAS national stakeholder)

The pilot was also expected to help SAS maximise its use of staff resources in a service designed to respond to emergencies:

> 'Peak times are predictable… SAS can plan around spare capacity in stations in remote and rural areas at predictable times during the working week…especially out of normal working hours'. (SAS national stakeholder)

3.3 Revised delivery model

The original model was revised by all the Local Health Boards in keeping with the objectives of local strategies and infrastructures. In Orkney and Highland, the emphasis is on encouraging patients to attend GP surgeries therefore delivering health checks in homes would give mixed messages to the public.

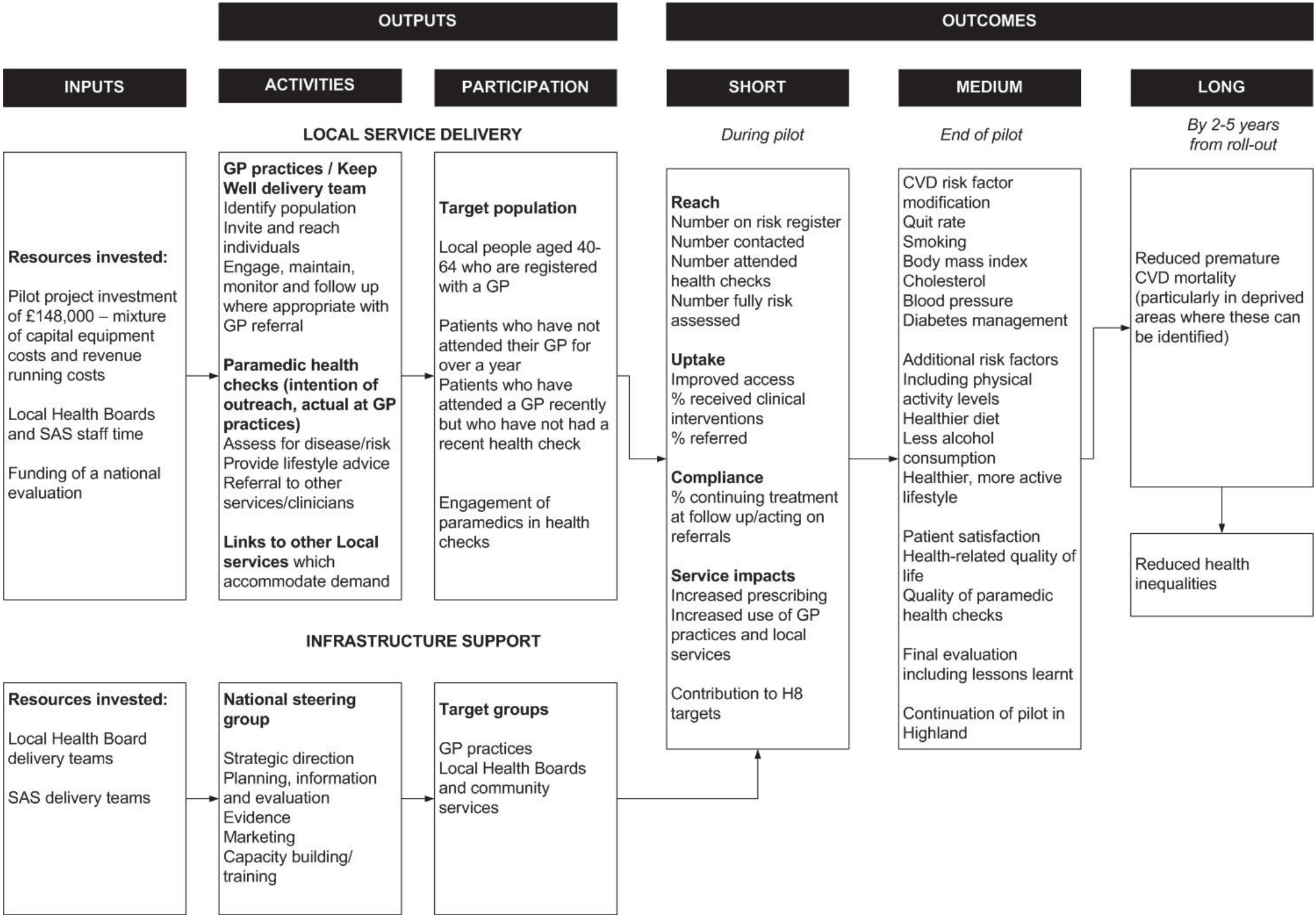
In Ayrshire and Arran the original plan was to support primary care by offering in North and East Ayrshire, to deliver Keep Well health checks at locations outwith the Practice which was suitable to the patient. As this approach proved to be ineffective in generating sufficient appointments, the delivery model was revised. The new approach involved supporting the delivery of health checks within one GP practice within East Ayrshire, on site or via domiciliary visits.

Consequently, part of the rationale for the involvement of paramedics in delivering health checks was that they were mobile however this was not built into the final delivery models. In the pilot the paramedics only used their vehicles to travel from location to location.

In practice, each area operated slightly differently, but all three predominately based their pilot around a primary care model with the paramedic delivering the health check in GP surgeries. Three paramedics were involved in delivering the health checks, one in each of the Local Health Board areas.

Working with stakeholders, the evaluation team developed a logic model which outlines the inputs, outputs and outcomes of the RACPP delivery model. The logic model was used to structure the evaluation by tracing inputs and activities through to the outputs and outcomes achieved. It informed the development of the study tools and was used in interviews with stakeholders to test the assumptions in the logic model and answer the evaluation questions. The logic model is provided in Figure 1 overleaf.

Figure 1: Delivering rural anticipatory care through a paramedic model: Logic Model



3.4 Challenges arising from the model

There were a number of challenges arising from the delivery of the pilot project and these are discussed below.

3.4.1 Time constraints

Funding for the project was approved in late 2009 and was awarded to SAS by the Scottish Government. Following this, a series of planning meetings were held with SAS and the Local Health Boards to agree the local infrastructure. A variety of challenges and infrastructure issues within each of the pilot sites had to be resolved before delivery could commence. This meant that the first health check was not completed until December 2010 which was several months later than originally expected. This slippage had a knock on effect to the originally agreed six month secondment arrangements for the paramedics. In addition this also meant that the original funding agreement now had to be spread across two financial years which had implications for budget and spending cycles. As a result, commencing the pilot in some form, if not the originally anticipated model, took precedence.

SAS and Local Health Board staff reported that there was less time to plan and prepare for implementing the RACPP locally than they would have hoped for. This resulted in some lack of clarity amongst a number of the local partners and delivery staff around aspects of the delivery model.

The following issues were resolved, but the time taken to resolve them meant that there was less time in which to deliver the health checks within the pilot period. The planned and revised timescales are illustrated in Table 2 below:

Table 2: Performance against target milestones

Milestone	Target date	Actual dates		
		Orkney	Ayrshire and Arran	Highland
Planning and development	Oct 2010	Dec 2010	Dec 2010	Dec 2010
Delivery of first checks	Dec 2010	Dec 2010	Feb 2011	Feb 2011
Completion of pilot	May 2011	June 2011	June 2011	June 2011
On-going delivery of model	June 2011 onwards	Not taken forward	Not taken forward	Delivery extended until March 2012

3.4.2 Recruitment of paramedics

Some Local Board managers would have liked to have had more input to the job descriptions, recruitment, and (in some instances) management of SAS paramedics. A few suggested that having the paramedics on secondment (either full time or part time) to the Local Health Board would have been beneficial. However, as paramedics need to be available for emergency calls, secondments may have been difficult in practice.

3.4.3 Resource constraints

Although significant time was required to oversee the delivery of the project in Local Health Boards, some Local Health Board managers reported that there was no additional funding for mentoring, training and supporting the paramedics.

3.4.4 Information Governance issues

Considerable Local Health Board and SAS staff time was involved in ensuring that patient data was secure and that correct procedures were followed by SAS in downloading data from health checks and notifying GPs of relevant results. The main issue was whether data could be stored and transported by SAS following the health check and the format and processes for doing this in a way that complied with local Information Governance requirements.

Although this issue is not unique to the RACPP, it should be noted that it had a considerable impact on the time and complexity when delivering the project.

3.4.5 Involvement of GPs

A key challenge reported by some SAS staff was around the issue of access to GP patient lists. Communication with GPs and Practice Managers was handled by Well North/Keep Well project staff who reported that they spent a considerable amount of time ensuring buy-in from GP practices. This situation is not unique to this pilot and continues to cause similar issues in other parts of the Keep Well/Well North programme.

- Engaging patients was particularly successful where there was a close working relationship with GPs and GP practices were committed to raising awareness and inviting patients to a health check.

3.4.6 Recruitment of patients

The evidence from staff and patients is that word of mouth is a powerful tool in remote communities but there was little scope in the pilot to build on this, given the timeframe. There was a perception amongst some delivery staff that recruitment to health checks is particularly effective at certain times of the year such as in January and at certain points in the summer.

3.5 Performance against targets

Since the Keep Well and Well North programmes commenced in October 2006, over 135,000 health checks have been completed (at the time of writing). There were no bespoke targets for the RACPP however it was anticipated that the health checks delivered would make a contribution to the delivery of the national H8 target set for each Local Health Board. The number of health checks delivered via the RACPP programme has been illustrated in Table 3.

In Ayrshire and Arran it was anticipated that up to five health checks per day could be delivered however this was dependent on the availability of the paramedic. This was expected to be less in Highland and Orkney given the smaller H8 target numbers and the distances involved in travelling in these areas.

Table 3: Target and actual number of health checks

Area	Total Board Target 2010/11 [1]	Total Board Target 2011/12 [1]	Total health checks delivered 2010/11 [2]	Approx number of RACPP health checks – 2010/11 [3]	Health checks delivered 1st April – 31st July 2011[4]	Approx number of RACPP health checks – 1st April – 31st July 2011 [4]	RACPP health checks as a proportion of all health checks delivered [5]
Ayrshire and Arran	1,200	1,991	1,195	5	796	85	4.5%
Highland	60	145	235	40	106	75	33.7%
Orkney	51	51	92	60	23	18	67.8%
Total	**1,311**	**2,187**	**1,522**	**150**	**925**	**178**	**13.4%**

Notes:

1. Annual H8 targets were formally agreed between individual Local Health Boards and the Scottish Government. It should be noted that the RACPP was not operational in the four participating Local Health Boards for complete financial years. The pilot ran across parts of 2010/11 and 2011/12.

2. These are official figures published in July 2011 by The Information Services Division (ISD), a division of National Services Scotland. The full report is available at: http://www.isdscotland.org/Health-Topics/Heart-Disease/Publications/2011-07-26/2011-07-26-CACS-Report.pdf. All notes attached to the figures in that report apply here.

3. The figures included have been directly submitted to the researchers for the purposes of this report by participating Local Health Boards.

4. The figures quoted have been taken from monthly reports submitted by participating Local Health Boards to NHS Health Scotland as part of the monthly monitoring of H8 activity. It should be noted that these are self-reports correct as of 30/08/2011. This information is subject to change.

5. This calculation reflects the approximate contribution made by the RACPP within participating Local Health Boards areas based on figures from the range sources described above.

Overall the pilot project delivered fewer health checks than originally anticipated, albeit there were no formal targets agreed within their Local Delivery Plans (LDP's). This was the result of a number of challenges faced at Local Health Board areas. Within Ayrshire and Arran, the poor uptake initially and the availability of the paramedic to deliver health checks impacted on the number of checks carried out. Once these challenges were addressed, and additional support was given by the local Keep Well team towards engagement, health check numbers increased significantly.

In Orkney and Highland, the delivery of health checks by paramedics made a significant contribution to the overall Local Health Board targets and in both areas addressed a gap in provision. This is illustrated in Orkney where in addition to Local Health Board delivering their H8 target successfully the RACPP contributed to bridging a gap in provision on the islands where there were capacity issues with nursing staff.

3.6 Summary and key lessons

The delivery of the pilot project took a different format to that originally envisaged, predominately using a primary care model with paramedics delivering the health checks within GP surgeries as opposed to delivery via a more mobile model, domiciliary service or within community venues approach. It should be noted however that in Ayrshire and Arran a small number of domiciliary health checks were completed. The logic model developed for the evaluation outlines the approach adopted and therefore reflects the current model of delivery and not the original intended model. It includes the inputs, outputs and outcomes of the model whilst guiding the research and testing the assumptions in the model (see Figure 1).

The delivery of the project contributed to the overall number of health checks that each of the areas achieved. Notably, in Orkney where there was a gap in provision and in Highland, the model was working with two new GP practices not included in the original model.

There were however a number of challenges arising from the delivery model, in particular relating to the design and setup stage and resource constraints.

Key lessons learned from a review of the delivery model adopted include:

- The time taken for the planning and implementation of the project and partner engagement is substantial but fundamental to the success of the project.
- It is critical to ensure that local priorities (for instance encouraging people to travel to attend their GP practice in remote and rural areas such as Highland and Orkney) are built in to project design and development. This will ensure that the programme is flexible and enables local delivery to operate efficiently respecting Local Health Board guidelines such as promoting patient self management.

- There is a need for close working and co-operation amongst partners in the planning and implementation stages as well as in delivery. This should encompass joint working and consultation with any new paramedics and ensuring a whole team approach to management and delivery.
- There must be a comprehensive induction process and ongoing support for paramedics delivering the health checks.
- Gaining buy-in from GPs was noted in Highland and Orkney as particularly challenging, but the project works more effectively where there is an active and engaged GP and practice staff.
- Issues regarding Information Governance should be highlighted and addressed prior to the commencement of any programme.

4 Results - Patient Feedback

4.1 Introduction

A patient feedback survey was developed to explore the experiences of patients receiving a health check through the paramedic model. The survey questionnaire comprised a mixture of closed and open questions, covering topics such as:

- motivations for attending the health check
- expectations of the health check
- views on different elements of the health check
- the advice and recommendations provided
- whether the patient had changed any behaviour since the health check
- overall satisfaction.
- The questionnaire is provided in Appendix 1. The results should be considered with the caveat that it was not possible to survey those who had not taken up the offer of a health check. The results are therefore the views of patients, who, following being notified about the health checks, were motivated and able to attend and were also willing to participate in the evaluation.

4.2 Profile of patients

- A total of 66 individuals who had undergone a health check conducted by a paramedic participated in the survey, of which 38 were female and none of the respondents were from a minority ethnic background. In keeping with the wider Well North and Keep Well programmes, the patients targeted were aged between 40 and 64 years and the breakdown by age is set out in Table 4. It should be noted that one of the patients was out with the Keep Well/Well North eligibility age range. It is not clear why this is, although it may be the case that between the health check and the survey, the person had a birthday.
- Most respondents indicated that they were currently in employment (41 patients) or retired (12 patients). Whilst the project initially intended to target patients from deprived communities, the difficulties associated with identifying such communities in rural areas meant that a blanket approach to targeting of patients aged 40-64 was adopted.

Table 4: Age range of survey respondents		
Age	**Number of respondents**	**Percentage of respondents (%)**
40-44	1	2
45-49	14	21
50-54	11	17
55-59	22	32
60-64	17	26
Over 64	1	2
Total	**66**	**100**
Number of respondents: 66 Source: RACPP Evaluation Patient Survey 2011		

4.3 Accessing the health check

- There were a number of ways in which people could find out about the health check, including telephone call, letters, word of mouth, or flyers. In most cases (48 respondents) the patients first heard about the health check through a letter from their GP and 18 patients found out about the opportunity through other routes including a phone call from their GP or local Keep Well team, a poster or word of mouth. In the vast majority of cases, patients were satisfied with the way they were invited with 56 of the 66 patients surveyed reporting that a letter from a health professional was the most appropriate way to inform people about health checks. Several stakeholders also commented that letters were an effective method of engaging with patients, but that the effectiveness of this approach can be improved with a follow up telephone call.
- Comments included:

  ‘Phone is no good as like us, people could be out working long hours. A letter is best as you can read it and think about it’

  ‘You'll definitely get it [a letter] and you will read it. A phone call you may miss’

  ‘It [a letter] gets to everyone registered with the doctor. It’s better than a poster as people will read a letter from a GP’

  ‘Poster - I wouldn't have bothered with a poster. A letter is personal and much better’

‘Email is no good to me. A letter means you can study it and it's more personal’

‘You have got the letter to refer back to, good reminder. Also the letter had a leaflet clearly explaining what would be included’

“The letter is in black and white and it's your choice to take it up or not’

- In all but two cases the health check was carried out at the patient’s local GP practice. A large proportion of patients (52 patients or 79%) felt that the location of the health check was an important or very important factor for them. This demonstrates the importance of accessibility when encouraging patients to attend an appointment. Only two patients said they would have preferred to have the health check elsewhere; one would have preferred the check at home, and, for reasons of proximity, the other felt that the local community centre would have been a better venue.

4.4 Motivations and expectations

- Patients decided to attend the health check for a variety of reasons. For many, the decision to attend was prompted wholly by the invitation from their GP practice. They saw the invitation as a useful opportunity to check their health; an offer that was advisable to take up and something that could ‘do no harm’ and may benefit them. Of the 66 patients surveyed, 52 (79%) would not have considered having a health check if they had not been invited. Some of the patients (28 in total) said they did not know what would be included in the health check. However of those who stated that they did know what would be included, almost all said the content of the health check was what they were expecting.
- Only 14 patients would have liked additional tests and checks to be included in the health checks e.g. such as an electrocardiogram (ECG) test, or that they would have liked the scope of the health check increased to provide information, advice, checks and or screening for other conditions, including anaemia, thyroid conditions and cancers (breast, cervical and prostate cancer).
- This issue was investigated further in case study consultations. In one example it emerged that the patient had previously had a health check through another programme that had included screening for prostate cancer. Although this patient commented that the paramedic was less well informed about health issues than the doctor who had carried out the previous check, the patient had acted on the advice given by the paramedic (in relation to reducing alcohol intake and increasing physical activity). This was in contrast to them taking no actions as a result of advice given in the previous, and in their view more thorough, health check.
- While the survey highlighted some desire among patients for the scope of health checks to be wider, this is outside the remit of Keep Well/Well North programmes which focus on early identification and

intervention for adults displaying risk factors associated with cardiovascular disease and diabetes. The programme's priority focuses on a more holistic approach to a person's health and wellbeing and is less centred around a diagnostic health check assessment.

4.5 Views on the health check

- Overall, patients reported an extremely high level of satisfaction with the health check, with 65 of the 66 patient respondents reporting that they were satisfied or very satisfied with it. High levels of satisfaction were reinforced by the fact that all but two of the 66 respondents said they would recommend the service to a friend or family member. Almost all of the patients agreed or strongly agreed that:
- they felt at ease during the health check
- there was a friendly atmosphere
- they felt listened to
- things were explained clearly
- there was sufficient time to discuss any health concerns or queries
- where patients had specific health questions to ask the paramedic and where health advice was provided by the paramedic, 49 out of 51 patients agreed or strongly agreed that their questions were answered clearly and 56 out of the 61 agreed or strongly agreed that they were given useful advice about their health.

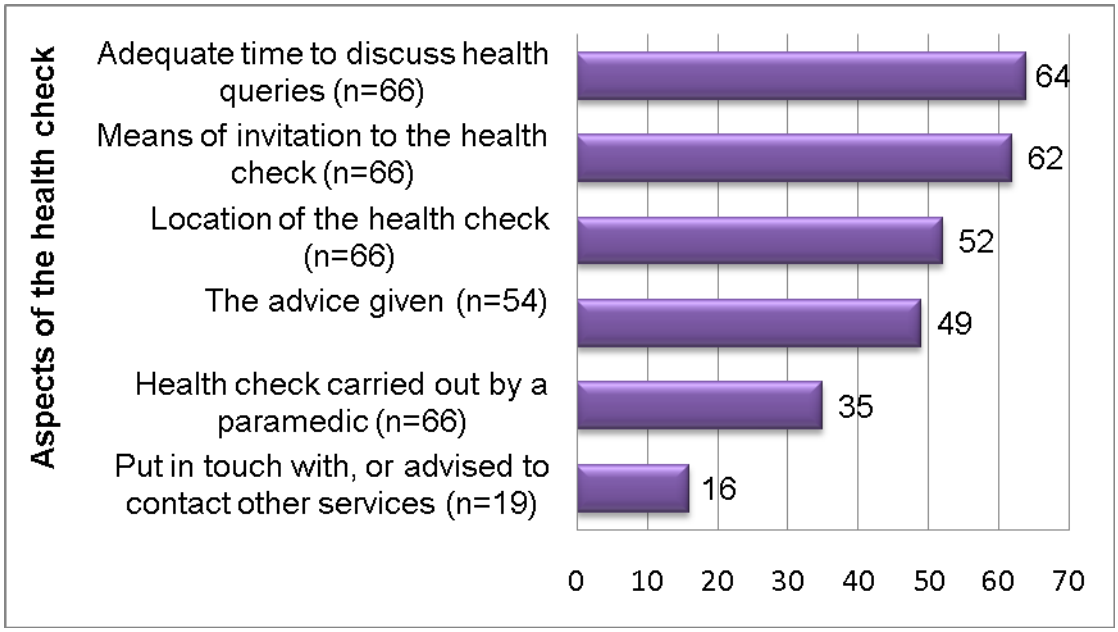
Whilst the health checks appeared to regularly identify issues relating to cholesterol, blood pressure and the need to change diet and do more exercise, direct referrals were less common. Of the 23 patients who answered the question relating to being referred to appropriate additional support, 13 agreed or strongly agreed that they had been put in touch with or advised to contact an appropriate support service, whilst eight patients strongly disagreed with this statement and none of these eight patients received advice to contact another service.

- Respondents were asked to comment on the relative importance of various aspects of the health check. Patients particularly valued the time taken by the paramedic to carry out the health check, to explain the process and discuss any concerns. Patients reported that they rarely had the opportunity to speak with medical professionals in this way as pressure on resources meant that GP appointments were time limited.

  'They change doctors all the time so there's no consistency… it would be better if we had one doctor who we could develop a rapport with in a similar way to the paramedic who I was very happy with'.

Figure 2: The importance of specific aspects of the health check

(Patients describing the aspect as important or very important)



Total number of respondents for each response is shown in brackets

Source: RACPP Evaluation Patient Survey 2011

- Some of the patients valued having a paramedic undertake the health check, citing reasons such as preference for more anonymous health checks in small communities due to sensitivity of some health issues and finding it easier to talk openly and honestly with a health professional who they do not know. Comments from patients included:

  ‘It's good for people to have an anonymous health check. Being a small community we all know the doctor and maybe don’t want to go. Some people don't go to the doctor often and could benefit from the check’..

  ‘It’s easy to go and see the paramedic. You have plenty of time to have it all done and talk. The doctor would take longer - longer queues’.

  ‘It keeps people in touch with their health. I would feel comfortable asking any questions. The person was friendly, some people might like that it is done by someone they don't know’.

- The above reinforces the views of some stakeholders who also said that there were benefits to paramedics delivering health checks including paramedics broadening their skills set and in turn raising awareness of their wider role within the local community.

4.6 Outcomes of the health check

Health checks identified health issues that patients were previously unaware of in 17 cases and included high blood pressure, blood sugar levels and high cholesterol.

A number of patients had been given advice by paramedics in relation to changes in their lifestyle. Patients were most frequently advised to make

changes to their diet (28 patients) or to increase their levels of physical activity (24 patients). Small numbers of patients were advised to reduce their alcohol consumption (seven patients) or cut down or stop smoking (five patients).

Where information and advice were given, patients generally reported that they had made changes to their lifestyle. For example:

- 22 people said they had changed their diet with a further five saying they intended to.
- 20 said they had increased their levels of physical activity with a further four saying they plan to do this in future.

Additional comments from respondents included:

> ‘I'm doing more physical activity, gym for example and going for walks. Cut back on sweet things I was eating too.’
>
> ‘I exercise a bit more. I'm more aware of what I eat too. It's been good to have the check.’
>
> ‘[I’ve done] nothing so far, waiting for my cholesterol result. If it's up I will make changes to my diet.’

As well as providing information and advice, paramedics could make recommendations and referrals for patients to attend other specialist services such as smoking cessation. The survey indicated that formal referral and specific advice to attend other services has been limited and this is reflected in the findings of the interviews with some paramedics. Of the 66 patients surveyed:

- nine were advised to visit their GP about an issue highlighted in the health check. At the time of the survey six patients had taken up this recommendation and the remaining three said they are planning visit their GP to discuss the health issue
- two were referred to a specialist smoking cessation service and five were referred to weight loss/ healthier eating services. At the time of the survey, only one of these patients had attended the weight loss service, but all of the remaining patients intended to follow the advice
- in cases where more clinical health concerns were identified (raised blood pressure or cholesterol to a level that may require medication) most patients participating in the evaluation had acted on the advice to visit their GP

  “I eat more vegetables. I’ve cut down on biscuits and chips…. I’ve changed my diet.”

  ‘Doctor confirmed blood pressure was up. I have cut down on what I eat and I eat more healthily.’

  ‘I am trying to do more exercise, I walk daily for example. I’ve cut down on cake because of my blood sugar being borderline.’

  ‘Not eating as many fatty foods and now having semi skimmed milk.’

  ‘Walking more, eat a lot more vegetables and trying to cut down on

alcohol.'

'I exercise a bit more and I'm more aware of what I eat too. It's been good to have the check.'

'More physical activity, eating more fruit and vegetables, low fat milk, wholemeal bread, wholemeal cereals… I'm looking for a Weight Watchers if there is one I'll join it.'

- The case study example below illustrates the way in which the health check can prompt small lifestyle changes that may have a significant impact on a patient's future health and well-being.

  The patient is a female in her mid fifties. She had never had a health check before and thought it could be worthwhile. Prior to the health check she had only visited her GP once in the previous four years. The health check identified that the patient had high cholesterol, something she was unaware of and that would probably not have been picked up if she had not attended the health check.

  Since receiving the results of her health check, the patient has visited her GP for a blood test to confirm that her cholesterol is slightly raised. Her GP is hopeful that at this stage it can be controlled with dietary change, without the need for medication. She has made a number of changes to her diet, including switching to semi-skimmed milk, avoiding butter, considering the fat content of her food and looking for low fat alternatives.

  Although she was well aware that these items contribute to a healthier diet, she feels she would have continued to eat high fat foods for the time being as she was unaware that there was a problem. The health check therefore identified a potential health concern at a stage when small, simple changes can have a significant impact.

In a small number of cases health checks identified significant health issues that could have serious and immediate consequences if left untreated. This is illustrated in the case study example below.

The patient, a male aged 60-64, had not visited his GP in over a year. He attended the health check as a result of pressure from his wife who felt it was a useful opportunity to check his health and identify any potential issues.

The patient has a history of coronary heart disease in his family and felt very well informed about the signs, symptoms and associated risk factors. He was therefore surprised to find out that his blood pressure was dangerously high. Since the health check he has been put on medication to control his blood pressure as he was at considerable and immediate risk of a stroke. He is seeing his GP every three weeks to monitor the condition. He commented:

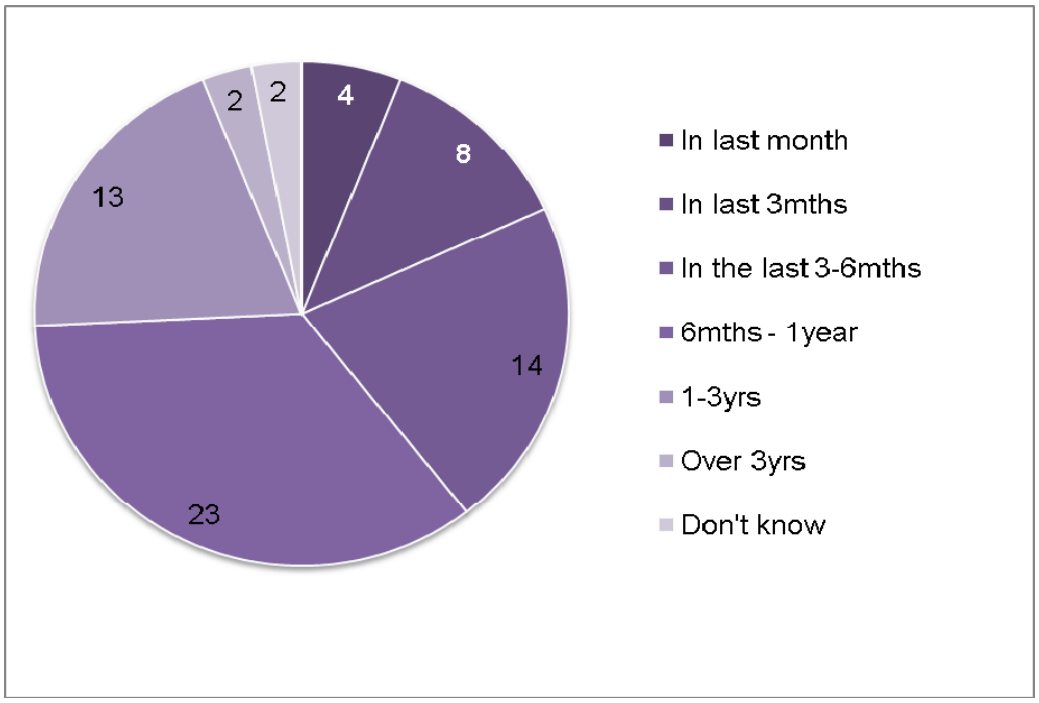
'It just shows how it creeps up on you. In the past my blood pressure was sometimes high, but always under the line. I am pretty well clued up but you could have knocked me down with a feather…I am amazed I didn't notice anything'.

4.7 Attitudes towards attending GP surgeries

Prior to the health check one quarter of those surveyed said they had not visited their GP in a year or more. The in-depth interviews found that if patients perceived their health to be good, they were unlikely to visit the GP. As a result of the health check, a quarter of respondents said they would be more likely to attend the GP surgery in future. This included:

- seven patients for whom the health check identified an issue that they were previously unaware of.
- ten patients where the health check did not identify any unknown health issues.

Figure 3: Attendance at GP prior to the health check



Number of respondents: 66

Source: Research Resource Patient Survey 2011

4.8 Findings from in-depth interviews – patient case studies

In addition to the patient survey, follow up telephone interviews were carried out with 12 patients selected on the basis of their responses to the patient survey. The results from these case studies are presented in Appendix 2. Many of the findings reinforce the key themes from the patient survey including:

- overall satisfaction with the usefulness and delivery of the health checks by paramedics
- evidence that a number of patients had changed their diet or behaviour

as a result of the health checks

- some examples of patients being referred to other services, although at the time of the interviews there was little evidence of follow up support
- some were of the view that the health check could have included a wider range of tests.

The case studies provided some additional learning. For example one patient reported that they were not aware that the health check was going to be delivered by a paramedic and were surprised that it was not a nurse or a doctor. This demonstrates the importance of this being clearly communicated in the correspondence.

> 'I thought someone had been taken ill. I was sitting in the waiting room and the next minute the paramedic came out in a green suit and it was for me. It was just a bit surreal'.

Overall, the patients participating in the case studies were positive about the approach of the paramedic.

> 'The paramedic had a body of knowledge and was keen to impart it and provide useful advice. I thought that the paramedic was nervous as (they were) aware that it was a pilot scheme and obviously was keen for it to go well, and (but) I felt reassured, which was another reason why I was happy to take part in the follow-up survey'.

The in-depth interviews also explored negative feedback provided by the patients at the survey stage. There was some negative feedback around the knowledge of the paramedics and their ability to diagnose issues (this was an issue for three of the 12 patients and was in contrast to the opinions expressed by the majority of patients in the survey) and three patients felt that the check was not thorough enough and would have liked the health check to include a greater variety of tests.

> 'I am not sure that the paramedic had enough skills and knowledge to give me the kind of advice that I needed. Someone who had done it longer and with more experience may have known the questions to ask and points to pursue better'

> 'The test was less thorough (than another health check the patient had attended) and it included fewer tests'.

> 'I thought that it would be more thorough. It was a questionnaire that I could have filled in myself'.

4.9 Summary and key lessons

The survey showed a high level of satisfaction with the health checks amongst patients in key areas including: the time allowed for discussion of health queries or concerns, the method of invitation, the quality and nature of the advice provided. The pilot project engaged with a number of patients who otherwise would not have thought about having a health check and a quarter of respondents reported that they were now more likely to attend their GP surgery in future. In a number of cases, the health checks identified

health issues and many of these patients had acted on the recommendations provided by the paramedics, for instance in changing their diet and undertaking more physical activity. However, the level of active referrals to other services was low.

The results of the survey were reinforced by the case study examples which provided more in-depth information on how the health checks had benefitted individuals and satisfaction with the process and approach of the paramedics.

Key lessons from the survey of patients include:

- letters, with follow up calls from GP practices are effective in reaching members of the target groups but may not be effective for everyone.
- the need to inform patients that a paramedic will be undertaking the health check.
- some patients consider that it would be beneficial to expand the types of tests included in the health checks, although this is an issue for Keep Well/Well North rather than this pilot.

5 Results - added value

5.1 Introduction

This section examines the costs associated with the pilot's delivery and the added value achieved, particularly in relation to the levels of partnership working.

5.2 Cost effectiveness

A total of £148,000 was provided to SAS to work with the three Local Health Boards to fund the RACPP and test the delivery of health checks by trained paramedics. These monies were utilised to pay for both central costs that SAS incurred such as salaries and fuel costs and for SAS to reimburse Well North Local Health Boards with costs they incurred delivering the model.

The Local Health Boards and SAS were asked to provide a detailed breakdown of the costs incurred under the RACPP. The evaluation team also had access to the original budgets submitted to NHSHS. Initially it had been hoped that the evaluation would have been able to assess the cost effectiveness of delivering health checks through the paramedic model in comparison with other models in each Local Health Board and to provide an estimated 'cost per check' associated with the different models in use. However, this has proved impossible for a number of reasons:

- The level of detail and the budget headings under which the costs were recorded varied between the areas making it difficult to compare the costs of specific elements of setting up and delivering the RACPP.
- It was originally intended that the RACPP would not incur additional paramedic salary costs as the health checks would take place during normal shifts but this was not achieved during the pilot and salary costs were incurred.
- Some elements of the costs of delivering this programme cannot easily be attributed to the RACPP as they have been absorbed into existing budgets in Local Health Board areas for example some equipment costs and SAS core budgets, for example depreciation of SAS vehicles.
- Some areas started delivering health checks earlier than others and so were able to complete more within the pilot period. As a result, it would be inappropriate to compare the costs per health check and it would not be meaningful to try to calculate a cost per health check for the RACPP across the three Local Health Boards as it would not be an accurate reflection of cost.
- In each area, there was a slightly different approach to the delivery of RACPP health checks which makes cost comparison and also, aggregation challenging. It also means that the results would not be useful either to Local Health Boards or SAS.

- Due to the specific features of each area, there were variations in the travel costs for example in Orkney the paramedic had to use ferries to travel between islands to deliver health checks. This would skew the results of calculating a cost per health check.
- A significant amount of in-kind costs were incurred in the RACPP for example planning, engagement and management time. The evaluation team worked with the Local Health Boards and SAS in each area to try to identify the level of in-kind costs but it proved very difficult to accurately identify these and therefore calculate the true cost of the RACPP.

Given these limitations, this section maps the different cost components associated with delivering health checks through the paramedic model and where possible, indicates which factors impact on the scale of these costs. Where Local Health Boards have been able to provide more detailed cost estimates (either in their original budget or in information about the costs incurred provided to the evaluation team), an estimated cost range is also indicated. No attempt has been made to provide a detailed breakdown of costs per check or the costs incurred under different headings for each Local Health Board.

The key costs that need to be considered in a project of this type include:

- clinical and IT equipment
- payment to GP practices
- training (including staff time and venue costs)
- hire of community venues (not incurred in the pilot as no health checks were delivered in community venues)
- staff administration and management time.

The sections below summarise the range of costs which the delivery of the RACPP incurred over on an eight month delivery period.

5.2.1 Set up costs

Setting up the RACPP incurred a number of one off costs in each of the three areas. Some of these costs would accrue regardless of the delivery model. These costs included:

- **GP engagement fee** – payments to Well North GP practices for the use of premises and for their involvement in promoting the pilot programme and recruiting patients.
- **Equipment costs** – this includes the cost of clinical equipment for point of care testing (£1,000 - £2,500), laptops for the paramedics to use to record and store data (£800 to £2,200 per Local Health Board) and other hardware (e.g. memory sticks) and software required to deliver the project. They are largely one off costs although there would be some costs associated with maintenance and upgrade of equipment and disposable clinical equipment such as gloves and swabs.

- **Cost of staff training –** this includes:
    - where there needs to be backfilling of paramedics while they attended training
    - the cost of the training (estimated at £3,200 in the cost information provided for one of the three area. NB this training included a three day Health Behaviour Change course provided for up to 18 people which seven paramedics attended)
    - venue hire for training (estimated at between £250 and £500).
- **Other costs and general overheads** – IT support and other overheads were estimated at £500. Other payments cited include travel expenses (£300) and accommodation for overnight stays for paramedics (£500).

5.2.2 Ongoing costs

There were also a number of ongoing costs during the delivery period of the RACPP reported by SAS and the Local Health Boards:

- **Administration, support and backfilling** –costs associated with administrative time was reported to be between £1,000 and £4,100. Other administrative time for example inputting health check and other associated data, and the backfilling of community nurse time.
- **Local management time** - a significant amount of management time was required in the delivery of the RACPP but this has no specific budget heading. During the pilot, Local Health Boards and SAS estimated that up to 15 full days of management time per area was required to deliver the RACPP. Management time comprised engaging and mentoring the paramedics, engaging with practitioners, systems set up, engaging with GP practices, phoning patients, database management and attendance at the national steering group meetings.

There are also likely to be additional costs that were not included, or identified separately in the Local Health Board cost data provided to the evaluation team for example:

- **On-going costs of engaging patients** – if the project was continuing, there may be additional fees incurred to ensure appropriate methods of inviting patients are undertaken including: letters, phone calls and follow up with patients.
- **Community venue hire** and running costs of community events.
- **Cost of disposable equipment** (gloves, swabs etc).
- **Any additional costs associated with referrals** for example nicotine replacement products.
- **Costs of quality assuring and maintaining equipment** (clinical, IT etc).

- **Paramedic travel costs to and from health checks.**
- **Additional vehicle costs** arguably, RACPP costs should include a proportion of the maintenance and depreciation of SAS vehicles.

5.3 Added value

The RACPP only involved limited testing of the benefits or added value of delivering home based health checks or health checks in community settings as originally intended. Ayrshire and Arran was the only Local Health Board to deliver a small proportion of health checks within the home setting. Therefore, there are limitations to the conclusions that can be drawn on testing the model within these two settings. However there were a number of areas where stakeholders reported that the project had brought added value and these are set out below.

5.3.1 Contribution to achieving H8 targets

The majority of stakeholders interviewed during the evaluation reported that the key added value of the RACPP was its contribution to achieving H8 targets. This was particularly the case in Orkney and Highland where the paramedics delivered health checks in areas that had previously not been able to offer health checks through Well North. In Highland for example the two practices involved in the RACPP had not previously been engaged in the Well North programme.

5.3.2 Engaging with a new cohort of patients

The project was also successful in engaging with a number of the patients who had not regularly engaged with a GP prior to the health check. In Orkney it was reported that the project enabled GP practices to deliver health checks and to engage new patients. The patient survey also identified a number of people (a quarter of those surveyed) who said they had not visited their doctor in the past year. In addition to this, 52 of the 66 patients surveyed said they would not have thought about having their health checked without the RACPP. There was also some evidence of the RACPP impacting on patients' future engagement with health services with a quarter of respondents saying they would be more likely to attend the GP practice in the future.

One of the pilots explored the possibility of engaging with homeless or travelling people through the RACPP. Whilst this was not achieved within the timeframe in any depth, it is still being explored as an option for the future.

5.3.3 Added value to paramedic role

The training provided by Keep Well/Well North to seven paramedics was seen as representing added value. The training not only added to their skills, experience and knowledge, but also increased their awareness of other agencies such as alcohol, support and smoking cessation services. This

may help SAS in future to take a more holistic approach to their work by, for example, identifying people who could benefit from a health check during the course of their regular duties and by signposting to advice and support services:

> ‘Paramedics often have access to people that other professionals do not, so with their new skills, they can apply them to health promotion’ (SAS stakeholder).

There was a strong view that as a result of the RACPP, there was now the potential for these seven paramedics to incorporate the skills and knowledge into their mainstream delivery and cascade that knowledge to colleagues.

5.3.4 Freeing up time within GP practice

It was originally anticipated in Highland and Orkney that the delivery of health checks by paramedics in rural GP practices would free up appointment times with practice nurses. This occurred to an extent in some practices, although the initial low response rate, both by GP surgeries and from patients themselves, limited the extent of the added value that could have been achieved through the involvement of SAS.

Within Ayrshire and Arran, the expectation was that the paramedic model would enable GP practices to offer Keep Well health checks to patients within their homes or at local venues. It was thought that this would enhance the accessibility of the programme.

5.3.5 Follow on support and referrals

One area where added value was not as clear was on the level of referrals and follow on. The results of the patient survey and stakeholder interviews revealed mixed performance with regards to referrals made by paramedics and the extent to which patients engaged with follow on support. It was unclear in a number of instances how people had been moved through the system from the health check to appropriate support and intervention, as often there was limited monitoring data available.

This, however, is outwith the scope of the Keep Well/Well North programme, which does not have a responsibility to ensure that follow on services are carrying out their role efficiently and that patients are monitored and treated effectively. All referral agencies have their own governance structures and these are not managed by the Keep Well/Well North programme.

5.3.6 Roles and responsibilities

In Orkney the RACPP provided the paramedic as an alternative to a community nurse (where there was not a community nurse in place). Stakeholders in this area indicated that it may be more cost effective in remote and rural areas to deliver health checks in this way where the demand is more limited. However, a number of stakeholders and local partners

questioned whether the pilot was simply using a paramedic to replace roles that should be filled by Local Health Board employees or GP nurses. They questioned the value in doing this given the issues of sustainability.

5.4 Partnership working

Although all of the organisations in the RACPP are within the NHS (Local Health Boards, SAS and NHSHS), the pilot enabled joint working between these agencies, resulting in a number of new partnerships to be formed:

- The national steering group, which involved NHSHS anticipatory care project staff and the SAS national partner, paramedics and local delivery partners. This group met on a quarterly basis.
- The Well North Regional Group had a tabled agenda item to discuss progress on the pilot, representatives from Highland, Orkney and SAS were invited.
- The Ayrshire and Arran Implementation Group which involved the Keep Well staff and the SAS paramedic. Additional meetings were also held with SAS representatives and GP practices.
- Each Local Health Board has their own local steering group and the RACPP was on the agenda at these meetings.

Communication challenges were cited by some stakeholders in the set up phase of the project when there was often an absence of senior managers and a perceived disconnect between aspirations at a national level and the practicalities of delivery at a local level. However the feedback from stakeholders indicated that an important outcome of the pilot was that joint working between Local Health Boards and SAS was trialled and developed as a result. It is anticipated that this will make future partnership working easier and more effective because it identified some of the challenges of partnership working which can be mitigated against in the future.

The consultations at local level provided evidence that there were some misconceptions about the specific roles and responsibilities of partners during the RACPP, and that this lack of clarity led to confusion and less effective communication in the early stages.

During the planning and set up phase, there was no evidence of any consultation with other Local Health Board areas (not participating in RACPP). Some stakeholders reported that the RACPP may have benefited from consulting with other Local Health Boards who may have been able to share important information, knowledge and experience of other and or similar programmes.

Despite the challenges, the RACPP has brought partners together, who had previously not worked together, to test a new approach. These partners have responded positively to overcoming challenges of planning, communication and implementation to deliver the service. In doing so, relationships have been developed and tested between SAS and Local Health Boards which can be built on going forward, around common goals relating to the anticipatory care agenda.

5.5 Summary and lessons

There were a number of areas where the pilot project has added value to the other activities of Well North and Keep Well partners, including:

- the contribution towards meeting H8 targets in each of the three Local Health Board areas
- the delivery of health checks which otherwise may not have taken place by enhancing capacity locally
- the engagement with a number of patients who were not previously engaged in health service provision
- the increase in the skills and knowledge of the paramedics through training received.

In addition, the review of added value and partnership working has identified a number of lessons relevant to the delivery of similar projects in the future:

- there are a number of hidden costs associated with the delivery of such a project, notably the staff time involved with the management and administration
- where there are Local Health Boards involved in a project, a consistent approach to the recording of costs (in particular in kind contributions) would enable a more accurate assessment of added value and cost effectiveness with other models to be undertaken
- where possible effective monitoring and referral systems should be put in place prior to delivery to ensure that the added value of engaging with patients through the health check is achieved
- there are a number of additional methods of engaging with patients that remain to be tested.

6 Discussion

6.1 Overall performance

The delivery model of the RACPP was initially based on a dual approach of mobile delivery, building on the successes of previous mobile units, and the testing of health checks delivered by paramedics in primary care and other settings. In practice, the main focus of the pilot has been on the latter, with paramedics in each of the areas working through and in GP practices with minimal outreach delivery.

As with many pilots, the RACPP had a relatively slow start as new procedures and partnership working were embedded into each of the three Local Health Board areas and paramedics were recruited and trained for their roles. This affected the scale of delivery which could be achieved during the eight month pilot, and delivery of health checks started later than originally anticipated.

Despite these challenges, the RACPP has been an extremely worthwhile pilot exercise in testing the role of paramedics in the delivery of health checks and in bringing together new partners, which provides a solid platform for future joint working. In summary, the evaluation found that:

- the project was not delivered as originally intended and only minimal testing of the community outreach role by paramedics was rolled out in Ayrshire and Arran because of timescales
- partners in local areas worked hard and adapted the approach to ensure that the pilot was implemented, developing positive and creative responses to the challenges
- there was an extremely high level of patient satisfaction with the health checks, including evidence of a re-engagement with health services and positive changes to lifestyles
- RACPP has developed the skills of paramedics and demonstrated the contribution that they can make to the delivery of anticipatory care.

The remainder of this section sets out the successes, challenges and learning arising from SAS working in partnership to deliver RACPP.

6.2 Key successes

The evaluation has highlighted a number of successes of the RACPP across Scotland. Benefits were evident for patients, paramedics and the partner organisations involved in its planning and delivery. These are discussed in turn below.

6.2.1 Potential for health checks to be delivered by paramedics

The pilot has successfully demonstrated that with appropriate training, resources and ongoing support, paramedics have both the technical skill and personal attributes to successfully deliver health checks.

Key to successful delivery is the ability of staff to make patients feel comfortable and confident to talk openly about their health, to instil a sense of trust and to deliver health messages in a way that promotes appropriate behaviour change. Evidence shows that paramedics successfully achieved this. There was consensus amongst patients that they were made to feel at ease, that the atmosphere was friendly, they felt listened to and that the process was well explained to them. Some patients who live in small communities valued being able to discuss sensitive health issues with a health professional that they did not know.

This finding was reinforced by stakeholders who have confidence in the skill set of the paramedics and their abilities to deliver health checks with the same professionalism as the staff involved in mainstream Keep Well/Well North delivery. At the basic level, the pilot has therefore shown that the paramedic model has the potential to play a role in anticipatory care approaches in the future.

6.2.2 Skills development

Paramedics have developed and added to their skills and knowledge. Across the pilot areas seven paramedics have been trained to deliver health checks, although only three of the paramedics delivered health checks during the pilot; one in each of the three areas.

The opportunity to develop new skills and add a new dimension to their job roles was a key factor motivating paramedics to apply for a position in the RACPP:

> ‘I applied because I wanted to try something new. It sounded interesting and something a bit different.’

In addition to the paramedics, a number of the Local Health Board managers and national stakeholders commented on the benefits for patients, paramedics and SAS as a result of skills development. In rural areas paramedics can have significant periods of spare capacity between emergency calls and routine duties. Involvement in the pilot provided an opportunity to increase patient contact time, raise their profile and enhance and widen their skills set. For paramedics whose involvement in care tends to come when health conditions have reached crisis point, it is considered appropriate and efficient that they should be involved in early interventions and delivering holistic health care services. The RACPP has placed SAS in a stronger position to contribute to the health improvement agenda.

It is the hope of stakeholders that skills development and a more varied job role for paramedics in rural areas may also positively impact on staff retention and job satisfaction which, it was reported, would ultimately impact on the quality of patient care.

Going forward there is a need to ensure that each of the seven paramedics are provided with the opportunity to continue to use the skills they developed through the RACPP and continue to make a positive contribution to the anticipatory care agenda. This is particularly the case for the four paramedics trained through the RACPP but who did not play a major role in delivering

the health checks. If this does not occur, then the added value of the pilot project in terms of skills development will be reduced.

6.2.3 Contribution to delivery of H8 target

In addition to benefits for paramedics and SAS, benefits have also been accrued at Local Health Board levels. The RACPP model may be a helpful approach for Local Health Boards to consider as part of their mainstream delivery of Keep Well/Well North[5] from April 2012, under which Local Health Boards will develop and take forward their own approaches, funded through mainstream budgets and performance managed through appropriate methods by Scottish Government.

Some stakeholders from Local Health Boards noted that there had initially been some concerns about another agency (SAS) taking responsibility for the delivery of H8. Although each of the Local Health Boards had overall accountability for meeting their H8 target, they were relying on SAS for the actual delivery and thus control of health checks being delivered via this model. These concerns were alleviated as the pilot became operational and it was clear that the paramedics were successfully delivering health checks and in turn contributing to the Board's national H8 target.

In rural areas, unlike many urban areas, there may not be the capacity to dedicate resources to the delivery of health checks. In the Highlands and Islands, Well North health checks are largely delivered by community nursing teams as part of their wider job role. While this has been successful, stakeholders commented on cases in which other duties will take precedence for community teams, for example flu vaccinations during the winter months. This can impact on the ability of community teams to meet targets for health checks. When Keep Well/Well North health checks are mainstreamed it will be useful for Local Health Boards to have additional trained staff to draw on, some or all of the time, to assist in the delivery of health checks.

Given local capacity issues and competing demands placed on the delivery of Keep Well/Well North health checks, the benefit of training paramedics to deliver the health checks has the potential to tackle these challenges.

6.2.4 Increased awareness

The involvement of SAS in the delivery of health checks has raised awareness of Keep Well/Well North. This is particularly true for NHS Highland where the RACPP enabled the extension of health checks into areas not previously involved in Well North. In these areas, the service has been welcomed by patients who valued the opportunity to spend time with a health professional to discuss their health and any issues or concerns.

---

[5] More information on mainstreaming delivery post 2012 can be found here:

http://www.healthscotland.com/uploads/documents/12556-KeepWell_Spring2010.pdf

GPs in rural areas were also positive about the value of the health checks, particularly when they are targeted at high risk populations and encourage wider engagement with health services.

6.2.5 Accessibility

The patient survey demonstrated that health checks have to be accessible if patients are to be motivated to attend and to engage with health promotion activities.

GP practices were the primary location for the health checks carried out through the RACPP. However, in Ayrshire and Arran some domiciliary visits were carried out to meet the needs and individual circumstances of some patients.

There was a degree of concern from some stakeholders that delivering in GP practice could act as a barrier to engagement and reduce the likelihood of reaching and engaging the hardest to reach patients. However, other stakeholders were confident that carrying out checks in GP practice would not be a barrier for the majority of patients. Stakeholders noted that in rural/urban areas people are used to travelling to access services and that GP surgeries are generally situated in well connected locations.

The patient survey suggests that this latter view is justified as 97% of patients felt that the location chosen for the health check was the most appropriate place for it to be. However, it is important to remember that the evaluation team did not interview non-attendees for whom the location may have acted as a barrier.

There is potential to increase the reach of the RACPP model by expanding health checks to other locations. Stakeholders felt this could be done in keeping with NHS policy around self management. For example, there is scope to capitalise on the mobility of the paramedic service by carrying out health checks in community venues and meeting places such as community centres, church halls, post offices, pharmacies and workplaces as well as at community and health events. This would reduce barriers for those where transport and employment commitments are a barrier to attending the GP practice during office hours. The flexibility and mobility of paramedics is well suited to expanding provision in this way.

6.2.6 High levels of satisfaction and positive behaviour change

The patient survey showed high levels of satisfaction with the health check received. Health checks have also encouraged patients to engage with GP practices and medical services and this may be sustained into the future.

Health behaviour change messages appear to have been well received and the majority of patients (for whom issues were identified) have made lifestyle changes, or were planning to do this in future. Patients were also more aware of healthy choices and the health check has provided the impetus to change and address health harming behaviours.

6.3 Key challenges

While there have been many successes, the RACPP has also faced challenges, particularly in the early stages as discussed below.

6.3.1 Partnership working

Challenges included:

- a lack of mutual understanding around the RACPP objectives and the delivery model for the pilot. For a number of reasons the delivery model in each area differed from the original proposal. In the early stages there was confusion around these changes and their rationale.
- bringing together organisations and services within the NHS with slightly different organisational cultures (SAS and Local Health Boards). Stakeholders reported it was, at times, challenging to reconcile Local Health Boards' systematic yet often complex approach with SAS's drive to quickly establish and begin to test the model
- some pressure to move quickly in order to draw down the funding allocation. As a result there was limited time to plan the implementation of the nationally conceived concept at a local level
- some difficulties in establishing communication channels, management structures and responsibilities between SAS and Local Health Boards at a local level
- ensuring that in cross organisational teams (SAS and Local Health Boards) there is consultation and leadership that establishes whole team working to ensure that all team members are working together to achieve shared objectives
- insufficient time to effectively secure local level buy-in to the model due to the short timescale of the pilot.

Once the pilot became operational, and the communication channels and management responsibilities were established and clarified, partnership working improved significantly. Stakeholders are more confident that arrangements are working well and they stressed the inevitable challenges of trying to develop and fully test a pilot project involving multiple partners.

6.3.2 Putting the model into operation and achieving targets

When the RACPP model was originally conceived partners expected that health checks would be delivered by paramedics at times when they had available capacity within existing working hours. There was, and remains, concern among some stakeholders about the extent to which this is possible, as paramedics have to prioritise emergency calls.

In some pilot areas paramedics arranged health checks around ambulance shifts which meant that paramedics were working ambulance shifts on

some days and carrying out health checks on others. Therefore, they did not fit health checks in to paramedics' shifts.

The system in Well North, whereby paramedics set up their own appointments for health checks, has meant paramedics taking calls during ambulance shifts and off shift time. During the pilot, at least one of the paramedics found that this process could be cumbersome and altered the approach to allow GP receptionist to schedule patient appointment times. This proved to be a successful development and the approach was embedded locally.

Paramedics were wherever possible arranging their shifts around appointments for health checks. This is challenging for SAS when developing shift rotas and for paramedics who are handling competing priorities.

The dedicated resource provided by paramedics to deliver health checks is a strength of the model reported by stakeholders. Going forward, if the model is to continue, further work is required to address the logistical difficulties: specifically around balancing part time delivery of health checks (as it is not a viable full time role) with core SAS duties.

The core activity of SAS is to answer emergency calls and this will always be their priority. Stakeholders from SAS remain confident that it would be possible for paramedics to successfully deliver health checks without the need for a dedicated resource. SAS have bases in remote, rural and urban areas and staff teams have spare capacity at largely predictable times during the working week. Stakeholders report that health checks could form an integral and relatively cost effective part of the paramedics' working week by incurring no additional salary costs. The paramedics could also add value by identifying people who could benefit from a health check through their paramedic duties and communicate personally with them to encourage engagement with health checks.

For the RACPP model to be successfully extended, partners would need to reach a consensus on the balance of working hours and on the resources available to support paramedics in the administrative aspects of health check delivery, particularly answering calls and arranging appointments.

6.3.3 Targeting delivery

National policy is exceptionally supportive towards the provision of health checks targeting disadvantaged and harder to reach groups. Identifying these groups presents challenges for rural communities with small and dispersed populations and where poverty is not so geographically focused as in urban areas. In urban areas the Scottish Index of Multiple Deprivation (SIMD) provides a reasonable indicator of disadvantage as a starting point for geographical targeting of health checks. In rural areas SIMD data is less effective as an indicator of deprivation as the data zones are much larger and isolated pockets of deprivation sit alongside affluence.

For example, in many rural areas the majority of the population could be considered deprived in terms of geographic access to services (this is a domain of the SIMD calculated by assessing drive times and public transport times to key services). Some stakeholders highlighted arguments in

favour of blanket targeting of the population for health checks on this basis. Others, including some GPs, commented on the need to use finite resources efficiently and effectively noting that there is little added value in an approach that targets those who are already engaging with health services.

6.3.4 Ensuring appropriate referrals

Successful delivery of anticipatory care relies on appropriate onward referral and uptake of health care services by patients. The health check is not an end in itself, it should be the start of a process to engage patients in other health services and bring about positive behaviour change to address health issues at an early stage.

At the present time there is not one single, effective process in place to monitor the uptake of follow on services that patients were signposted or referred to. This is an issue across Keep Well and Well North, but in many ways the challenges are even greater for the RACPP model. SAS employees may not have as strong connections to these services as Local Board staff as these take time to develop. One solution to help overcome this may be to develop and enhance use of local directories to enable health professionals to access and use the information within.

NHS policy promotes self management in relation to health and wellbeing. Following health checks, patients are given information and advice and in some cases are formally referred to follow on services. A range of organisations and health professionals are involved in follow on services and there is no universal system to track a patient's progress.

Stakeholders commented on the strength of the community nurse model in promoting and supporting uptake of follow on services. In areas where community nursing teams deliver health checks, they also tend to be involved in the delivery of other interventions; for example smoking cessation, weight management and community food activities or work alongside staff that can provide these services.

Within Ayrshire and Arran, the availability of referral service information via the local directory and the integration of such information on the health check data collection screens (Infopath) resulted in patients being referred for follow up treatment and care.

6.3.5 Building on the pilot

Changes to the original concept restricted the flexibility and mobility of paramedics in delivering health checks. This means that the efficacy of the model has not yet been fully tested. The original concept involved the delivery of health checks in the community and going forward it will be important to test the value and effectiveness of this in Highland where the pilot has been extended.

Although the pilot has now ended in Ayrshire and Arran and Orkney, lessons have been learned and new relationships and partnerships have been

established. The pilot has shown that joint delivery between Local Health Boards and SAS is achievable and beneficial. Paramedics bring additional skills and experiences to the delivery of anticipatory care and the challenge going forward will be to capitalise on this learning and incorporate successful elements of the pilot into delivery as Keep Well/ Well North health checks are mainstreamed.

6.4 Key learning points

There are a number of key learning points arising from SAS working in partnership with other organisations in the delivery of the RACPP. These can be applied to the future delivery of anticipatory care, in particular where SAS's role can be most usefully utilised. The lessons are summarised below:

6.4.1 Setup and planning

The setup of the pilot project and gaining all partners' buy-in takes time but is fundamental to the project's success

The original RACPP timetable of setup and delivery within an eight month timetable was optimistic given the level of time required to a) gain buy-in from the local areas b) setup systems and procedures c) recruit and train paramedics and d) engage patients. It is vital to allow sufficient time to ensure that all staffing and resources are in place in advance of delivery.

The project's slow start was in part due to the project being devised and developed at a national level – greater involvement from the local areas earlier on in the project's scoping could have identified issues and risks and enabled a smoother early delivery process. Local input to the design of the project is crucial in terms of building on local intelligence, the lessons from previous work in the area, knowledge of patients, the local community and GP practices and local service delivery. The planning stage of any future project should include scoping of all critical systems and processes at a local level to identify and address issues early e.g. relating to data handling and protection.

It is vital to align local priorities with project design and development

As above, local buy-in to the project's design and development is crucial. The RACPP's original rationale was based on the idea of paramedics delivering health checks within local communities, on an outreach basis. However it soon became clear that this would not fit with local priorities particularly in Well North areas, which advocate a policy of encouraging residents to travel to access health services. Flexibility and adaptability to Local Health Board approaches is therefore particularly important and should be recognised at national level.

Local Health Boards and SAS should be jointly involved in all stages of the planning and setup

Joint working between Local Health Boards and SAS improved as the project progressed however in the setup stage there needs to be close co-

operation. As an example, the Local Health Boards who were effectively providing the management of the project at a local level were not involved in the recruitment of the paramedics.

All partners must have clearly defined and agreed roles and responsibilities at each stage, from planning and implementation to delivery. This includes identifying and agreeing who is involved in recruiting and training the paramedics, who manages their workload and where responsibilities lie for monitoring RACPP activity and outcomes. It also includes addressing issues such as Information Governance.

6.4.2 Delivery

Paramedics are well positioned to deliver anticipatory care as part of a wider model

One of the key lessons from the evaluation is that paramedics have the skills and ability to play an important role in the anticipatory care agenda. Patient satisfaction was extremely high, and Local Health Boards were very positive about the role and performance of paramedics. Developing a clearly defined role for paramedics which is both cost and time effective in this agenda is a key priority going forward for both SAS and any Local Health Board wishing to adopt this model.

There must be comprehensive induction and ongoing support for paramedics delivering health checks

All of the paramedics who delivered health checks were proactive and demonstrated commitment to the role, but it is important that partners do not underestimate the amount of time required both at the induction stage and through ongoing support to paramedics as they develop their skills and knowledge. Time for ongoing support and assistance accounted for a significant proportion of the in kind staff time committed to the RACPP cited by each of the Local Health Boards.

Success can depend on the individual skills of the paramedic – it may not be suitable for all paramedics

The project requires certain skills from the paramedics and feedback both from the Local Health Boards and the paramedics suggested that delivering this type of anticipatory care activity may not be suited to all paramedics. The RACPP was fortunate in that the paramedics recruited had a close skills match with the competencies required in anticipatory care roles and had the personal attributes for the role.

Getting buy-in from GPs can be difficult – participating GP practices must be active and engaged

For a number of reasons, in particular time and cost, the ability to gain buy-in to the project amongst GP practices was varied. The project worked well in those instances where there was a committed GP practice to assist with targeting and engaging patients. There is still an ongoing need to increase the commitment of GPs to the anticipatory care agenda, in particular through

providing evidence of the benefits to individual patients.

Delivering health checks outside of GP surgeries takes time and careful planning

The project did not fully test the model of delivering health checks within the community, at homes and local venues. However where this was trialled for example in Ayrshire and Arran, the experience identified the need to plan ahead and develop a calendar of local opportunities on which to deliver the health checks.

6.4.3 Targeting, monitoring and referrals

Establishment of effective mobile health data recording and transfer systems

Though not unique to the RACPP, the pilot did not fully succeed in designing and establishing new, effective mobile health data recording and transfer systems (one of the initial objectives of the pilot as set out in Chapter 1). It did however identify some of the issues that can arise in designing systems for recording and transferring data which is a valuable outcome from the pilot.

Monitoring and referral systems

Whilst the patient survey and case studies probed for, and found, examples of how the project had assisted patients in terms of diagnosing issues, adapting behaviour and making referrals (to an extent) no formal systems were in place to monitor take up of referrals and outcomes on an ongoing basis. This was not a specific objective of RACPP but is an important learning point coming out of the pilot, as the lack of monitoring data has limited the RACPP's ability to evidence the way in which it has impacted on underlying causes of ill health and increased engagement of target populations. Linked to this, paramedics would have benefited from having a more in depth, comprehensive understanding of the range of services that they could refer patients to.

Letters with follow up phone calls from GP practices are effective in reaching target groups

The patient survey and case studies show that for those who had health checks, a personal letter asking them to attend was effective. Word of mouth and peer recruitment are also effective in encouraging patients to undertake a health check.

Interviews with local partners also indicated that engaging patients is particularly successful where there is a close working relationship with GPs, and GP practices are committed to raising awareness and inviting patients to a health check.

Additional methods of engagement remain to be tested

Although the direct targeting of beneficiaries enabled the project to recruit approximately 150 patients (and in some cases the potential list of beneficiaries was exhausted by GP practices) the project did not use wider engagement methods for example through employers or at community events. The opportunity remains to make greater use of non-GP practice settings to undertake health checks, notably through community venues and

workplaces, by participating in planned events, closer engagement with local communities and through social media to raise awareness about the health checks.

7 Conclusions, learning and recommendations

7.1 Conclusions

The RACPP aimed to test the effectiveness of the delivery of H8 inequalities targeted health checks by paramedics in three locations: Orkney; Highland, and Ayrshire and Arran. The project represented an ambitious pilot approach which was delivered in a short timescales and which brought together NHS partners (NHSHS, three Local Health Boards and SAS).

Some issues in the early stages of the project affected the scale of delivery that could be achieved. These included some inevitable challenges in extending SAS beyond its core area of work and in understanding the complexities and practicalities at a local level of a project conceived nationally. In particular, it became clear that delivering domiciliary and community based health checks would not be practical within the given pilot delivery timescale and contradicted local policy of encouraging people to attend their GP practices within NHS Highland and NHS Orkney. However within Ayrshire and Arran this option was used and a small amount of health checks were carried out in the home setting.

Given their own local infrastructures and policies, each of the local areas developed positive and creative responses to implement the pilot. It is apparent that the RACPP contributed towards the delivery of H8 targets within each of the Local Health Board areas.

There is a high level of patient satisfaction with the health checks, and in a number of instances patients have reported making changes to their lifestyles and re-engaging with health services.

The RACPP successfully demonstrated that paramedics are well placed to deliver health checks and play an important role in the anticipatory care agenda. The project helped to further develop their skills and utilise them with a wider audience. It also raised the profile of paramedics in the areas in which they delivered health checks. One of the key challenges for the future will be sustaining these benefits and capitalising on the skills and knowledge they have developed.

The table overleaf provides a summary assessment of the extent to which the RACPP has achieved its objectives.

Table 5: project performance against key objectives	
Objectives	**Progress**
To develop effective joint working arrangements	Through the RACPP, three Local Health Boards and SAS worked together to plan and implement the project and deliver health checks.
To develop capacity within SAS to deliver health checks	As a result of the project, seven paramedics have been trained to deliver health checks and three have had direct experience of delivering them. The RACPP has therefore been successful in building capacity in SAS to deliver health checks.
To agree specific populations for paramedics to target for health check engagement	GP practices identified patients to invite for a health check. The project reached a number of patients who otherwise may not have had a health check. There was no specific targeting of groups that would particularly benefit from a health check through a paramedic model e.g. homeless or travelling populations
To support the delivery of each Local Health Board's H8 targets	The project contributed to delivering H8 targets in each of the three participating Local Health Boards to greater or lesser extent.
To design and establish effective mobile health data recording/transfer systems	Time constraints and some of the challenges that faced the RACPP meant that the project did not design and establish new mobile health data recording systems. Monitoring referral procedures were relatively minimal.
To test and establish effective work patterns	On the whole, the paramedics were able to establish effective work patterns although the extent to which health checks could be incorporated into existing shifts was not tested. This is partly because of the complexity of paramedic work patterns and timings can be difficult to manage, particularly in rural areas where there are often significant travelling requirements.
To identify broader health improvement roles for SAS	The pilot has demonstrated that SAS staff can play a role in delivering anticipatory care services. It is continuing in one of the three areas and it remains to be seen how this model may be progressed elsewhere.

To establish lessons for dissemination and future application	The project identified a series of lessons and has added a significant amount of learning that can be disseminated and drawn on in the future.

7.2 Learning and recommendations

The evaluation of the RACPP identified a number of learning points for the delivery of future programmes. These are:

Setup and planning lessons

- The setup of the pilot project and gaining all partners' buy-in takes time but is fundamental to the project's success.
- It is vital that the design and development of the project takes account of the policies and priorities in Local Health Boards and in SAS. A shared vision should be agreed at the start of any programme.
- Local Health Boards and SAS should work together at all stages of the planning and setup to draw on the expertise of both. This should encompass joint working and consultation with any new paramedics and ensuring a whole team approach to management and delivery.
- Service Level Agreements should be agreed from the outset.

Delivery lessons

- Paramedics are well positioned and able to deliver anticipatory care health checks.
- There must be comprehensive induction and ongoing support for paramedics who are delivering health checks.
- The individual skills and attributes of paramedics are important for success at local level.
- Encouraging GPs to actively participate can take time but it is critical to secure their buy-in.
- If health checks are to be delivered in community settings and at events, then there needs to be sufficient lead in time to identify and take up opportunities.

Targeting, monitoring and referral lessons

- Letters with follow up phone calls are effective in reaching target groups however there is scope to try different approaches which may prove effective with people who did not take up the offer of a health check in the RACPP.

- Before delivery commences, having robust monitoring and referral systems in place would be beneficial. They need not be complex or over onerous.

7.3 Future delivery

The continuation of the pilot project in Highland provides the opportunity to test the model further, in particular through widening the methods of engagement with patients and collecting further evidence on changes to health and lifestyle resulting from the health checks. This could include applying some of the lessons identified through this evaluation, continuing to develop learning from the on-going work in Highland and evaluating the findings from Highland going forward. Across all three areas, Local Health Board and SAS staff will continue to build on the achievements and learning of the RACPP and will be able to transfer that learning to their wider programmes and their core work.

It will be important to clarify the ongoing role of paramedics within the rural and urban care agenda particularly so that the skills developed by the seven paramedics trained through the programme continue to be utilised.

The evaluation clearly shows that the RACPP has been very successful in a number of key areas and has benefits to patients, Local Health Boards, SAS and other key delivery staff. It has generated new learning that would not have been achieved without it and the organisations involved have all demonstrated their commitment to build on this learning and on the partnership working developed through the RACPP.

8 References

Dobbie,F., Ormston, R. (2011) Evaluation of Anticipatory Care Community Pharmacy Programme, NHS Health Scotland

Fyfe, A., MacMillan., K.,McGregor,T., Fleming,R., Callaghan,M. (2011) Well North anticipatory care project evaluation, NHS Health Scotland.

Mackenzie, M., O'Donnell, C., Reid, M., Turner, F., Wang, Y., Clark, J., Sridharan, S., Platt, S. (2010) National evaluation of Keep Well Interim Report: National Level, NHS Health Scotland.

Mackenzie, M., O'Donnell, C., Reid, M., Turner, F., Wang, Y., Clark, J., Sridharan, S., Platt, S. Policy and practice paper 1: Keep Well and the Development of Anticipatory Care Approaches in Primary Care, NHS Health Scotland.

Mackenzie, M., O'Donnell, C., Reid, M., Turner, F., Wang, Y., Clark, J., Sridharan, S., Platt, S. (2010) National evaluation of Keep Well: Policy and practice paper 2: Defining and operationalising the Keep Well target population: 'the hard-to reach', NHS Health Scotland.

Mackenzie, M., O'Donnell, C., Reid, M., Turner, F., Wang, Y., Clark, J., Sridharan, S., Platt, S. (2010) National evaluation of Keep Well: Policy and practice paper 3: Models and impact of outreach in Keep Well, NHS Health Scotland.

Mackenzie, M., O'Donnell, C., Reid, M., Turner, F., Wang, Y., Clark, J., Sridharan, S., Platt, S. (2011) National evaluation of Keep Well: Policy and practice paper 4: Keep Well – Reach and Engagement, NHS Health Scotland.

Mackenzie, M., O'Donnell, C., Reid, M., Turner, F., Wang, Y., Clark, J., Sridharan, S., Platt, S. (2011) National evaluation of Keep Well: Policy and practice paper 5: Who are reached by Keep Well? Characteristics of attendees by cardiovascular risk factors, NHS Health Scotland.

NHS Health Scotland. What is Keep Well? Leaflet available here:

http://www.healthscotland.com/documents/4090.aspx

(last accessed 20th September 2011).

NHS Health Scotland. Information about Keep Well. Available here:

http://www.healthscotland.com/anticipatory-care/programmes/keepwell.aspx

(last accessed 20th September 2011).

Scottish Executive (2005). *Delivering for Health.*, Scottish Executive Edinburgh.

Scottish Government (December 2007) Better Health, Better Care: Action Plan. Scottish Government, Edinburgh.

Scottish Government (March 2011) Keep Well Extension Programme Guidance for NHS Boards. Scottish Government, Edinburgh.

Appendix 1: Patient case studies

Overview

The evaluation team undertook twelve in-depth telephone interviews with patients (six male, six female) to gain a more detailed understanding of their experiences during and after the health check. The 12 patients were selected on the basis of the responses they gave in the initial survey of 66 patients. They were selected because their survey responses indicated that they could potentially provide useful additional information and learning for the evaluation of the RACPP. The sample of 12 patients comprised:

- two patients who had a previously unknown health condition identified through the health check (case studies 1 and 2)
- four who were advised to contact or were referred to GP or another service (case studies 3 to 6)
- one who rarely engaged with health services (case study 7)
- one who reported that they regularly engaged with health services (case study 8)
- one who had made changes to their lifestyle (case study 9)
- two who gave negative feedback about the health check (case studies 10 and 11)
- one who had previously had a health check through a different programme (case study 12).

Whilst the patients were selected on these bases, for some, there was crossover for example patients who were referred to other services may also have made changes to their lifestyles and patients for whom a previous undisclosed condition was identified, were then referred to their GP. All of these elements were explored in the interviews and are recorded in the case studies.

The case studies set out the background to the health check and what motivated the individual to attend. They go on to report on the patients' experiences of the health check, the advice and information they were given and the follow up actions or changes that they made as a result of the health check.

The case studies provided additional data and learning to complement the findings from the patient survey and stakeholder interviews. The key learning is summarised at the end of this appendix.

Patient case study 1 – patient had a previously unknown health condition identified through the health check

Background to the health check

The patient, a female in her mid fifties, was invited by letter to attend her local health centre for a health check. Prior to the health check she had visited her GP once in the previous four years.

Reason for attending the health check

She thought it might be worthwhile attending the health check as it might identify an issue that she was not aware of. She attended with her husband who was invited at the same time.

Experience of the health check

The patient felt at ease during the health check and she felt comfortable and confident to discuss her health with the paramedic. She reported that the paramedic was friendly and she felt confident that the paramedic had the required skills to carry out the health check effectively. The paramedic clearly explained each element of the health check.

The patient was very satisfied with her experience of the health check and she would recommend it to friends and family.

Advice provided

The results of the health check showed that the patient had high cholesterol. She had been unaware of this and believed that her raised cholesterol would not have been identified at such an early stage without the health check.

- The paramedic advised her to attend her GP for further tests and advice about her cholesterol. During the health check the paramedic gave her advice about the changes she could make to her diet to help lower and control her cholesterol.

Actions

Since receiving the results of her health check, the patient has visited her GP for a fasting blood test to confirm that her cholesterol is raised. Her GP gave her very similar advice to the paramedic about dietary changes she should make.

Following the advice from the paramedic and the GP, she has made a number of changes to her diet. She now carefully considers the fat content of the food that she eats and tries to use low fat alternatives.

She reported that although she already knew that low fat foods contribute to a healthier diet, she would have continued to eat high fat foods because she was not aware of her raised cholesterol. The health check identified a health issue that she is now managing to control through making what she reports as:

> ‘Small, simple changes’.

As a result of her experience of the RACPP health check, she is now more conscious of the fact that some health issues do not have obvious symptoms

in the early stages and she will now be more willing to visit the GP for routine issues and screening.

Patient Case Study 2 – patient had a previously unknown health condition identified through the health check

Background to the health check

The patient, a male aged 60-64, had not visited his GP in over a year. He is registered disabled as a result of arthritis and recently had to stop working as a result of the condition. The patient was invited to attend a health check in a letter from his GP.

Reason for attending the health check

The patient's wife was keen that he should attend and encouraged him to do so. She believed that it was a useful opportunity to check his health and identify any potential issues over and above his existing condition (arthritis).

He was aware that his fitness had dropped since he gave up his active job. During the winter he had taken less exercise than usual and he had gained some weight.

It was a combination of all of these factors that made him decide to have the health check.

Experience of the health check

The patient was very satisfied with the health check and commented on the excellent technical and personal skills of the paramedic. He reported that the paramedic explained everything clearly and put him at ease. He felt confident to discuss all aspects of his health with the paramedic.

He was very positive about the health check and commented on the value of the service to help people identify and manage health issues. The patient would recommend the health check to family and friends.

Advice provided

There is a history of coronary heart disease in the patient's family and he thought that he knew the signs, symptoms and associated risk factors. He was therefore surprised to find out through the RACPP health check that his blood pressure was dangerously high.

As a result of his high blood pressure, the paramedic advised him to make a follow up appointment with his GP.

During the health check, the paramedic also told him that his body mass index (BMI) showed that he was close to being overweight. The paramedic advised him to eat more healthily and take more exercise. They gave him guidance and suggestions on changes he could make to his diet and his lifestyle.

Actions

The patient followed the advice of the paramedic and made a follow up appointment with his GP. The GP carried out some further tests and prescribed medication to control his blood pressure. He has regular appointments with his GP to monitor this condition.

The GP told him that his raised blood pressure put him at considerable risk of a stroke. If he had not been invited to attend for a health check, this risk would

not have been identified at such an early stage and he would not have known to take preventative action or talk to his GP about it.

Following the advice of the paramedic and subsequent advice of the GP, he has stopped snacking between his meals, he eats more healthily and has lost weight. He commented:

> ‘It just shows how it creeps up on you. In the past my blood pressure was sometimes high, but always under the line. I am pretty well clued up but you could have knocked me down with a feather…I am amazed I didn’t notice anything’.

During the interview with the evaluation team, he said that, as a result of the health check, he will be more likely to regularly engage with GP services in order to identify and address any health issues at an early stage.

Patient Case Study 3 – patient was advised to contact or was referred to GP or another service

Background to the health check

The patient is aged between 55 and 59 and works for a local authority in outdoor education and also, with a mental health charity. He does not visit his GP regularly as it is some distance from his home.

He was invited to attend a health check in a letter from his GP.

Reason for attending the health check

Despite not going to his GP often, he had been experiencing ill health recently and had attended a GP appointment.

Given the patient's ill health, he thought it would be sensible to take up the offer of the health check and felt that it would be worthwhile because, as he gets older he believes it is important to proactively look after your health. He commented that:

'I feel that a little preventive medicine is a good move. And the stress at work means that I, like my colleagues, are struggling'.

Experience of the health check

The patient reported that the health check had been a very positive experience in terms of the knowledge that the paramedic had and the reassurance that he felt during the check. He felt at ease and was happy to discuss all aspects of his health and well-being including what could potentially be quite sensitive issues.

He also commented on the positive attitude of the paramedic and the clear signs that the paramedic was aiming to give a very thorough health check.

> 'The paramedic had a body of knowledge and was keen to impart it and provide useful advice. I thought that the paramedic was nervous as (they were) aware that it was a pilot scheme and obviously was keen for it to go well, and (but) I felt reassured, which was another reason why I was happy to take part in the follow-up survey'.

In his view, the benefit of being invited to a health check is the difference between being reactive and proactive. He thinks there is a place for "preventive medicine":

He suggested that it might be useful to target tourist populations in the area by delivering the health checks at a local outdoor centre. The centre is closer than the GP surgery to the resident population as well as to tourists.

Advice provided

The patient was given advice on how he could improve his diet.

> 'Because it was winter and I was pushed in terms of time at lunch I was going out to the burger van at lunch, and it was beginning to show as well, so the advice was quite right'.

The paramedic asked him questions relating to his alcohol intake and general life style including mental well-being. He discussed with the paramedic the fact that he can sometimes feel stressed and also described some signs

that might indicate depression. The paramedic advised him to seek further advice and support from occupational health services within his organisation.

Actions

The patient contacted the occupational health service provided by his employer but was advised that the service could not accept self referrals. The occupational health service suggested that he contact his employer's HR department for a referral but he was reluctant to do so. As a result, he has taken no further action, commenting that:

> 'Having worked in mental health if people express difficulty with mental well- being there is always a stigma'.

He has followed the advice to eat more healthily and reduced the saturated fat in his diet.

Patient Case Study 4 – patient was advised to contact or were referred to GP or another service

Background to the health check

This patient is aged 45-49 and found out about the health check through a letter from his local GP. The patient would not have attended a health check had he not received a letter and reported that a personalised, targeted invitation is the most effective method. He would not have responded to an advertisement or poster.

Reason for attending the health check

The patient decided to attend the health check as it seemed a sensible idea and would not cost anything other than travel costs.

> "It was offered, it was free and largely seemed a good idea".

Experience of the health check

The health check took place at the GP surgery which he felt was a suitable venue. Although the patient was slightly surprised that a paramedic delivered the health check rather than a doctor or nurse, he did not consider this to be an issue.

> 'The paramedic was pretty knowledgeable so it was fine'.

Prior to the RACPP health check the patient had not been aware that paramedics could undertake the checks. He was very satisfied with the health check process and said that:

> 'The paramedic was good at explaining things and although I didn't have many questions, what I did ask was answered well. The process was pretty good'.

- The patient indicated that he would recommend the service to a friend as the health check was both a positive experience and gave him very useful advice and encouragement.

Advice provided

- The health check did not identify any health issues that the patient was previously unaware of, although he was advised to do more exercise and improve his diet.

  "To be honest I expected that as I don't usually do that much exercise and I often eat fatty foods. However I think it needed someone independent to tell me this'.

- The patient was referred to a GP for more detailed checks and advice.

  'The paramedic was really helpful, as was the GP in terms of having somebody to talk to generally about my health. It's the first time I have really done that'.

Actions

- As a result of the health check with the paramedic and the subsequent GP visit, the patient reported that he had made positive changes to his lifestyle.

‘I do more walking now. I won’t always get in the car to go places and I think I am eating better although I probably still need a better diet’.

Patient Case Study 5 – patient was advised to contact or were referred to GP or another service

Background to the health check

The patient, a female aged 40-44 years, attended her local GP practice for a health check following a letter of invitation from the surgery. She is in employment and does not regularly attend her GP.

Reason for attending the health check

Recently, the patient had been slightly worried about her cholesterol level so when the letter arrived inviting her for a health check she thought it was a good opportunity to have her cholesterol checked along with other aspects of her health.

Experience of the health check

Before attending the health check, she had a reasonable idea of what the health check might entail. It met her expectations and she was confident that the check was thorough. It allowed adequate time for her to discuss with the paramedic all of the issues and concerns that she had.

During the health check the patient felt at ease and she felt that the paramedic listened carefully to her. She reported that the paramedic clearly explained all of the elements of the health check. The patient commented that the service provided by the paramedic was:

> 'Wonderful'.

She felt that a lot of time and resource had been committed to ensure that the health checks and anticipatory care were a priority in the area.

Overall the patient was satisfied with the health check (particularly the service delivered by the paramedic) and has recommended to other family members that they should also attend.

Advice provided

The patient was advised by the paramedic to contact her GP practice for the results of her blood tests. She did this and was informed that the health check had identified raised cholesterol levels, there is a history of this in the patient's family.

Actions

The patient followed the advice of the paramedic and visited her GP to discuss the issue. She was told by the GP that although her cholesterol was raised, it was not at a level that required medication to control it. She was advised to have it re-checked in a year's time.

Although the patient believes that her cholesterol is not dangerously high, she was disappointed in the follow up service provided by the GP after the initial health check. The GP did not give her any advice or information about how to manage her cholesterol. She does not have internet access which she says would allow her to research it further herself.

She is aware that she should reduce her saturated fat intake and increase her level of physical activity. She would however have valued additional information on this from the GP.

The patient commented that she would have liked to see the paramedic again to receive her test results and discuss the issues. She felt her experience of the overall health check process would have been enhanced if she been able to follow up with the paramedic and build on the rapport they had established during the health check. This would, in her view, have provided more consistency.

She also feels that the service offered by the paramedics could have been improved if they had provided her with literature and leaflets on how to control her condition.

Patient Case Study 6 – patient advised to contact or were referred to GP or another service

Background to the health check

The patient is aged between 50 and 54 and works as a home help. She had not visited her GP recently and was invited, by letter, to attend a health check.

Reason for attending the health check

Two years ago, this patient experienced a period of poor health but is now in better health and does not attend her GP as frequently as she previously did. Despite this improvement in her health, she decided to attend the health check as a precautionary measure. She commented that:

> 'I hadn't been to the doctor for a while, and the likes of blood pressure is something you need to get checked. It's not something you know if you have any problems with and unless you're at the doctor for something you don't necessarily get your blood pressure taken'.

She said that she would have been unlikely to have attended the health check if she had visited her GP recently.

Experience of the health check

The patient reported that she had not been told in advance that a paramedic would be carrying out the health check and had expected that it would be delivered by the practice nurse. She was surprised to see the ambulance outside the surgery and assumed that it was attending an emergency. She was surprised when a paramedic called her in for the health check as the letter did not say who would be carrying out the health check:

> 'I was sitting in the waiting room and next minute the paramedic came out in a green suit and it was for me. I wasn't bothered as my daughter is a nurse but it was just a bit surreal, a paramedic'.

Despite this initial confusion, the patient felt reassured by the health check and found the paramedic to be approachable, professional and knowledgeable.

Advice provided

The paramedic advised her to give up smoking and to seek support from a smoking cessation service. She valued this advice as she had tried to give up on a number of occasions. Her brother suffers from smoking related illnesses and this is motivating her to give up.

She told the paramedic that she would like to lose some weight and that doing this would also give her the impetus to try to stop smoking although she worried about the consequences on her eating:

> 'I have put on a bit of weight recently... and that in itself – oh it's the thought that you will put more weight on (by giving up smoking)'.

The paramedic told her that she was within the acceptable weight range for her height, but suggested that if she is unhappy with her weight and how she feels, then eating healthier food would be beneficial. The paramedic acknowledged that giving up smoking is challenging and the patient

appreciated this supportive attitude.

Actions

At the time of the interview, this patient had not taken any actions to stop smoking or to adjust her eating but she reported that she intends to contact the smoking cessation service and to try to eat more healthily.

Patient Case Study 7 – patient rarely engaged with health services

Background to the health check

The patient is aged 60-64 and works for a civil engineering firm. He works long hours, often 10 hour shifts, involving a 150 mile round trip every day. He has rarely engaged with health services and has never been admitted to hospital. He last visited a doctor seven years ago as a result of an accident at work.

He received a letter from his GP inviting him to attend a health check. He had had a health check in 1993 and so had some understanding of what may be involved in this health check and what he might expect.

Reason for attending

The main reason he attended the health check was that his wife wanted him to have his cholesterol levels checked. She was also conscious of her own weight and health which meant that she was keen for him to have his weight and health checked (she also attended an RACPP health check). He had some underlying health concerns as his mother has diabetes and both parents suffer from angina. The combination of all of these factors encouraged him to take up the opportunity of having his health checked.

Experience of the health check

The patient was satisfied with the health check and he felt reassured that nothing negative was identified through the tests. He also had a bowel screen after the health check which also showed that there were no issues so he is feeling positive about his health. He was very satisfied with the health check and felt that it covered everything that had worried him previously.

Advice provided

The paramedic advised him to be more physically active however he works in a manual job that involves a lot of physical activity and he does not feel that he needs to do additional exercise. He told the paramedic that he has a tendency to snack when he returns home from work. The paramedic asked him about his alcohol intake but did not highlight any problems or concerns about his level of drinking. The paramedic advised him to maintain a healthy weight through exercise and to be conscious of eating more healthily.

Actions

The patient will be retiring in two years time and feels very positive about it. At that stage he intends to spend his time working in his garden which will ensure that he continues to be physically active. The health check reinforced some of the messages that he was already aware of – the importance of diet and exercise and has encouraged him to make changes to his eating habits.

Patient Case Study 8 – patient regularly engaged with health services

Background to the health check

The patient is aged between 55 and 59 and has not worked for 10 years because of ill health. He visits his GP regularly and is registered as requiring long term care. The patient's mobility is very limited and he finds it very difficult to leave the house without assistance.

> 'I can't walk further than two lamp posts. If it's a wee short distance like crossing a road - no problem. Hopefully I'll get round to do a wee bit more walking. It's a long process. The walking side only is the problem, everything else I can do. My house work is no problem. It's getting from here to there'.

Reason for attending the health check

The patient was phoned by his GP surgery and invited to the health check. He decided to attend because he was concerned about high blood pressure which he had previously been diagnosed with.

Experience of the health check

The paramedic did not identify anything new through the health check, but overall the patient was satisfied with how the health check was conducted and the information he was given. Attending the health check and undergoing the tests and checks reassured him.

Advice provided

The paramedic advised the patient to remove salt from his diet however the patient was not prepared to act on this.

The patient had been concerned that he was developing diabetes however the test showed that he is not diabetic although it did identify high readings suggesting that he may be at risk of developing Type 2 diabetes.

Actions

Partly as a consequence of the findings from the health check, the patient has decided to visit his GP in order to have his current medications reviewed.

Patient Case Study 9 – patient had made changes to their lifestyle

Background to the health check

This patient is a 55-59 year old female who found out about the health check in a letter from their GP surgery. In her view, a direct invitation in a letter is the best way to persuade people to have their health checked.

> 'If people saw posters they'd think it was voluntary and you didn't need to go. It was more personal to get a letter, it was a better way to tell somebody. It is still voluntary but a letter is helpful to encourage you'.

The health check took place at the patient's local GP surgery, which she patient felt was the best location for it and it is accessible.

Reason for attending the health check

The invitation to the health check was timely, as the patient had been thinking of having her health checked.

> 'I was worried about my cholesterol and felt it could be high. I had just reached 56 and my mother passed away'.

Experience of the health check

The patient was very satisfied with the health check and would recommend it to friends or family.

> 'It is good for everybody to know how your general health is, but particularly for me. I was brought up on a dairy farm and as such I need my cholesterol examined'.

The patient was very complimentary about the experience of having a health check with a paramedic and believed it was preferable to an appointment with a doctor. She believed that the paramedic was very thorough and took time to talk to her about each health area and potential issue.

> 'They change doctors all the time so there's no consistency. I feel they don't look at your notes or know you. It would be better if we had one doctor to have a rapport with in a similar way to the paramedic who I was very happy with.'

Advice provided

The health check showed that the patient has high cholesterol. The paramedic advised her to exercise more regularly and make changes to her diet. The paramedic told her about services that support healthy eating and recommended that she attend one although she was not given a direct referral to a service.

Actions

Following the health check and based on the information and advice provided by the paramedic, the patient has adapted her lifestyle by adjusting her diet and taking more exercise.

> 'I now do more physical activity. I eat more fruit and veg, low fat milk, wholemeal bread, wholegrain cereals. I am also looking for a

WeightWatchers and if there is one I'll join in. The paramedic did recommend I attend a healthy eating service. I haven't attended it yet but will do sometime'.

Patient Case Study 10 – patient gave negative feedback about the health check

Background to the health check

The patient is a self employed publican aged between 55 and 59 who works long hours. He had not been to the doctor for about a year.

Reason for attending the health check

When he was arranging a repeat prescription it was suggested that he could attend a health check and this was followed up by a phone call from the GP surgery. He decided to attend because he had a few concerns which he felt were too minor to discuss with a GP and added to this, he did not know the GP who was working at the surgery at that stage which made him reluctant to make an appointment.

Experience of the health check

He reported that in his view, the paramedic probably did not have the right level of skills and knowledge to provide him with the type of advice he thought he needed. He felt that someone who was perhaps, in his perception, more highly qualified and more experienced in delivering health checks would have been able to explore issues in more detail, ask more probing questions and more readily recognise issues that needed to be pursued.

Despite this, he believes that health checks are useful for people who do not go to the doctor regularly. It helped to reassure him about his health but he reported that the health check would be more effective if there was some follow up after the check to encourage people to act on the information and advice provided:

> ‘I just say oh I’ll go next week to the doctor and next week comes and there is always a good reason not to go, as I have a busy life, and I always keep putting things off’.

Advice provided

The paramedic advised the patient that he had high blood pressure and to attend the GP for a follow up appointment to address it. The paramedic also advised him to take more exercise.

He was also advised during the RACPP health check to adjust his diet to eat more healthily.

Actions

At the time of the interview, the patient had not visited his GP to discuss his blood pressure however he reported that he plans to do so.

He has tried to take more physical activity but has found that it causes him back pain (from a pre-existing condition). He understands that he should eat more healthily but finds it difficult to adhere to a healthy diet.

Patient Case Study 11 – patient gave negative feedback about the health check

Background to the health check

This patient is a female in her mid to late 50s who does not drink alcohol or smoke. She lives in an isolated community and heard about the health check through a poster in a local community venue. Having seen the poster, she received a letter from her GP surgery inviting her for a health check. Before she had time to respond (which she intended to do), the surgery phoned her.

Reason for attending the health check

Because the letter and call came from her GP, she agreed to have a health check as she trusted this source. She had already been considering having her health checked due to her age and some minor health concerns. She reported that she is interested in her health and considers how her lifestyle impacts on it.

In her view, posters alone will not encourage people to have a health check. She thinks that letters and flyers delivered to peoples' homes is the most effective means of recruiting people, in particular those who are more isolated and who, in her words:

> 'Don't get out much'.

Experience of the health check

The health check took place in the GP surgery and she believes that a health setting is the most appropriate place for a check of this sort. She would have not been comfortable having the health check in a non-health setting.

Prior to the health check she thought that she had a clear idea of what it would include but it did not cover everything she had expected or hoped for. She thought it would be more thorough and probing. She said that:

> 'It was a questionnaire that I could have filled in myself'.

She would have liked, and expected, more tests to be included such as: a test for diabetes, what she termed "a balance test" (an ear nose and throat based test for balance and dizziness) and a bladder test. In her view, the health check was not a full or "proper" medical check and it left her feeling dissatisfied. She therefore is not confident that she has had a full check up and is not convinced that she has no underlying health issues.

She said that the atmosphere was friendly but that she did not feel at ease. She did not find the experience a comfortable one because she was not confident in the test or the paramedic conducting it.

She wanted something that she perceived to be more credible and medically based. It was not the fact that the health check was conducted by a paramedic that troubled her, it was the content of the check itself which she felt was lacking.

The patient felt that the health check did not answer the questions she had about her health, did not result in her being given any useful advice about her health and she was not referred for further health care support which is

what she expected. She felt that is was more suited to teenagers who need healthy living advice rather than people of her age who she believes need a different sort of health check.

She would not recommend the check to other people and would not attend another similar check.

Advice provided

She was given advice about slight changes to her lifestyle which were around healthy eating and physical activity. In her view, everyone knows about the importance of diet and exercise and should not need a health check to tell them about it.

Action

The patient did not take any actions as a result of the health check. The reason she gave for not taking up the advice about diet and physical activity is that it didn't tell her anything that she was previously unaware of and she found it patronising.

She is no more likely to attend her GP now than before the check.

Patient Case Study 12 – patient had previous experience of a health check

Background to the health check

This patient is male and in his mid to late 50s. He received a letter from his GP surgery inviting him for a health check. He had previously been for a health check through another programme and assumed this one was a follow up to that.

Reason for attending the health check

He thought that it would be a good idea to have his health checked because he had a few concerns and there is a history of heart disease in his family.

His main motivation for attending the two health checks was his belief that early diagnosis of any illnesses or conditions is positive and can help you to take early, preventative action.

Experience of the health check

He believes that a letter is the best way to invite someone to a health check as it gives them the time to consider the offer and decide whether or not to take up the opportunity. He was happy that it took place at the GP surgery and thought that it was the most appropriate venue for a health check as it is in a medical setting rather than in a community base. The patient felt at ease during the health check and was happy to discuss his health and any concerns and lifestyle behaviours with the paramedic. Whilst he did not have any specific issues with the way the health check was conducted, he felt it was less thorough than the other one as it included fewer tests. In the interview with the evaluation team, he said that he was under the impression that it was conducted by a nurse (rather than a paramedic) and that the person who conducted it was less well informed than at his other health check. He commented that he was less convinced of the thoroughness and credibility of the RACPP health check.

He would have liked the paramedic health check to include prostate cancer screening which was included in the other health check. In his view, a screening every three years is insufficient, illustrated by his comment:

> 'I think that three years is a long wait for a health check'.

Advice provided

During the health check he was told by the paramedic that he had raised blooded pressure. The paramedic advised him to reduce his alcohol in-take and undertake more physical activity. He reported that he did not need advice on how to be more active and indicated that he found this patronising.

Actions

Since the paramedic health check, the patient has visited his GP twice to follow up on the issue of his raised blood pressure. Prior to the health check, he did not regularly attend the GP.

In the first (non RACPP) health check he was advised to reduce his alcohol intake and to take more exercise but he did not follow this advice. Despite reporting that he did not value the RACPP as much as the previous one,

he followed the paramedic’s advice on these changes to his lifestyle for example he is now walking and cycling more than he did. He also visited his GP. It may be that the paramedic reinforced the messages from the first health check and that the combination of the two persuaded him to make the changes. His GP also advised him to change his lifestyle in order to reduce his risk of heart disease and this is likely to have influenced his decisions about diet and exercise.

Summary of key learning from the case studies

The interviews with the 12 patients provided some important learning points, many of which reflect the learning points from the stakeholder interviews and the patient survey. The key learning points from the in-depth interviews are:

- direct correspondence from a health care professional (letter or phone call) is an effective way of engaging people in health checks
- for many, patients a health setting environment was the most appropriate type of venue e.g. within a GP surgery
- there was a suggestion that using locally based, community venues might make the health checks more accessible to some groups in the population for example those who live in isolated areas or who might be reluctant to attend a GP surgery
- it is important that patients know in advance that the health check will be conducted by a trained and experienced paramedic. This should also be covered when they arrive for the health check at the reception desk
- the majority of patients were satisfied that the health check was delivered by a paramedic and felt that it brought some benefits, for example that they were not local to the area and so they felt comfortable talking about some personal issues
- a couple of people perceived that the paramedic is not sufficiently skilled or experienced to deliver a health check and it is important that during the engagement stage, it is clear that the paramedic is trained and experienced
- patients value when the paramedic engages with them on a personal level and demonstrates their understanding of the challenges of making lifestyle changes for example changing diet or stopping smoking
- the health checks have an important role to play in improving the health of the patients. Several of the health checks identified previously undisclosed serious health conditions which have been addressed for example through medication, eating more healthily, reducing alcohol intake and being more physically active
- for the majority of people who received advice during the health checks, the advice focused on lifestyle changes. Overall, people were satisfied with this advice but there may be scope to offer more detailed written information
- it was suggested that for continuity, it would be beneficial for the paramedic to be more involved in the follow up to the health check for example discussing the test results that are sent to the GP
- the health checks are an effective way of engaging people in considering their own health and taking preventative measures, encouraging them to engage with their GPs more and to consider

further screening for conditions

- in general, patients would recommend the health checks to family and friends and there is scope to capitalise on word of mouth to raise awareness and encourage people to have a health check.

Summary of findings from the case studies

The in-depth interviews covered a range of issues identified in the survey. They provided valuable information and learning for the evaluation of the RACPP. Overall, the case studies demonstrate a high level of satisfaction with the health checks in terms of the way people were invited to attend, the experience and content of the checks and the advice provided. Following the health checks, many of the case study patients made positive changes to their lifestyles to improve their health and manage conditions identified through the checks. For a number, the health checks identified potentially dangerous conditions and enabled actions to be taken by the patient and health care professionals to address these for example by taking medication to control blood pressure.

Two patients were selected as case studies in order to explore in more detail the negative views that they expressed in the survey. The negative feedback centred on a perception that the paramedic did not have the required skills to carry out a thorough health check. There was also a perception amongst some patients that the health checks could have usefully incorporated a wider range of tests and that they did not need advice on how to eat more healthily and be more physically active.

It is clear from the case studies that the RACPP has largely had positive impacts on the patients.

Appendix 2: Patient survey questionnaire

Introduction

I am calling on behalf of GEN who have been commissioned by NHS Health Scotland to carry out an independent evaluation study about people who have had a health check with a paramedic. This study will help us to improve the way in which the service is provided in the future.

You recently had a Keep Well/Well North health check which was carried out by a paramedic. At this health check you provided your contact details to say that you were happy to answer some questions about your health check. I am calling now to tell you more about the evaluation and to check that you are still happy to take part.

Can you please confirm that you are (Insert Name…….)

The evaluation will ask you about:

- Your satisfaction with the health check;
- Your experience of the health check;
- What you liked or disliked; and
- What you think could be done to improve the quality of the health check provided.

There are no right or wrong answers – your views are very important to us. All information will be used for research purposes only, be anonymised and held securely.

Do you have any questions just now?

Before we begin could you please confirm that:

Response	Consent (Y/N)
1 - You understand the background to the study and have had the chance to ask questions	
2 - You understand that your participation is voluntary and that you are free to withdraw at any time, without giving a reason	
3 - You agree to take part in the evaluation study of the community paramedic model	
4 - You agree to the use of anonymised use of quotes in publications	

(If the patient agrees to the above four issues, proceed)

It will take about 15 minutes to do the interview. Do you have time just now? If no, is there a more suitable time for me to call you?

I would also like to confirm that your personal details and the information from this interview will be treated in confidence and that all information will be presented anonymously in the final report.

Do you have any questions before we begin?

Thank you. Your feedback will help NHS Health Scotland to improve the service offered to patients.

Survey Number			
Area	Orkney	Highland	Ayrshire and Arran
Code	1	2	3

(Note to interviewers in red)

Background

How did you find out that you could have a health check with a paramedic?

(don't read options, ring answer that best fits, probe if necessary)

Letter from your GP	1
Phonecall from your GP	2
Recommended in person by your GP	3
Letter from other health professional / agency (please specify)	4
Phonecall from other health professional / agency (please specify)	5
Recommended in person by other health professional / agency (please specify)	6
Flyer/poster	7
Health Fayre	8
Word of Mouth	9
Other (please specify)	10

What do you think would be the best way to let people know about these health checks?

(don't read options, ring answer that best fits, probe if necessary)

Letter from a health professional	1
Phonecall from a health professional	2

Face to face discussion with a health professional	3
Flyer/poster	4
Health Fayre	5
Word of Mouth	6
Other (please specify)	7

Why do you think this?

Where did the health check take place?

(don't read options, ring answer that best fits, probe if necessary)

In my own home	1
At the local GP surgery	2
At a community venue (please specify)	3
Other (please specify)	4

Would you have preferred the health check to have taken place anywhere else? If so, where?

Yes (please specify)	1
No	2
Don't Know	99

Would you have thought about having your health checked if you had not been made aware of the paramedic health check?

Yes	1
No	2
Maybe	3
Don't Know	99

Motivations and expectations

Why did you decide to have your health checked?

(don't read options, ring answer that best fits, probe if necessary)

Reason	Yes
I have been experiencing ill health recently	1
I was advised to have my health checked by a health professional	2
A family, friend or colleague suggested that I had my health checked	3
I had not been to the doctors recently	4
I was prompted by something that I read/saw on television/the internet	5
A recent birthday / anniversary / milestone prompted it	6
Other (please specify)	99

Did you know what would be included in the health check?

Yes (go to 9)	1
No (go to 11)	2

If yes, did the health check include what you were expecting?

Yes (go to 11)	1
No (go to 10)	2
Partly (go to 10)	3

If no or partly, what else were you expecting?

Thinking about the health check, is there anything else that you would have liked to be included in the check?

Yes (please specify)	
No	1

Views on the Health Check

Please confirm the extent to which you agree or disagree with the following statements:

(read all statements and response options)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Does not apply
During the health check….	1	2	3	4	5	6	7
I felt at ease							
There was a friendly atmosphere							
I was listened to							
Things were explained clearly to me							
Any health queries that I had were answered clearly							
I was given useful advice about my health							
I was put in touch with / advised to contact other appropriate services							
There was enough time for me to discuss any health concerns/queries							

Advice and Recommendations

Did the health check identify any health issues that you were previously unaware of?

Yes	1
No	2

Are you comfortable sharing these issues with us? If yes, what issues were identified?

Yes (please specify)	1
No	2

Did the paramedic give you any advice in the following areas, and have you done anything to follow this advice?

(read all recommendations and response options)

Advice given	advised		whether followed advice			
	Yes	No	Yes	No	No, but plan to	No and do not plan to
To do more physical activity						
To cut down the amount of alcohol I drink						
To cut down or stop smoking						
To make changes to what I eat						
Other (please specify)						

Can you tell me what things, if any, you have done differently since the health check? For instance, has the health check resulted in any changes to your lifestyle?

Were you put in touch with, or advised to contact, any other services as a result of this check?

Yes	1
No	2

If yes, which services? If no, go to question 19

(Read options and note the sensitivities relating to some of these questions)

Recommendation	Recommended		Attended			
	Yes	No	Yes	No	No, but plan to	No and do not plan to
GP						
Specialist Smoking Cessation Service						
Specialist Alcohol Advice Service						
Specialist Drug Advice Service						
Weight Loss / Healthier Eating Service						
Fitness / Leisure / Social Activities						
Wellbeing Group						
Benefits advice						

Other (please specify)						

If you have attended any of these services, have they been helpful? If so, in what way?

Yes (please specify)	1
No	2

Overall Satisfaction

Overall how satisfied were you with the health check?

(read options)

Very satisfied	Satisfied	Neither/nor	Dissatisfied	Very Dissatisfied
1	2	3	4	5

Thinking about the health check you received, on a scale of 1-5 where 1 is very important, and 5 is unimportant, how important were each of the following to you?

(read all issues and response options)

Issue	Very important	Important	Neutral	Not Very Important	Unimportant	Don't Know	Does not apply
	1	2	3	4	5	6	7
Location of the health check							
Health check being carried out by a paramedic							
The advice you were given							

Being put in touch with, or advised to contact other services							
Having enough time to discuss any health concerns/queries							
The way in which you were invited for the health check							

Would you recommend the health check to a friend or family member?

Yes, if so why?	1
No, if so why not?	2
Maybe	3

Before this health check when was the last time you visited your GP?

(read options)

In the last month	1
In the last three months	2
In the last three to six months	3
Six months – a year ago	4
One to three years ago	5
Over three years ago	6
Don't Know / Can't remember	99

Has the health check made you more likely to attend your GP surgery in the future?

Yes	1
No	2

Do you have any final comments you would like to make about the health check? E.g. any improvements to the service?

We are keen to speak to some patients in more detail about their health check. Would you be willing to be contacted for a follow up telephone interview?

Yes	1
No	2
If yes, please provide contact details and confirm suitable time to call	

Finally, I would like to ask you a couple of questions about yourself

Interviewer to code gender

Male	1	Female	2

What age range do you belong to?

(read options)

Under 40	1	55-59	5
40-44	2	60-64	6
45-49	3	Over 64	7
50-54	4		

What is your ethnic group?

(don't read options)

White - Scottish	1
White – Other British	2
White – Irish	3
White – Gypsy / Traveller	4

White – Polish	5
White – Other White ethnic Group	6
Any mixed or multiple ethnic group	7
Asian, Asian Scottish or Asian British – Pakistani, Pakistani Scottish or Pakistani British	8
Asian, Asian Scottish or Asian British – Indian, Indian Scottish or Indian British	9
Asian, Asian Scottish or Asian British – Bangladeshi, Bangladeshi Scottish or Bangladeshi British	10
Asian, Asian Scottish or Asian British – Chinese, Chinese Scottish or Chinese	11
Asian, Asian Scottish or Asian British - Other	12
African – African, African Scottish or African British	13
African – Other	14
Other Ethnic Group – Arab, Arab Scottish or Arab British	15
Other Ethnic Group - Other	16

How would you describe your current situation?

(read options)

In employment	1	Unable to work due to illness or injury	6
In education	2	Not in employment, education or training – not looking	7
In training	3	Not in employment, education or training – looking	8
Voluntary work	4	Retired	9
Full time carer	5	Other (please specify)	10

Thank you for taking part in this survey. Your feedback will help NHS Health Scotland to improve the service in the future for patients.

Appendix 3: Patient survey – frequency analysis

In total, 60 of the 66 responses were completed through a telephone interview with members of the evaluation team. A further six were self completed by patients. A small number of the questions in the self completed questionnaires were not answered correctly. An example is where a respondent did not indicate that they had been given a certain type of advice but did then answer the question on whether they had followed that advice. This means that some of the top line figures do not match. However, it does not undermine the overall quality of the responses provided or the validity of the data. The evaluation team has taken account of this in the analysis and reporting.

A frequency analysis of the responses to the tick box questions in the patient survey is provided below. Where the questions are common across the telephone survey (Orkney and Highland) and the paper survey (Ayrshire and Arran) a total of 66 responses are provided. In certain instances where the paper survey did not ask the same question as the postal survey, 60 responses are provided.

Q1 How did you find out that you could have a health check with a paramedic?

	Count	Percentage
Letter from your GP	48	72.7
Phonecall from your GP	6	9.1
Flyer/Poster	3	4.5
Word of Mouth	4	6.1
Other	5	7.6
Total	66	100

Q2 What do you think would be the best way to let people know about these health checks?

	Count	Percentage
Letter from a health professional	56	84.8
Phonecall from health professional	6	9.1
Flyer/poster	1	1.5
Other	3	5
	66	100

Q4 Where did the health check take place?

	Count	Percentage
At local GP surgery	64	97.0
In my own home	2	3.0
Total	66	100

Q5 Would you have preferred the health check to have taken place anywhere else? If so, where?

	Count	Percentage
Yes	2	3.3
No	58	96.7
Total	60	100

Q6 Would you have thought about having your health checked if you had not been made aware of the paramedic health check?

	Count	Percentage
Yes	12	18.2
No	52	78.8
Maybe	2	3.0
Total	66	100

Q7 Why did you decide to have your health checked?

	Count	Percentage
I have been experiencing ill health recently	4	6.1
I was advised to have my health checked by a health professional	3	4.5
A family, friend or colleague suggested that I had my health checked	2	3.0
I had not been to the doctors recently	4	6.1
A recent birthday/anniversary/milestone prompted it	10	15.2
Other	43	65.2
Total	66	100

Q8 Did you know what would be included in the health check?

	Count	Percentage
Yes	38	57.6
No	28	42.4
Total	66	100

Q9 If yes, did the health check include what you were expecting?

	Count	Percentage
Yes	35	94.6
No	2	5.4
Partly		
Total	37	100

Q11 Thinking about the health check, is there anything else that you would have liked to be included in the check?

	Count	Percentage
Yes	14	21.2
No	52	78.8
Total	66	100

Q12a I felt at ease

	Count	Percentage
Strongly Agree	45	68.2
Agree	19	28.8
Neutral	1	1.5
Disagree	1	1.5
Strongly Disagree		
Don't Know		
Does not Apply		
Total	66	100

Q12b There was a friendly atmosphere

	Count	Percentage
Strongly Agree	49	74.2
Agree	15	22.7
Neutral	2	3.0
Disagree		
Strongly Disagree		
Don't Know		
Does not Apply		
Total	66	100

Q12c I was listened to

	Count	Percentage
Strongly Agree	45	68.2
Agree	21	31.8
Neutral		
Disagree		
Strongly Disagree		
Don't Know		
Does not Apply		
Total	66	100

Q12d Things were explained clearly to me

	Count	Percentage
Strongly Agree	47	71.2
Agree	18	27.3
Neutral	1	1.5
Disagree		
Strongly Disagree		
Don't Know		
Does not Apply		
Total	66	100

Q12e Any health queries that I had were answered clearly

	Count	Percentage
Strongly Agree	30	45.5
Agree	19	28.8
Neutral	1	1.5
Disagree		
Strongly Disagree	1	1.5
Don't Know		
Does not Apply	15	22.7
Total	66	100

Q12f I was given useful advice about my health

	Count	Percentage
Strongly Agree	33	50.0
Agree	23	34.8
Neutral	3	4.5
Disagree	1	1.5
Strongly Disagree	1	1.5
Don't Know		
Does not Apply	5	7.6
Total	66	100

Q12g I was referred on to appropriate additional support

	Count	Percentage
Strongly Agree	6	9.1
Agree	7	10.6
Neutral	2	3.0
Disagree		
Strongly Disagree	8	12.1
Don't Know		
Does not Apply	43	65.2
Total	66	100

Q12h There was enough time for me to discuss any health concerns/queries

	Count	Percentage
Strongly Agree	46	69.7
Agree	20	30.3
Neutral		
Disagree		
Strongly Disagree		
Don't Know		
Does not Apply		
Total	66	100

Q13 Did the health check identify any health issues that you were previously unaware of?

	Count	Percentage
Yes	17	25.8
No	49	74.2
Total	66	100

Q14 Are you comfortable sharing these issues with us? If yes, what issues were identified?

	Count	Percentage
Yes	17	25.8
No	49	74.2
Total	66	100

Q15a Advised to do more physical activity

	Count	Percentage
Yes	24	36.4
No	42	63.6
Total	66	100

Q15b Advised to cut down the amount of alcohol I drink

	Count	Percentage
Yes	7	10.6
No	59	89.4
Total	66	100

Q15c Advised to cut down or stop smoking

	Count	Percentage
Yes	5	7.6
No	61	92.4
Total	66	100

Q15d Advised to make changes to what I eat

	Count	Percentage
Yes	28	42.4
No	38	57.6
Total	66	100

Q15e Advised to ..other

	Count	Percentage
Yes	4	6.1
No	62	93.9
Total	66	100

Q15f Followed advice to do more physical activity

	Count	Percentage
Yes	20	80
No, but plan to	4	16
No and do not plan to	1	4
Total	25	100

Q15g Followed advice to cut down the amount of alcohol I drink

	Count	Percentage
Yes	7	87.5
No, but plan to	1	12.5
Total	8	100

Q15h Followed advice to cut down or stop smoking

	Count	Percentage
Yes	3	50
No, but plan to	1	17
No and do not plan to	2	33
Total	6	100

Q15i Followed advice to make changes to what I eat

	Count	Percentage
Yes	22	73.3
No	2	6.7
No, but plan to	5	16.7
No and do not plan to	1	3.3
Total	30	100

Q15j Followed advice to...other

	Count	Percentage
Yes	1	25
No	1	25
No, but plan to	2	50
No and do not plan to		
Total	4	100

Q17a Recommended - GP

	Count	Percentage
Yes	9	13.6
No	57	86.4
Total	66	100

Q17b Recommended - Specialist Smoking Cessation Service

	Count	Percentage
Yes	2	3.0
No	64	97.0
Total	66	100

Q17c Recommended - Specialist Alcohol Advice Service

	Count	Percentage
Yes		
No	66	100
Total	66	100

Q17d Recommended - Specialist Drug Advice Service

	Count	Percentage
Yes		
No	60	100
Total	60	100

Q17e Recommended - Weight Loss / Healthier Eating Service

	Count	Percentage
Yes	5	7.6
No	61	92.4
Total	66	100

Q17f Recommended - Fitness / Leisure / Social Activities

	Count	Percentage
Yes	1	1.5
No	65	98.5
Total	66	100

Q17g Recommended - Wellbeing Group

	Count	Percentage
Yes		
No	66	100
Total	66	100

Q17h Recommended - Benefits advice

	Count	Percentage
Yes	1	1.5
No	65	98.5
Total	66	100

Q17i Recommended – Other

	Count	Percentage
Yes		
No	66	100
Total	66	100

Q17j Attended - GP

	Count	Percentage
Yes	6	66.7
No		
No, but plan to	3	33.3
No and do not plan to		
Total	9	100

Q17k Attended - Specialist Smoking Cessation Service

	Count	Percentage
Yes		
No		
No, but plan to	2	100
No and do not plan to		
Total	2	100

Q17n Attended - Weight Loss / Healthier Eating Service

	Count	Percentage
Yes	1	20.0
No		
No, but plan to	4	80.0
No and do not plan to		
Total	5	100

Q18 If you have attended any of these services, have they been helpful? If so, in what way?

	Count	Percentage
Yes	6	100
No		
Total	6	100

Q19 Overall how satisfied were you with the health check?

	Count	Percentage
Very Satisfied	46	70
Satisfied	19	29
Neither/Nor		
Dissatisfied	1	1
Very Dissatisfied		
Total	66	100

Q20a Issue - Location of the health check

	Count	Percentage
Very Important	36	55
Important	16	24
Neutral	12	18
Not very important		
Unimportant	2	3
Don't know		
Does not apply		
Total	66	100

Q20b Issue - Health check being carried out by a paramedic

	Count	Percentage
Very Important	20	30
Important	15	23
Neutral	19	29
Not very important	6	9
Unimportant	3	5
Don't know	2	3
Does not apply		
Total	66	100

Q20c Issue - The advice you were given

	Count	Percentage
Very Important	32	48
Important	17	26
Neutral	3	5
Not very important	1	2
Unimportant	1	2
Don't know		
Does not apply	12	18
Total	66	100

Q20d Issue - Being put in touch with, or advised to contact other services

	Count	Percentage
Very Important	10	15
Important	6	9
Neutral	1	2
Not very important		
Unimportant	2	3
Don't know		
Does not apply	47	71
Total	66	100

Q20e Issue - Having enough time to discuss any health concerns/queries

	Count	Percentage
Very Important	47	71
Important	17	26
Neutral	2	3
Not very important		
Unimportant		
Don't know		
Does not apply		
Total	66	100

Q20f Issue - The way in which you were invited for the health check

	Count	Percentage
Very Important	51	77
Important	11	17
Neutral		
Not very important	4	6
Unimportant		
Don't know		
Does not apply		
Total	66	100

Q21 Would you recommend the health check to a friend or family member?

	Count	Percentage
Yes	64	97
No	2	3
Maybe		
	66	100

Q22 Before this health check when was the last time you visited your GP?

	Count	Percentage
In the last month	4	6
In the last three months	8	12
In the last three to six months	14	21
Six months - a year ago	23	35
One to three years ago	13	20
Over three years ago	2	3
Don't know/Can't remember	2	3
Total	66	100

Q23 Has the health check made you more likely to attend your GP surgery in the future?

	Count	Percentage
Yes	17	25.8
No	49	74.2
Total	66	100

Q26 Finally, I would like to ask you a couple of questions about yourself...Interviewer to code gender

	Count	Percentage
Male	28	42.4
Female	38	57.6
Total	66	100

Q27 What age range do you belong to?

	Count	Percentage
Under 40		
40-44	1	2
45-49	14	21
50-54	11	17
55-59	22	33
60-64	17	26
Over 64	1	2
Total	66	100

Q29 How would you describe your current situation?

	Count	Percentage
In employment	41	62
Full time carer	2	3
Unable to work due to illness or injury	5	8
NEET - not looking	1	2
Retired	12	18
Other	4	6
Total	66	100