

Community Action on Health

“Time and People that we don’t have”

**Working With the Voluntary and Community Sector:
the views of GPs in Newcastle upon Tyne**

January 2012

A report for the Policy and Representation Partnership

**Policy&Representation
Partnership**



Community Action on Health is a charity working within Newcastle to tackle health inequalities through patient, carer and public involvement.

We are experts in innovative and practical involvement, working with patients, communities and harder to reach groups to gain the insight needed to design the best, most responsive and cost-effective services.

We have vast experience and expertise in gathering the views and opinions of patients, carers and the general public in relation to health services. For example:

- locating new GP surgeries
- services to include in new community health facilities
- visibility of existing health services
- changes to care pathways

We employ various quantitative and qualitative data collection techniques:

- Questionnaires – paper-based and online
- Participatory appraisals
- Drop-in events
- Face-to-face interviews
- Focus groups
- Informal group discussions

We also provide guidance on:

- how services can engage with patients, carers and the public
- developing patient-friendly services
- a patient-focussed approach to delivering health services

For more information about the services we can provide please contact Kieran Conaty on 0191 2263450 or email kieran@caoh.org.uk. Visit our website at: www.caoh.org.uk

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Section 1: Introduction

1.0 Introduction

Community Action on Health (CAOH) is an independent charity set up to tackle health inequalities through patient, carer and public involvement.

We work primarily with patients, communities and harder to reach groups to help service planners and providers gain the insight needed to design the best, most responsive and cost-effective solutions to local and regional health challenges.

1.1 The project and its aims

This report analyses the findings of one of three pieces of research carried out as part of the wider project NHS Reform: Winners and Losers in the Voluntary and Community Sector.

The project as a whole is funded by the Policy and Representation Partnership hosted by Voluntary Organisations Network North East (VONNE). It aims to examine the current relationship between the statutory and voluntary healthcare sectors in Newcastle, and to identify ways to strengthen that relationship.

We hope to provide intelligence about commissioning groups' priorities and behaviour that Voluntary and Community Organisations (VCOs) throughout Newcastle can use to develop productive relationships with statutory health professionals across the city; and to help raise awareness among clinicians of the effective interventions that the Voluntary and Community Sector (VCS) can offer.

This report focuses on the first of these – the nature and extent of GPs' current understanding of the VCS and its potential.

We wanted to find out where understanding is currently at its best and weakest; and where (and indeed whether) local GPs feel that patient-focused intervention from the VCS might enhance, or work better than, their own clinical approaches.

We also wanted to establish GPs' willingness to pay VCOs to deliver services that might support, or in some cases avert the need for, clinical interventions.

1.2 Context

- 1.2.1 One of the pieces of information that provided the impetus for this project was a Health Service Journal report¹ highlighting the admission of the Royal College of GPs Chief Executive Neil Hunt that 'most family doctors do not understand the services charities can offer and will need to gain a firmer grasp of the third sector if they are to become effective commissioners.'

¹ HSJ www.hsj.co.uk 31 March 2011

The research that underpins this report was designed to test whether Neil Hunt's assessment represents a fair reflection of GPs in Newcastle and their understanding of the VCS.

- 1.2.2 The NHS reforms pose a complex set of challenges for clinical commissioning groups (CCGs) and voluntary sector providers alike; but the rhetoric surrounding the reforms has always emphasised the opportunities for innovation and collaboration that could lead to 'the largest and most vibrant social enterprise sector in the world'².

The VCS provides services that support the work of clinical practitioners in a huge variety of ways. These include, but are by no means confined to, condition-specific support, befriending services, employability and benefits advice.

Historically, Primary Care Trusts (PCTs) in and around Newcastle have provided some funding to some VCOs. This funding has included revenue (or 'core') funding and in some cases payment for the delivery of specific services. The planned demise of PCTs will result in significant, if not total, funding cuts; and there is as yet little sign that clinical commissioning groups, either nationally or locally, are developing pathways for strategically funded collaborations with the VCS.

- 1.2.3 However, Newcastle Bridges Clinical Commissioning Group has recently received funding from the People Powered Health programme implemented by the National Endowment for Science, Technology and the Arts (NESTA) to develop a single, cohesive social prescribing model that will meet the needs of people with long term health conditions and mental health problems.

The work itself is still at a relatively early stage of development, but as Newcastle Bridges develops into a commissioning group it expects to embed social prescribing into its commissioning practice for long term conditions.

The NESTA initiative represents a clear commitment by the Newcastle Bridges management team to the adoption of non-clinical service provision alongside traditional, 'medical' services. It will take time to embed that approach across the clinical commissioning group (and the findings of our research indicate very different levels of receptiveness within both CCGs); but the commitment by Newcastle Bridges indicates that there may well be significant opportunities for the VCS if GPs and VCOs can work together to create accessible pathways for collaboration.

We hope that our findings, and the recommendations in this report, will help to build that pathway.

² Equity and Excellence: Liberating the NHS, Department of Health July 2010, page 36

Section 2 - Methodology

2.0 Methodology

In order to meet the objectives of the project, Community Action on Health took a predominantly qualitative approach to this research, delivered via a questionnaire.

2.1 Questionnaire

Given the broad range of attitudes to, and experiences of, the Voluntary and Community Sector that we expected to uncover through this research, we chose a questionnaire format that allowed us to capture ideas and opinions as well as quantifiable information.

The questionnaire was designed for use on paper, online (via SurveyMonkey) and in face to face interviews.

The questionnaire is included in this report as Appendix 2.

Questionnaire responses are set out in Appendix 3.

2.2 Participants

2.2.1 Given that GPs are considered to be very busy and difficult to engage in non-practice activities, we used a variety of methods to encourage as many GPs as possible to participate in the survey.

We questioned GPs from Newcastle's two Clinical Commissioning Groups (TyneHealth and Newcastle Bridges). TyneHealth comprises 19 practices serving approximately 170,000 patients, mainly from the east and centre of the city.

Newcastle Bridges has 18 practices serving approximately 161,100 patients from the west and north of Newcastle. Newcastle as a whole has a total of 201 doctors, of whom 81 are male and 120 are female.

In all, we received information from 31 people. We conducted a total of five face-to-face interviews and received 19 paper questionnaires. Seven respondents completed the questionnaire online.

We conducted four of the face-to-face interviews by approaching delegates at the Newcastle Bridges conference Redesigning Health Services for a Multicultural Community. One GP agreed to an interview in his surgery.

Practice Managers were invaluable in distributing the questionnaires to their practice GPs and encouraging them to respond.

Twenty-nine replies came from GPs and two were from Practice Managers.

Section 3 - Findings

3.0 This section provides a summary of the findings of the GP research undertaken for this project.

3.1 Roles for the VCS

Our first question asked GPs whether they felt the VCS had any kind of role to play in their practice. Twenty-six (83.9%) of the 31 respondents said 'Yes', while four replied that they had never thought about it. Only one said 'No', because he/she did not know who they are.

This is a very positive response; but it should come with a health warning. Participation in this research was entirely voluntary, and it was always likely that most of the GPs who chose to complete the survey would be at least mildly interested in the VCS and its work. It is very largely due to the persistence of a handful of Practice Managers that we were able to elicit the views of a sample of clinicians who were either indifferent or negative in their response – but in reality it is possible that their less positive views are more representative of GP opinion than these numbers suggest.

3.1.1 However, there was no lack of enthusiasm, or shortage of suggestions, in the response to the follow-up questions asking 'Yes' respondents what they felt the VCS could provide. There was a very clear sense that the sector has much to offer:

- Provision of health care in the widest sense, beyond the limits of 'medical care'. Support for lifestyle choices, people with mental health issues, family and carer support systems. Help for practice development - incorporating the above in everyday practice
- People living in the deprived areas need support on diverse issues. Many people suffer short term stress, e.g. before court cases, as well as longer term problems; more support for relatives of people with alcohol and drug problems is one suggestion. Huge need for debt management help
- Time and people that we don't have. I think we have a good grasp of what is needed, but lack the resources and contacts to make it happen
- Non-medical support to patients. Their needs are non-medical more often than not. We doctors can't solve those problems although we do try

3.1.2 It was also clear that, while most GPs felt they and their patients might benefit from non-medical support, many were conscious of the gaps in their own knowledge and understanding of what the sector can offer:

- Don't know, because I don't know everything they can do. It's the unknown unknown. What else is out there? But I feel so restricted in what I can offer, especially for mental health

- What else can they offer? What is already out there?

3.1.3 Responses to this question highlighted some clear themes from the start. There was a strong sense that the VCS could help to tackle unmet need in the care of patients with mental health and social needs; debt counselling featured frequently, and there were a number of references to alcohol and drug problems. Healthy lifestyle and weight management support were also identified.

3.1.4 However, one GP, who acknowledged the contribution of the VCS in giving advice to patients regarding money and benefits, also sounded a note of caution:

- Can increase workload further by then requesting medical reports which there is no funding for (secretaries' and doctors' time)

3.1.5 Having asked for GPs' own views on the kinds of services they felt the VCS could usefully deliver, we then offered them a list of more generic roles that the sector might help to fulfill. We asked respondents to answer 'Yes' or 'No' to each of these. The full list and response breakdown are included in Appendix 3.

The option that attracted the highest number of positive responses was 'Provide support to patients, e.g. signposting, debt management, employment, carers etc'. Twenty-three GPs (76.7%) ticked this option, followed by 22 (73.3%) who said they would use the sector to 'provide a service patients can be referred to, e.g. exercise on referral, arts therapy, befriending, Health Trainer support etc'.

Less popular options, each attracting just 12 (40%) positive responses, were 'Give intelligence and guidance about your local health population and its needs' and 'Give intelligence and guidance about specific patient'.

This suggests that GPs who would consider working more closely with the voluntary sector tend to see it as a source of practical help in delivering non-clinical treatments – as opposed to more of a consultancy role in guiding doctors' own practice.

3.2 Experience of working with the VCS

3.2.1 Seventeen doctors from 12 practices said that they had previously worked with VCS organisations in their practices, while 12 had not and two said they did not know. Six practices had used voluntary sector organisations to deliver more than one service.

In all, GPs identified 25 examples of working with VCOs in their practices.

3.2.2 The services provided included help and re-education with drug and alcohol misuse; benefits and other financial advice; support to work effectively with BME patients; and a 'directing service' to other VCS providers in the area.

The most frequently mentioned service, however, was Health Trainers: a number of practices mentioned using Health Trainers for weight management and Exercise on Referral. Interestingly, although a number of people had identified help with mental

health in the earlier 'wish list' of services they felt the sector could help with, none seemed actually to have worked with any mental health VCOs in their practices.

Most of the services described were either ongoing or had been in use within the last year. Some, however, had been delivered as long ago as eight or ten years.

3.2.3 Feedback on the quality of VCO service delivery was generally positive, with eight services described as 'excellent', 'brilliant' or 'invaluable' and no strongly negative comments.

However, one GP said a service had been 'Fine as far as I know, never heard much back' and another said 'As far as we are aware, really good' – suggesting in some cases a lack of engagement with the experience.

Asked whether they would use the service again, respondents replied 'Yes' in the case of all 25 services.

3.3 Paying the VCS for services delivered to date

3.3.1 We asked whether the practices had paid for the services provided. For the 25 services referred to, seven respondents said the practice had paid and 15 said that it had not. Three did not know.

Interestingly, one Practice Manager responded to the question about service quality by saying 'The practice and patients loved it. It was a shame that funding came to an end' – suggesting that, however good and useful a Voluntary Organisation's service is, there is a tendency only to consider using it if external funding is available.

3.4 Opportunities for future collaboration

3.4.1 Asked if they would consider working with VCS organisations in the future, 27 people said 'Yes'. Three said they would not, and one did not answer the question.

We asked again at this point what services GPs would be interested in VCOs providing. Some respondents referred us back to the earlier, similar question, but others expanded on earlier points or made new and interesting comments, including:

- Definitely mental health. I'd love to have someone who could take a patient by the hand – sometimes literally – and take them along to, say, an exercise class or other activity that would help them. Someone to be there with them. And anything to help with employment. And information on where they can go for different services
- Elderly and mental health support services: social for very lonely old people, very local to them. People who just need a bit more support and help
- Organising groups of patients with similar conditions/needs, to learn together and support each other in activities, e.g. Diabetes exercise club

3.4.2 In terms of overall themes, mental health was prominent again, alongside very strong demand for 'a Citizens' Advice type service' – which is interesting given the funding difficulties that currently threaten the survival of CABs across the country.

3.4.3 Here again, respondents acknowledged their lack of awareness of the range of services available:

- What is on offer? We lack awareness
- I am not yet aware of all the services existing locally
- I would like to see what is on offer

3.5 Barriers to working with the VCS

We asked the three GPs who said they would not work with the VCS to choose as many reasons as were appropriate from a list of seven.

3.5.1 Two people said they did not know what the sector can offer and one indicated he/she did not know who they are. One said he/she did not have time to find out what they can offer, one person believed that the NHS can provide all the services needed and another had doubts about the quality of the services provided.

3.5.2 None of the three said they thought the VCS would be too expensive, or had any previous bad experience of working with the sector.

Clearly, lack of awareness is a significant barrier to working with the VCS, and one that must be overcome if both sectors are to benefit from collaborative working. Section 3.9 below looks in more detail at information needs and how they might be met.

3.6 Enablers to future working

3.6.1 Given the significant lack of awareness already demonstrated in many responses, it is not surprising that information needs figured prominently in response to the question 'What would help you work with VCS organisations in the future?'

From a list of possible enablers, 28 respondents (96.6%) identified 'Information in one place about who they are and what they can offer'.

There was also a degree of support for clear pricing structures, outcome-related statistics and demonstrable economic value. However, one GP commented that 'Local experience is more important'.

One GP, who had not identified accreditation, outcome-related statistics or demonstrable economic value as a significant enabler, commented that those criteria

'will, however, be of crucial importance to commissioning groups who will be the ones making the funding decisions, not individual GP practices'.

Two respondents suggested other potential enablers:

- The Clinical Commissioning Group commissioning services
- Preventative work – what could downstream input help to prevent upstream?

3.7 Paying the VCS to deliver future services

3.7.1 While most of the GPs who responded to the survey felt that the Voluntary Sector had plenty to offer their patients and in some cases could offer support that GPs are not able to give, the cost of delivering such services – and, crucially, who should meet that cost – appeared not to be an issue many had considered.

People we interviewed in person seemed surprised to be asked whether their practice would be prepared to pay VCS organisations to deliver services. Once asked, however, five GPs said they felt their practice would be prepared to pay, while three said 'No' and the majority (22) said that they felt their Clinical Commissioning Group should fund VCS input.

3.8 Contact with the VCS

3.8.1 We asked participants whether they personally had ever approached a VCS organisation to deliver a service. Only four had done so. Asked if they were aware of any VCS organisations approaching their practice to provide a service, 20 said 'No' and 11 said 'Yes' – suggesting that, so far, the VCS has been more proactive than GP practices in trying to develop stronger links.

3.9 Information about the VCS

3.9.1 Having identified lack of awareness of the sector as a significant barrier to effective collaboration, we asked respondents if they knew where to go for information about VCS organisations in Newcastle. Twenty-three said 'No', suggesting that the sector has a challenge to meet in terms of making itself more visible and understandable to GP commissioners.

3.9.2 Community Action on Health has developed an online Health Signpost Directory whose main functions include providing a single source of easily accessible information about voluntary organisations and the services they provide. Some GPs already use the Directory as a reference source, but while eight said they had used it before and found it useful, 14 had never heard of it and a further nine had not used it.

Time seemed to be a significant issue for those who knew of the Directory but had not used it:

- I keep meaning to but I haven't had time and I forget about it
- Lack of time

However, when people were asked to choose from a list of suggested ways to find out about what the VCS can offer their practice, 'Online information directory' attracted 20 positive responses and was by some distance the most popular option.

3.9.3 Responding to the same question, all 31 said 'No' to telephone calls while 12 said they would be happy to receive leaflets and brochures sent by post.

GPs from both Clinical Commissioning Groups also said they would welcome face to face meetings at their practices:

- We hold short weekly meetings in the practice. And the consortium holds longer quarterly meetings, it would be useful to hear from organisations at those meetings
- Information at Clinical Commissioning Group 'time out' events
- It would be good to arrange for voluntary organisations to come to our regular practice meetings. Three practices meet on Friday lunchtimes

3.9.4 Eight people said that they would be interested in an exhibition-type event where all VCS organisations come together.

3.10 VCS representation on Clinical Commissioning Group Boards

3.10.1 At present, each of Newcastle's two Clinical Commissioning Groups has some VCS representation on its board.

Newcastle Bridges has three VCS representatives on its multi-agency Consortium Board. TyneHealth currently has one interim VCS member while it develops its final governance and management structure.

3.10.2 We asked our respondents whether they were aware of this representation. Fifteen said they were, while 16 said 'No'. Awareness was evenly split across both Clinical Commissioning Groups.

Asked what they thought VCS representatives might bring to the CCG Boards, most people mentioned breadth of perspective and better connections to community groups. Other expectations included:

- I hope they will help us to manage patients' difficulties more appropriately, and stop us labelling people who aren't ill

- I think they should be able to bring knowledge of alternative ways of delivering services, and of what is available locally, as well as a different perspective on what is needed

Several respondents said it was too soon to tell, while one commented 'I am not involved with the board of the consortium so I am not sure what the VCS will bring'.

3.11 Summary

It is clear from this research that many GPs in Newcastle are very receptive to the idea that the Voluntary and Community Sector can provide services that support patients' wider wellbeing and are in some cases more appropriate than clinical interventions.

Again, however, it is important to bear in mind the caveat outlined at 3.1 – that responding voluntarily to this survey suggests at least a basic level of interest, and a proportion of the GPs who did not respond may well be at best indifferent to collaborating with the sector.

Overall, two key themes emerge:

- 3.11.1 While in many cases there is no shortage of goodwill towards the VCS, and a clear appreciation of its potential to meet non-clinical needs that can impact significantly on health, the majority of GPs highlighted their current lack of knowledge about exactly what the sector could offer.

There was also a very strong sense of not knowing where to find, and how to contact, the VCOs whose work could complement their patient care and treatment.

This is something the VCS must work collaboratively and creatively to overcome. The Recommendations section of this report contains some suggestions for taking this forward.

- 3.11.2 While some practices have paid for the services voluntary organisations provided, this in many cases had come from external funding sources or practice underspends.

There is very little evidence of practices regarding non-clinical interventions by the VCS as something to be paid for in the same way that medication or hospital admissions are paid for. This is in spite of the recognition among several respondents that the sector provides services that can be more effective than medication, or in some cases might avert the need for hospital admissions.

The next section of this report contains some recommendations that could lead to stronger collaboration between GPs and the Voluntary and Community Sector, and more effective use of the services the sector is often uniquely placed to provide.

Section 4: Recommendations

4.0 Recommendations

This section contains some recommendations, based on the findings of our research, that are intended to facilitate better collaborative working between Newcastle's GPs and its voluntary and community sector.

4.1 More accessible and better targeted information

- 4.1.1. Twenty-nine people identified 'Having information in one place about who [the VCS] are and what they can offer' as a key factor that would help them to work with VCS organisations in the future.

Given that over 70% of respondents said they did not currently know where to go for information about the VCS in Newcastle, there is clearly a very strong need for **better signposting** to the sector's service providers and the work they do.

It will be crucial to **consider carefully the style, content and complexity** of this information. GPs do not need to know much about the ethos or philosophy of the sector – they simply need to know what is on offer, who can offer it, whom it might benefit and what those benefits might be. And, of course, how to access it and what it might cost to commission.

- 4.1.2 In terms of the format of this information, there was significant support from GPs and Practice Managers for an online directory holding information about all relevant organisations.

Community Action on Health currently hosts the Health Signpost Directory, which aims to provide precisely that information.

However, while eight GPs access the HSD and find it useful, significantly more had either never heard of it or knew about it and did not use it.

It will be important for CAOH to take the findings of this research into account as it develops the Directory. In particular **any redesign should address GPs' perceptions** that accessing the information requires time they do not feel they have.

There is also a role here for VCOs who want GPs to be aware of their existence and expertise. The HSD depends for its content on the information supplied by the service providers themselves, and this information is at its most effective when it is concise, clear, informative and current. Voluntary sector providers should ensure that they deliver **information that meets these criteria**.

- 4.1.3 Half of our respondents also identified the benefits of clear pricing structures, outcome related statistics and demonstrable economic value for services.

The VCS has grappled with each of these over the last few years, and has increasingly had to calculate and supply this information in order to meet the criteria of a wide range

of funders and commissioners. There are concerns about some of the contortions required to supply the facts and figures needed, particularly where this requires providers to put an economic value on social needs and solutions.

However, VCOs with a service to provide and an income to generate are becoming increasingly skilled at **providing evidence, costings and benefit analyses**. The findings of this research suggests that more and better information of this type will be beneficial to commissioners, providers and, ultimately, service users.

4.2 Co-ordinated approach

4.2.1 GPs reacted positively to the prospect of face-to-face meetings in practices and leaflets/brochures in the post – suggesting genuine willingness to learn more about the VCS and its potential to support clinical practice.

However, it would be risky to interpret this as an open invitation to bombard practices with leaflets or meeting requests: too much disparate, and possibly competing, information and too many people clamouring for meetings could close a door that is currently at least partly open.

We recommend that the sector should take a much more co-ordinated and customer focused approach by working collaboratively and approaching the Clinical Commissioning Groups with meeting proposals that offer controlled access and a chance to impart information in a way that GPs will find useful rather than overwhelming. This might include:

- Proposals for a **planned programme of representation** at regular CCG ‘time outs’ or practice cluster meetings. This could be in the form of themed presentations demonstrating the interventions available to tackle specific health and/or social needs identified and agreed in advance by CCG and VCS representatives
- **Leaflets and brochures delivered in one package, or a regular multi-provider mailing** to a named GP or practice manager who has agreed to filter and disseminate the information
- **Organised ‘speed dating’ sessions** where groups of VCOs attend time-out events and are allocated very short periods to explain and ‘sell’ their services to practice representatives who circulate between providers.

Appendices

Appendix 1 - Participant profile

Gender	Number of participants	% of participants
Male	11	35.5
Female	20	64.5
Total	31	100.0

Age	Number of participants	% of participants
16 – 30	3	9.7
31 – 59	28	90.3
60+	0	0.0
Total	31	100.0

Which GP Practice do you belong to?	Number of participants	% of participants
Betts Avenue	1	3.2
Broadway	1	3.2
Cruddas Park	1	3.2
Dr Darling & Partners	1	3.2
Falcon	1	3.2
Fenham Hall	2	6.5
Grainger	5	16.0
Heaton	1	3.2
Holly	1	3.2
Holmside	1	3.2
Newburn	1	3.2
Park	1	3.2
Parkway	2	6.5
Prospect	2	6.5
Saville	1	3.2
St Anthony's	3	9.8
Throckley	3	9.8
West Road	2	6.5
Westerhope	1	3.2
Total	31	100.0

Clinical Commissioning Group	Number of participants	% of participants
TyneHealth	9	29.0
Newcastle Bridges	22	71.0
Total	31	100.0

Role within Practice	Number of participants	% of participants
GP	29	93.5
Practice Manager	2	6.5
Total	31	100.0

Ethnicity	Number of participants	% of participants
White		
White British	27	87.1
White Irish	0	0
Any other White	1	3.2
Asian or Asian British		
Indian	0	0
Pakistani	2	6.5
Bangladeshi	0	0
Black or Black British		
Caribbean	0	0
African	0	0
Any other Black background	0	0
Mixed		
White and Black Caribbean	0	0
White and Black African	1	3.2
Any other Mixed	0	0
Other ethnic groups		
Chinese	0	0
Any other ethnic group	0	0
Total	31	100.0

Working with the voluntary and community sector

With the NHS reforms enabling GPs to commission services themselves and the government support for Any Qualified Provider, you will have more freedom to work alongside a variety of organisations to provide services which truly meet the needs of patients.

With this in mind we would like to know your views on the role the voluntary and community sector (VCS) could play within your practice and any experience you have had working alongside VCS organisations to date.

We would really appreciate it if you could take 15 minutes to complete this questionnaire and return it to your practice manager by **Thursday 24 November**.

Role of the VCS

1. Do you think that the VCS has a role to play in your practice?

- Yes
- No If 'no', please go to question **1b** below ↓
- Never thought about it If 'never thought about it' please go to question **2** overleaf →

1a. If you ticked 'yes' above, what do you think the VCS could offer your practice?

.....

.....

.....

.....

.....

.....

1b. If you ticked 'no' above, why is this?

(tick ✓ all that apply)

- Don't know who they are
- Don't know what they can offer
- Don't have time to find out what they can offer
- Think the NHS and private sector can provide all the services needed
- Would be unsure about the quality of the services provided
- Too expensive
- Previous bad experiences of working with the VCS
- Other (please state)
-
-

Please turn over →

2. Why have you chosen to use the Nurse Practitioner Service at the Lemington Centre? (tick ✓ all that apply)

2. Have you ever considered using the VCS to...? Please tick ✓ Yes or No for each option

	Yes	No
Give you intelligence and guidance about your patients and local population and their health needs	<input type="checkbox"/>	<input type="checkbox"/>
Give you intelligence and guidance about specific patient groups e.g. Launchpad provides information about patients with mental health issues	<input type="checkbox"/>	<input type="checkbox"/>
Support your patients to influence services e.g. CAOH	<input type="checkbox"/>	<input type="checkbox"/>
Support your patients to access NHS services e.g. interpreters, community transport services etc	<input type="checkbox"/>	<input type="checkbox"/>
Communicate practice information and health messages to your patients and the local community	<input type="checkbox"/>	<input type="checkbox"/>
Provide a service patients can be referred to e.g. Exercise on Referral, Health Trainers, arts therapy, befriending, hair care service for cancer patients etc	<input type="checkbox"/>	<input type="checkbox"/>
Provide support to patients e.g. a signposting service, debt management, employment, carers, long term conditions etc	<input type="checkbox"/>	<input type="checkbox"/>

Working with the VCS

3. Have you ever worked with any VCS organisations in your practice?

- Yes
- No If 'no', please go to question 4 overleaf →
- Don't know If 'don't know', please go to question 4 overleaf →

There is space below and overleaf to provide information. For each VCS organisation you have worked with can you tell us...

- The service they provided**

.....

.....

.....

Did the practice pay for this service?

- Yes No Don't know

How did you rate the quality of the service?

.....

.....

When was this?

Would you use the service again?

- Yes No

Please turn over →

• **The service they provided**

.....
.....
.....

Did the practice pay for this service?

Yes No Don't know

How did you rate the quality of the service?

.....
.....

When was this?

Would you use the service again?

Yes No

• **The service they provided**

.....
.....
.....

Did the practice pay for this service?

Yes No Don't know

How did you rate the quality of the service?

.....
.....

When was this?

Would you use the service again?

Yes No

4. Would you consider working with VCS organisations in the future?

Yes
No If 'no', please go to question **5a** overleaf →

5. What services would you be interested in VCS organisations providing?

.....
.....
.....

..... Go to question **6** overleaf →

5a. If no, why is this?

(tick ✓ all that apply)

- Don't know who they are
- Don't know what they can offer
- Don't have time to find out what they can offer
- Think the NHS and private sector can provide all the services needed
- Would be unsure about the quality of the services provided
- Too expensive
- Previous bad experiences of working with the VCS
- Other (please state)
.....
.....

6. What would help you to work with VCS organisations in the future?

(tick ✓ all that apply)

- Nothing
- Having information in one place about who they are and what they can offer
- Have a clear pricing structure for the services
- If organisations had a quality standard/accreditation or have been approved by the National Commissioning Board
- If organisations could provide outcome related statistics
- If organisations could demonstrate the economic value
- Other (please state)
.....
.....

7. Some local VCS organisations currently receive funding from the PCT towards their running costs so that they can afford to deliver services. Would your practice be prepared to pay VCS organisations to deliver services on behalf of the practice?

- Yes
- No
- No, but this is something the Consortium should fund

8. Have you personally ever approached any VCS organisations to provide a service?

- Yes
- No

9. Are you aware of any VCS organisations approaching your practice to provide services?

- Yes
- No

Please turn over →

Information about the VCS

10. Do you know where to go for information about VCS organisations in Newcastle?

Yes No

11. Have you used Community Action on Health's online Health Signpost Directory to get information about VCS organisations?

Yes
No If 'no', please go to question **11b** below ↓
Never heard of it If 'never heard of it', please go to question **12** below ↓

11a. If you have used it, do you find it useful?

Yes No

11b. If no, why is this?

.....
.....
.....

12. How would you like to find out about what the VCS can offer your practice?
(tick ✓ all that apply)

- Leaflet/brochure in the post
Telephone call
Face-to-face meeting at your practice
Exhibition type event where all VCS organisations come together
Online directory holding information about all relevant VCS organisations
Other (please state)
.....
.....

13. Did you know there were VCS representatives on your Consortium Board?

Yes
No If 'no', please go to question **14** overleaf →

13a. What do you think they bring to the Consortium?

.....
.....
.....

Please turn over →

About you

14. Name of Practice

15. Job title

16. Gender Female Male

17. Age 18 – 30 31 – 59 60+

18. Please indicate your ethnic background

White		✓	Asian or Asian British		✓
British			Indian		
Irish			Pakistani		
Any other White background			Bangladeshi		
Mixed			Any other Asian background		
White and Black Caribbean			Black or Black British		
White and Black African			Caribbean		
White and Asian			African		
Any other Mixed background			Any other Black background		
Other ethnic groups					
Chinese					
Any other ethnic group (please state)					
.....					

Thank you for taking the time to complete this questionnaire. Please return it to your practice manager by **Thursday 24 November**.

Appendix 3 - Questionnaire responses

Do you think the VCS has a role to play in your Practice?

	Number of respondents	% of respondents
Yes	26	83.9
No	1	3.2
Never thought about it	4	12.9
Total	31	100.0

If you ticked 'yes', what do you think the VCS could offer?

- Provision of health care in the widest sense, beyond the limits of 'medical care'. Support for lifestyle choices, people with mental health issues, family and carer support systems. Help for practice development - incorporating the above in everyday practice
- Support for students and support for carers
- Just extra support in health and social needs for patients. I see no reason for us not to work closer with VCS i.e. have VCS services see patients / clients from the practice waiting room etc. (directing patients to the VCS services)
- Time and people that we don't have. I think we have a good grasp of what is needed, but lack the resources and contacts to make it happen
- Direct patients to unmet social needs - housing/counselling for asylum seekers; rights, e.g. CAB; clothing and food for asylum seekers; support for domestic violence. And lots more too
- Don't know, because I don't know everything they can do. It's the unknown unknown. What else is out there? But I feel so restricted in what I can offer, especially for mental health
- Non-medical advice for patients
- Support with non-English speaking. Info about cultures and religions. Specific health programmes for specific groups. Knowledge about linking in to the community
- benefits advice, legal advice and probably much more
- Non-medical support to patients. Their needs are non-medical more often than not. We doctors can't solve those problems although we do try.
- Social network support
- Feedback from Community groups into the services we provide and how to improve them. Information and resources to give to patients about groups that might support them
- Have given advice to our patients re money, rights, benefits etc. But can increase workload further by then requesting medical reports which there is no funding for (secretaries' and doctors' time)
- Help to tackle obesity and lack of exercise Listening or befriending service
- Local "on the ground" access to patients and carers, and local knowledge of what's needed
- Support for marginalised people with mental health, social and other difficulties, support for asylum seeker and young people and the elderly, counselling services, befriending, work on healthy lifestyles.
- Patient involvement; build attendance at patient participation group. What else can they offer? What is already out there?

- Wide and varied. There are many services I find through the Directory but I am also constantly surprised to learn that a partner of mine is accessing some VCS which is being very helpful and adding a lot to what I can give
- Counselling, support services, general lifestyle advice, help with benefits
- People living in the deprived areas need support on diverse issues - many people suffer short term stress, e.g. before court cases, as well as longer term problems; more support for relatives of people with alcohol and drug problems is one suggestion. Huge need for debt management help
- Counselling e.g. bereavement support from Barnardo's e.g. someone cares. Help with debt advice to relieve stress. Support with housing. Bereavement counselling - e.g. Cruze
- Support e.g. bereavement, smoking, weight loss etc.
- Support around lifestyle intervention. Encouragement re. meds and therapy. Education and encouragement

If you ticked 'no', why was this? (Tick all that apply)

	Number of respondents	% of responses	% of respondents*
Don't know who they are	1	100.0	100.0
Don't know what they can offer	0	0.0	0.0
Don't have time to find out what they can offer	0	0.0	0.0
Think the NHS and private sector can provide all the services needed	0	0.0	0.0
Would be unsure about the quality of services provided	0	0.0	0.0
Too expensive	0	0.0	0.0
Previous bad experience of working with the NHS	0	0.0	0.0
Total	1	100.0	

*Number of respondents answering this question: 1

Have you considered using the VCS to . . . (Tick yes or no for each option)

	Yes	No	Total responses
Give intelligence and guidance about your local health population and its needs	12 (40.0%)	18 (60.0%)	30
Give intelligence and guidance about specific patient groups e.g. Launchpad (information about the needs of mental health patients)	12 (40.0%)	18 (60.0%)	30
Support your patients to influence services	13 (43.3%)	17 (56.7%)	30
Support your patients to access NHS services, e.g. interpreters, community transport services etc.	17 (56.7%)	13 (43.3%)	30
Communicate practice information and health messages to your local community	12 (40.0%)	18 (60.0%)	30

Provide a service patients can be referred to e.g. Exercise on referral, arts therapy, befriending, Health Trainer support etc.	22 (73.3%)	8 (26.7%)	30
Provide support to patients, e.g. signposting, debt management, employment, carers etc.	23 (76.7%)	7 (23.3%)	30

Have you ever worked with any VCS organisations in your Practice?

	Number of respondents	% of respondents
Yes	17	54.8
No	12	38.7
Don't know	2	6.5
Total	31	100.0

What service did they provide? (Nb some practices have engaged more than one voluntary organisation and have received more than one service)

- Healthworks. Exercise on referral etc., and health trainers
- NECA drug and alcohol help and education
- Targeting our BEM patients with chronic illness
- Haref helped with education about BME groups.
- Benefits advice
- Mesmac – education (nb Mesmac is in fact a part of Newcastle City Council and not a voluntary organisation)
- The Rights Project - taking referrals directly with Cruddas Park Surgery
- Healthworks. we refer people to the weight management and exercise and health
- Can't remember details but it was about engaging isolated elderly people
- CAB provided financial advice to patients
- Health trainers
- Patient and public involvement
- Intelligence on patient needs and forums
- Counselling, support work, befriending, supported housing
- Groups for patients post-stroke
- Facilitation of practice away day
- Exercise on Referral. We use a lot of interpreters but don't think these are VCS
- Health trainers: in-house sessions by linked health trainers
- They provided a directing service for patients in the waiting area to other VCS services in the area and it proved very popular
- Support for socially excluded people to access services
- Befriending service and help gardening
- Support to asylum seekers
- Health trainers

Did the Practice pay for this service?

	Number of respondents	% of respondents
Yes	7	28.0
No	15	60.0
Don't know	3	12.0
Total	25	100.0

How did you rate the quality of the service?

- Excellent x 6
- Very good x 2
- Good x 2
- Useful
- OK
- Don't remember it was a long time ago
- Very interesting
- Brilliant
- Very useful - positive feedback
- Very good
- It was excellent and proved invaluable as practices are not always able to reach / communicate with specific patients
- Fine as far as I know though never heard much back
- As far as we are aware, really good
- Invaluable
- High. Good links to LTCs, e.g. diabetes care
- The practice and patients loved it. It was a shame that funding came to an end

When was this?

- Ongoing/current/now x 6
- Within the past year x 7
- 2010
- Last year
- 3 years ago
- Few years ago
- 8 years ago
- Probably 10 years ago
- 1990s

Would you use the service again?

	Number of respondents	% of respondents
Yes	25	100.0
No	0	0.0
Total	25	100.0

Would you consider working with VCS organisations in the future?

	Number of respondents	% of respondents
Yes	27	87.1
No	3	9.7
Not answered	1	3.2
Total	31	100.0

If 'yes', what services would you be interested in VCS organisations providing?

- Exercise, arts, debt advice, befriending
- Signposting / website etc. Expanded community-based groups for LTCs
- Mental health, support patients to influence services through the practice's patient group, communicate practice information and health messages to patients and community, signposting service, carers, long term conditions
- I suppose it depends on what is out there, GP practices are not always aware of what kind of things can be provided. Perhaps an organisation to help people get back into work and back into the community
- Health promotion, encouraging healthy lifestyles. Also CAB type service
- Carer support groups, CAB in the practice on a monthly basis; counselling, support, housing for failed asylum seekers
- Definitely mental health support. I'd love to have someone who could take a patient by the hand, sometimes literally, and take them along to, say, an exercise class or other activity that would help them. Someone to be there with them. And anything to help with employment. And information on where they can go for different services
- Support for vulnerable group PPI work Health needs assessment
- As before, i.e. Support with non-English speaking. Info about cultures and religions. Specific health programmes for specific groups. Knowledge about linking in to the community
- I would like to see what is on offer but a Citizens' Advice type service would be good
- Advice sessions for patients, help with Practice Patient Groups, informal support
- Support for people to meet and exercise in a social setting
- Help with exercise access/ tackling obesity Listening or befriending service Help to advise people on benefits
- Befriending and support to isolated individuals including young mothers and socially excluded
- What is on offer? We lack awareness
- Citizens' advice, housing advice, advocacy, Freedom program etc.
- Elderly and mental health support services: social for lonely old people, very local to them. People who just need a bit more support and help
- Befriending services, carer support, debt management and many others. I am not yet aware of all the existing services locally
- Organising groups of patients with similar conditions/needs, to learn together and support each other in activities, e.g. Diabetes exercise club etc.
- Not answered: 8

If 'no', why is this (Tick all that apply)

	Number of responses	% of responses	% of respondents*
Don't know who they are	1	16.7	33.3
Don't know what they can offer	2	33.2	66.6
Don't have time to find out what they can offer	1	16.7	33.3
Think NHS and private sector can provide all the services needed	1	16.7	33.3
Would be unsure about the quality of the services provided	1	16.7	33.3
Too expensive	0	0.0	0.0
Previous bad experience of working with the VCS	0	0.0	0.0
Total	6	100.0	

*Number of respondents answering this question: 3

What would help you work with VCS organisations in the future? (Tick all that apply)

	Number of responses	% of responses	% of respondents*
Nothing	1	1.1	3.2
Having information in one place about who they are and what they can offer	29	33.3	93.5
Having a clear pricing structure for the services	16	18.4	51.6
If organisations had a quality standard/accreditation or National Commissioning Board approval	11	12.6	35.4
If organisations could provide outcome related statistics	15	17.2	48.3
If organisations could demonstrate economic value	15	17.2	48.3
Total	87	100.0	

*Number of respondents answering this question: 31

Other (please specify)

- Local experience is more important
- Preventative work – what could downstream input help to prevent upstream?
- Over time, it would be good to have a build-up of patient experience/feedback about which services and organisations had helped them most
- I think the three criteria at the bottom of the list will however be of crucial importance to commissioning groups who will be the ones making the funding decisions, not individual GPs or practices
- The CCG commissioning services

Funding Service Providers

Some local VCS organisations currently receive funding from the PCT towards their running costs so they can afford to deliver services. Would your practice be prepared to pay VCS organisations to deliver services on behalf of the practice?

	Number of respondents	% of respondents
Yes	5	16.1
No	3	9.7
No, but this is something the Consortium / CCG should fund	22	71.0
Not answered	1	3.2
Total	31	100.0

Contact With The VCS

Have you personally ever approached a VCS organisation to provide a service?

	Number of respondents	% of respondents
Yes	4	13.0
No	27	87.0
Total	31	100.0

Are you aware of any VCS organisations approaching your practice to provide a service?

	Number of respondents	% of respondents
Yes	11	35.5
No	20	64.5
Total	31	100.0

Information About The VCS

Do you know where to go for information about VCS organisations in Newcastle?

	Number of respondents	% of respondents
Yes	8	25.8
No	23	74.2
Total	31	100.0

Have you used Community Action on Health’s online Health Signpost Directory to get information about VCS organisations?

	Number of respondents	% of respondents
Yes	8	25.8
No	9	29.0
Never heard of it	14	45.2
Total	31	100.0

If ‘no’, why is this?

- Maybe we have and I don’t know when
- Lack of time
- Didn’t know it was available online
- I keep meaning to but I haven’t had time and I forget about it

If you have used it, do you find it useful?

	Number of respondents	% of respondents
Yes	8	100.0
No	0	0.0
Total	8	100.0

How would you like to find out what the VCS can offer your practice? (tick all that apply)

	Number of respondents	% of responses	% of respondents*
Leaflet/brochure in the post	12	23.0	38.7
Telephone call	0	0.0	0.0
Face to face meeting at your practice	12	23.0	38.7
Exhibition type event where all VCS organisations come together	8	15.0	25.8
Online directory holding information about all relevant organisations	20	39.0	64.5
Total	52	100.0	

*Number of respondents answering this question: 31

Other (please specify)

- We hold short weekly education meetings in the Practice. And the consortium holds longer quarterly meetings. It would be useful to hear from organisations at those meetings
- Email updates when things change. Iphone app
- Website
- Information at Clinical Commissioning Group 'time out' events
- Bridges is developing Teamnet internet between practices - would be an ideal place for this
- It would be good to arrange for voluntary organisations to come to our regular practice meetings. three practices meet on Friday lunchtimes
- Event and CCG

Did you know there were VCS representatives on your Consortium / CCG board?

	Number of respondents	% of respondents
Yes	15	48.4
No	16	51.6
Total	31	100.0

What do you think they bring to your Consortium?

- Broader perspective. A community view. Knowledge of the populations served
- A different voice
- I hope they will help us to manage patients' difficulties more appropriately, and stop us labelling people who aren't ill.
- Wider view of community outside health, and more of an understanding of specific groups
- A close connection to community groups. A wider perspective on 'health'
- Too soon to tell
- Different approaches to the need for services valuable. Grass roots experience of more in-depth involvement with community.
- A different perspective. Good at making a little go a long way. Impressed by delivering things on a budget justifying every penny
- Breadth of experience, lateral approach
- Broadening our knowledge
- Ideas on governance and representation
- I am not involved with the board of the consortium so I am not sure what VCS bring.
- I only know because I pressed for it to be the case in ours (TyneHealth) but I do not think our board has yet developed a way of working which allows people from outside practices to have a very clear role. I think they should be able to bring knowledge of alternative ways of delivering services, and of what is available locally, as well as a different perspective on what is needed
- Wider perspective re patient needs
- Not sure