

An evaluation of Upton Rocks PMS pilot site

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An evaluation of Upton Rocks PMS pilot site

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Summary

Introduction

Over the last decade the NHS has undergone many policy and organisational changes and the message of government policy initiatives during the 1990s was that the successful development of primary care depended on greater local flexibility and a reduction in central regulation. The NHS (Primary Care) Act 1997 allowed for the voluntary establishment of different methods for delivering general medical and other services through local, flexible contracting arrangements. One of the principles set out by the NHS (Primary Care) Act 1997 was that all Personal Medical Services (PMS) pilot sites thus established should be evaluated. This document presents the findings of the local evaluation of a 'third wave' PMS pilot site in North Cheshire.

Study design and methods

The overall aims of the evaluation were to:

- monitor the development of the PMS site ('telling the story'). This involved examining the project from the perspective of many different stakeholders;
- assess the extent to which the pilot made progress towards its stated objectives.

Data were collected from as many sources as possible using different research strategies and data collection methods:

- the *General Practice Assessment Survey (GPAS)* was used to gain a general view of patient experience at two points in time;
 - a focus group was conducted with the Upton Rocks Patients' Forum;
 - routine monitoring data were collected in relation to all contacts at the Upton Rocks sexual health service for young people and evaluation
-

questionnaires were administered to all of the young people using the service over an eight-week period;

- a team climate survey was carried out annually with members of the Primary Health Care Team (PHCT);
- semi-structured interviews with members of the PHCT were conducted towards the beginning of the life of the PMS pilot then twice more at yearly intervals.

Findings

The GPAS revealed that patients registered at Upton Rocks PMS pilot site were very satisfied with the care and treatment they received and that this satisfaction had continued throughout the development of the pilot. These findings were also reflected in the views of the patients who attended the focus group.

The team climate surveys indicated that the staff at Upton Rocks perceived that their team works well together and that this view endured over time. The perceived quality and importance of teamwork was also reflected in the interview material. A number of themes emerged from the interviews including: starting from scratch; personal and professional development; breaking down the hierarchy in general practice; the importance of individuals; PMS as a new initiative; lack of stability; achievements; external lack of interest in Upton Rocks PMS pilot site; ownership of Upton Rocks PMS pilot site; and moving forward.

The sexual health service was attracting young people, the majority of whom attended the sixth form college adjacent to Upton Rocks PMS pilot site. The young people were very positive about the service and requested longer opening hours.

Conclusion

It is evident from the material presented in this study that at Upton Rocks PMS pilot site a service has been developed about which staff are enthusiastic and proud, that is highly regarded and appreciated by patients and that has met its original aims and objectives. However, it is difficult to say to what degree this apparent success can be attributed to the PMS initiative itself. The way in which this particular pilot site was set up, as a separate site being 'managed' by a *GMS* practice, was not found to be a satisfactory arrangement by either the staff of Upton Rocks or those of the *GMS* surgery. However, this initiative has provided the opportunity for the staff to 'start from scratch' and shape the service to meet the needs of their patients and reflect their own beliefs about what constitutes high quality care.

Chapter 1

Background to the study

1.1 Introduction

This document presents the findings of the local evaluation of a 'third wave' Personal Medical Services (PMS) pilot in North Cheshire, work that was commissioned by North Cheshire Health Authority before the reorganization of the National Health Service (NHS) in April 2002. In this Chapter, the policy background to the PMS initiative will be presented in order to set the study in context along with details about the national and local evaluations of PMS sites. Finally, there is information about the PMS site that is the subject of the evaluation.

1.2 The policy background

Over the last decade the NHS has undergone many policy and organisational changes (Pedersen and Leese, 1997). However, primary care, and more specifically general medical practice, has retained many of its key characteristics since 1948 (Lewis and Gillam, 1999), being possibly the most structurally stable element of the NHS (Lewis and Mays, 1999). The *General Medical Services (GMS)* contract under which general practice has been provided has been consistently organised upon three 'key pillars' (Lewis and Mays, 1999, p.5): that services are GP led; that GPs form small businesses independently contracted to the NHS; and that GPs' terms and conditions are negotiated nationally. This *GMS* contract was renegotiated both under the 1966 GP charter and in 1990, and is currently being renegotiated again (Beecham, 2002; Kmietowicz, 2002), but is perceived by some to have a number of limitations, centred on 'combining bureaucracy with under-management in primary care' (Sheaff et al, 2001, p.1). In addition, some of the advantages for GPs of 'independent contractor' status have been eroded (Gosden et al, 1999). Consequently, during the last ten years, pressure for change in this

situation from the government, management and the medical profession has increased (Lewis and Gillam, 1999; Sheaff et al, 2001).

The message of government policy initiatives during the 1990s was that the successful development of primary care depended on greater local flexibility and a reduction in central regulation (NPCRDC, 1998), as it had been recognised that the inflexibility of existing contractual arrangements was a major barrier to remedying poor quality primary care (Gillam, 1999). The NHS (Primary Care) Act 1997 thus allowed for the voluntary establishment of different methods for delivering general medical and other services through local, flexible contracting arrangements (Leese et al, 1999). All Primary Care Act Pilot sites (PCAPs) established under the Act involved a shift from provision of *GMS* under Part II of the NHS Act 1977 to provision of personal medical services (PMS) under Part I, although pilots had to include all of the services that patients were entitled to receive from their GP under *GMS* (NHS Executive, 1997). The Act also allowed health authorities to contract with providers of personal medical services other than independent general practitioners, for example with 'nurse-led' providers and with NHS trusts employing salaried GPs (Lewis and Mays, 1999; Sheaff and Lloyd, 1999).

The pilot schemes, which were originally called PCAPs but are now termed Personal Medical Services (PMS) sites, were intended to give providers of health care different options for addressing primary care needs. All pilots were charged with improving the provision of services provided within primary care, and the NHS Executive (1998) stated that the principles of good primary care (quality, fairness, accessibility, responsiveness and efficiency) should be fundamental to them all. It was envisaged that PMS sites could be responsive to local need (Leese et al, 1999; NHS Executive, 1998), and in addition PMS status was designed to encourage greater teamwork within the Primary Health Care Team (PHCT), numerous reports having advocated a team approach to health care (Hobbs and

Drury, 1992; Poulton and West, 1994). PMS status could be used to address recruitment and retention problems in respect of GPs, to improve the equity of GMS resource usage, to develop new arrangements or organisations for the delivery of services thus giving different professionals greater scope and opportunities, and to reduce the bureaucracy involved in the management of primary care provision (NHS Executive, 1998).

Becoming a PMS pilot site was voluntary, and potential sites were requested to submit bids to the Secretary of State (Jenkins, 1999). A total of 567 bids were received for the 'first wave', and after a selection process, it was announced that 94 pilots were to be approved (Jenkins, 1999). Of these, 85 'went live' in April 1998, the 'first wave' pilot schemes. Subsequently, a 'second wave' of PMS pilots were approved by the Secretary of State, numbering 203 (Jenkins, 1999), more than trebling the number of original sites (Nursing Times, 1999). Of these, 106 'went live' at the beginning of October 1999, and a further 80 at the beginning of April 2000. A third wave of pilots 'went live' in April and October 2001, numbering 1,100 in total (Department of Health, 2002a). The fourth wave began in April 2002, comprising about 380 pilots and wave 4b is imminent (Department of Health 2002a). In August 2002 plans for a fifth wave were announced (Department of Health 2002b). PMS pilots are 'an integral part of the Government's modernisation of the NHS' (Department of Health, 2002b, p.1) and the NHS plan set targets for PMS covering 33% of the population by 2002 and over 50% of the population by 2004 (Kilkenny, 2001; Walsh et al, 2000b).

Since the 1997 NHS (Primary Care) Act the British health service has undergone further reform. Primary care has been central to this change (Lewis and Gillam, 1999), and the development of primary care services is key to the modernisation of the NHS (Wilkin et al, 2001). In 1999 Primary Care Groups (PCGs) were established in England, charged with developing primary and community health services, commissioning hospital services, and improving the health of communities

of around 100,000 people (Wilkin et al, 2001). Evidence suggests that the relationship between PCGs and PMS pilots was not always easy, with both initiatives competing for development time and resources, although PMS pilots have arguably provided PCGs with a new tool for the development of primary care services (Lewis and Gillam, 1999).

In April 2002 England's 95 health authorities ceased to exist. They have been replaced by 28 larger 'strategic health authorities' (NHS, 2002, p.2). The PCGs have evolved into Primary Care Trusts (PCTs), which have taken over many of the responsibilities of the old health authorities. PCTs have been described as 'the cornerstone of the NHS, responsible for the planning and securing of health services and improving the health of the local population' (NHS, 2002, p.3). PMS contracts have been transferred from the health authorities to the PCTs and it is evident that PMS is to remain as a 'separate and complementary' option to the new GMS contract, which is currently being negotiated (Department of Health, 2002b, p.1).

1.3 Evaluation of the PMS initiative

One of the principles set out by the NHS (Primary Care) Act 1997 was that all PMS pilot sites should be evaluated. The NHS Executive attached much importance to evaluation, stating that it 'represents a major opportunity to promote the culture of R&D within primary care and contribute to evidence-based change in the organisation of the health service' (NHS Executive, 1997, p.6). Thus, from the beginning, evaluation was a key component of the initiative (Webb and Steiner, undated). A broad evaluation framework was established by the Department of Health (NHS Executive, 1997; NHS Executive, 1998), and it was planned that evaluation should take place at a central level, dealing with strategic policy issues covering multiple pilot sites and at a local level, examining individual pilots. The aims of the evaluation were to:

- support the Act's requirement for a review by the Secretary of State of each pilot within 3 years of commencement;

-
- facilitate local learning and development;
 - inform policy formulation centrally;
 - enhance the research and development (R&D) base in primary care.

Allen and Wilson (1992) state that the most neglected aspect of change is the assessment of whether change has been successful and that much can be learnt from a practice's experience of successful change and of proposed change going wrong. The emphasis on a primary care led NHS appears to be based on a strong belief in the merits of local access and responsiveness to patients' preferences (Robinson et al, 1997). Policy makers have cited reasons of cost effectiveness for this shift, but Robinson et al (1997, p.28) states that these claims are made on 'shaky foundations'. Therefore all evaluations, economic and otherwise, of PMS sites could be very valuable.

1.3.1 Central evaluation

The national central evaluation of the PMS initiative sought to assess the impact of the new arrangements developed by pilot sites for the provision of primary care against the key objectives of fairness, efficiency, effectiveness, flexibility, accountability, integration and responsiveness (Leese et al, 1999). The aim was to reach generalisable conclusions regarding the PMS pilot initiative. Four separate research teams were commissioned by the Department of Health, following an open tendering exercise, to explore the objectives listed above under four headings:

- addressing inequalities; (fairness, efficiency, effectiveness)
(Department of General Practice and Primary Care, University of London);
- evaluating quality; (effectiveness, fairness)
(Department of Social Work Studies, University of Southampton and National Primary Care Research and Development Centre, University of Manchester);
- salaried GP schemes; (efficiency, flexibility)

(National Primary Care Research and Development Centre, University of Manchester and the Division of General Practice, University of Nottingham);

- organisational change; (accountability, integration, responsiveness)

(The Health Services Management Centre, University of Birmingham).

The National Primary Care Research and Development Centre, University of Manchester, was commissioned to co-ordinate the research programme. This co-ordination was intended to minimise the demands on pilot sites, avoid duplication of research effort, and to promote synergistic learning across the research teams (Leese et al, 1999).

The National Evaluation Team produced an integrated interim report in which they detailed early findings. These are summarised below:

- Addressing inequalities

Carter et al (2000) reported that pilots focusing on vulnerable groups were generally located in deprived Local Government Districts. A variety of methods were being used to improve access for these groups, for example 'drop in' clinics. Some pilots had increased their range of services in the primary care setting and referral to secondary and specialist services had been improved through the development of closer working relationships and fast-tracking arrangements (Carter et al, 2000).

- Evaluating quality

Steiner et al (2000) stated that pilots had reported numerous changes to improve quality. Team building had been emphasised. Good project management, a shared sense of ownership among pilot stakeholders and a practice culture open and reflexive to change were all factors that seemed to encourage improvement. Poor premises, diminishing support from and involvement of health authorities, and an underestimation of the time

required to effect change were found problematic by some practices (Steiner et al, 2000).

- Salaried GP schemes

Sibbald et al (2000) reported that just over 50% of the first wave pilots had salaried GPs. Job satisfaction was similar among salaried GPs and GP principals, but salaried GPs were happier with their hours, income, and recognition for their work. Salaried GPs reported less stress due to workload and practice management, but more stress related to poor working conditions and lack of support from colleagues (Sibbald et al, 2000).

- Organisational change

Walsh et al (2000a) reported that among first wave PMS sites the traditional organisational form based on the GMS partnership model continued to predominate. New roles were being developed for nurses and there was evidence of increased access to a wider range of services for patients. The effectiveness and usefulness of health authority monitoring had been questioned by some. Links with external agencies were reported as variable (Walsh et al, 2000a).

In December 2001 the four research teams presented their findings to the Department of Health. Some key messages relating to the general findings from across all four studies were identified:

- PMS provides a framework within which new approaches to primary care provision can be delivered;
- PMS cannot provide the answer to every problem in primary care but, in the right circumstances, can encourage innovation and act as a catalyst for change;

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- PMS can generate substantial service changes and benefits to patients as a result of increased flexibility;
 - PMS can provide improved services for disadvantaged groups of patients;
 - there is no single model of PMS, making defining success problematic;
 - PMS proved modestly successful in improving GP recruitment and retention by introducing flexible, salaried contracts in areas where GMS posts were previously hard to fill;
 - salaried contracts were associated with increased GP job satisfaction, reduced job stress and enhanced work productivity;
 - in the right circumstances, PMS can improve quality of care, but so can GMS;
 - health authority support for PMS pilots has been variable but can be crucial;
 - in order to achieve their goals, PMS pilots require strong leadership and the ability to change professional relationships.

(The PMS National Evaluation Team, 2002, p.2).

1.3.2 Local evaluation

Local evaluation of PMS pilot sites was a requirement of the NHS (Primary Care) Act 1997, and formulation of this evaluation was undertaken at a local level with one of the major aims being to ascertain the extent to which the pilot has addressed local issues (Leese et al, 1999). The host health authority was responsible for the co-ordination of evaluative activities. There were no specific funds allocated to support local evaluation, although PMS pilot sites were encouraged to seek financial support to help them undertake this task (Webb and Steiner, undated).

In 1999, a survey to explore first wave pilots' progress in developing their local evaluations was carried out. The then existing 90 first wave pilots in England and

Scotland received questionnaires and 87 (97%) completed them (Webb and Steiner, undated). The main findings from this survey were:

- pilots were generally quite ambitious in their evaluation plans;
- 54% of local evaluations were being carried out by multiple agencies, with health authorities involved in 41% and universities with 34%;
- health authorities were funding 30% of local evaluations, practice funds were being used for 28%, NHS R&D monies were funding 8%, NHS Trusts 5% and the remaining practices stated either that they did not know or that they had no funds;
- since describing local evaluation plans in their initial proposal, 42% had modified their approach. For 28% this was because they had less time than they had originally envisaged, for 26% because of an unsuccessful funding application or no funding secured, in 25% of cases practices stated that they had had more time to consider their evaluation and for 17% a key member of the evaluation team had left the pilot;
- 44% of pilots had an evaluation steering group;
- 40% were very confident, 39% were fairly confident and 15% were not very confident that they would produce useful results.

1.4 Upton Rocks PMS pilot site

Upton Rocks PMS pilot site is situated in the area of Upton Rocks, north of Widnes. When the PMS pilot site was proposed in 1999, this area was a greenfield development site and it was estimated that between 1999 and 2007, 2,300 new homes would be built on the site with a projected population of 5,000 (Sharma and partners PMS+ proposal, 1999). In addition, there were large areas of land owned by Halton Borough Council in the vicinity that were potential sites for further housing developments. Primary care services in Widnes were reported as under pressure, with the area being 'under doctored' and having average GP list sizes above the national average (Sharma and partners PMS+ proposal, 1999). It was proposed by doctors at an existing primary care site in Widnes (Dr. Sharma and

partners at Appleton Surgery), that whilst maintaining the existing services at Appleton Surgery within the GMS framework, they use the opportunities presented by the PMS initiative to establish primary care services on a new site at Upton Rocks. Their proposal was accepted by North Cheshire Health Authority and Upton Rocks PMS pilot site was established.

The service was situated in what was planned to be a temporary building and it was envisaged that relocation to a new permanent building would take place by September 2001, a building into which Dr. Sharma and partners would also transfer their existing practice. However, by the end of this evaluation in June 2002 this transfer had not occurred and Upton Rocks PMS pilot site continued to operate from the original, slightly extended, building.

In the initial stages of the pilot the service was delivered by a salaried GP, a nurse practitioner, a primary care nurse, a practice manager (who was responsible for both Upton Rocks and Appleton Surgery) and two reception and administration staff. There were also attached health visiting and midwifery staff. After approximately a year it was decided to appoint a dedicated practice manager to Upton Rocks.

The aims and objectives of the Upton Rocks PMS site as outlined in the contract document (Dr. Sharma and partners contract with NCH to provide Personal Medical Services, undated) were as follows:

- to develop high quality, accessible, and appropriate Primary Care services for the residents of Upton Rocks;
- to base this development on a robust and on-going assessment of the health needs of users;
- to develop an integrated Primary Health Care Team which works together to achieve agreed aims and objectives;

-
- to deliver the highest quality care through the appropriate utilisation of skills within the team;
 - to continuously review the service through the use of outcome measures and clinical audit;
 - to maintain and develop the process of consultation with the widest possible locally relevant audience and produce a consultative framework;
 - to continue to develop partnerships with appropriate agencies, groups and individuals;
 - to engender a working environment which motivates and encourages innovation;
 - to utilise best practice within human resources management to ensure that the Primary Health Care Team realises its full potential;
 - to develop and implement a communication and information and technology (IM&T) strategy.

These objectives will be used in this evaluation to help assess the achievements at Upton Rocks PMS pilot site.

1.5 Structure of this report

This report is organised into a number of chapters. In Chapter 2 the methods used in this evaluation are described and in Chapters 3, 4 and 5 the findings are presented. Chapter 3 is concerned with patients registered at Upton Rocks, Chapter 4 with the findings from team climate surveys and interviews with staff involved in the work of Upton Rocks and Chapter 5 describes the findings from work around the sexual health service that was set up for young people. Finally, in Chapter 6, there is a discussion of the findings.

Chapter 2

Study design and methods

2.1 Introduction

In this chapter the framework for the local evaluation of PMS sites will be explained, the aims of the evaluation will be stated and the methods employed will be described.

2.2 Background to the local evaluation framework

In the guide to the local evaluation of PMS sites produced by the NHS Executive, evaluation was defined as 'a set of procedures to judge a pilot's merit by providing a systematic assessment of its aims, objectives, activities, outputs, outcomes and costs' (NHS Executive, 1997, p.13). Evaluation is inevitably a complex process, with the purpose of PMS sites, the objectives that are set for individual practices, the principles of good primary care, the experience of staff and the experience of patients to be taken into account. As stated in Chapter 1, local evaluation of individual PMS sites was made a statutory obligation, and was the responsibility of the pilot's proposers and the health authority (NHS Executive, 1997). 'Systematic project monitoring' (NHS Executive, 1997, p.7) was deemed an essential element of local evaluation and is defined as giving descriptive information on the extent to which delivery of the service has been consistent with its objectives, the project has reached the intended population, appropriate use has been made of resources and the costs of new arrangements have been identified. In addition, an aim of local evaluation would be to ascertain the extent to which a pilot had addressed local issues (Leese et al, 1999). Any evaluation framework should take into account these statutory expectations.

Numerous approaches to evaluation are possible. The framework for this local evaluation was based on the principles of pluralistic evaluation, an evaluative approach proposed by Smith and Cantley (1985). They argued that the conventional mode of evaluative research was experimental, rationalist and

objectivist and as such was fraught with difficulties. Pluralistic evaluation essentially involves identifying the major groups involved in a policy and comparing them with each other throughout the research. As Primary Health Care Teams (PHCTs) exist to maintain and improve the health of their populations through health promotion, treatment and rehabilitation, patients and their carers and those providing the service are major stakeholders (Poulton and West, 1994). These three groups may have conflicting criteria for measuring effectiveness; patients and carers will want high quality care and service providers will need to provide this care within allocated resources (Poulton and West, 1994). Patients may define success differently from healthcare professionals (Neuberger, 1998) and central to the pluralistic approach is the perspective that 'Success is a pluralistic notion. It is not a unitary measure.' (Smith and Cantley, 1985, p. 173). In addition, the commissioners of health care may also have their own perspective (Poulton and West, 1994).

By adopting a pluralistic approach, consideration is given to how the different groups involved in a change view success and the strategies they employ to achieve this. This type of approach has been advocated specifically for the evaluation of PHCTs by Poulton and West (1994), who call it a 'constituency approach'. Pluralistic evaluation also embodies the principles of methodological triangulation with data being collected from different sources (Øvretveit, 1998) and consideration can be given to acknowledging 'the significance of subjectivity, values and power in the shaping of understandings of programmes, projects and practice' (Everitt and Hardiker, 1997, p.200). As Poulton and West state when discussing their constituency model, the approach

'provides a realistic alternative to the notion that effectiveness of primary health care teams is an objective concept which can be operationalized into an empirical outcome measure' (Poulton and West, 1994, p.84).

For example, the objectives set by the practice are not neutral and value free and different interest groups may have set different objectives. By investigating the meaning of 'success' to different stakeholders this may become apparent. It would still be important, however, to assess the extent to which the practice meets stated objectives in order to assess the achievements at Upton Rocks PMS pilot site.

Data collection can be carried out in various ways, and according to Beattie (1995, p.465) different approaches 'have been polarised into two warring camps', quantitative and qualitative strategies. However, for evaluation to be meaningful it requires expertise from a wide variety of fields such as medicine, statistics, economics, sociology and psychology (Jenkinson, 1997) and so it can be argued that such polarisation is not helpful. As Smith and Cantley (1985) state, all data is potentially biased and the research design should seek to minimise this. In this evaluation framework a pluralistic approach and both quantitative and qualitative methods were utilised in order to give a broad overview of the PMS site. This was a 'mixed portfolio approach' (Beattie, 1995), which sought to compile a range of different kinds of information which could be used in the evaluation of the project and which took into account the argument that no one approach can be expected to meet all the different interests and requirements of different stakeholders and audiences (Beattie, 1991).

2.3 Overall aims of the evaluation

The overall aims of the evaluation were to:

- monitor the development of the PMS site ('telling the story'). This involved examining the project from the perspective of many different stakeholders;
- assess the extent to which the pilot made progress towards its stated objectives.

These two aims were not mutually exclusive, in that monitoring the development of the project partly assessed the extent to which progress towards objectives was made and progress towards stated objectives could say much about the development of the project. It should also be noted that the extent to which many of the specific objectives set by the practice were met were measurable through audit, and so the findings of the evaluative activities outlined here can be more fully examined in conjunction with data which the practice collected routinely.

2.4 Methods employed

2.4.1 Monitoring the development of the PMS site

In order to monitor the development of the PMS site it was decided:

- to interview those involved with the development of the PMS bid to determine the process that was undertaken;
- to carry out a team climate survey annually;
- to carry out semi-structured interviews with members of the PHCT to include different professional disciplines. Interviews were to take place towards the beginning of the life of the PMS pilot then twice more at yearly intervals.

The team climate survey (Appendix 1) allows evaluation of the opinions of all members of the PHCT in relation to the working of the PMS under six categories - 'direction', 'communication', 'organisation', 'skills', 'motivation' and 'working with others'. The survey questionnaire is made up of 60 statements which each fall into one of these operational categories, and respondents mark each statement on a five point Likert type scale ranging from 'never true', through 'rarely true', 'sometimes true', and 'mostly true' to 'always true'. Examples of the statements that fall under the different categories are shown in Appendix 2. For each operational category there was a maximum possible score of 50, which was multiplied by two in order to create a percentage score for each category. Staff were asked whether they agreed with positive statements about the working of

the team and the instrument was designed so that higher percentage scores indicate the perception that the team is working well.

The team climate survey was supplemented by semi-structured interviews with members of the PHCT. A more detailed exploration of the views of different groups was thus facilitated and any issues that were raised by the team climate survey could be explored further. Semi-structured interviews have a 'loose' structure consisting of open-ended questions that define the area to be explored, but will allow the interviewer or interviewee to diverge in order to follow up particular areas in more detail (Britten, 1995). Thus, although the interview topics and questions that led into exploring these areas had been defined initially, the semi-structured format allowed interviewees to express ideas that were important to them, and also meant that answers could be clarified and more complex issues probed than would be possible using a more structured approach (Bowling, 1997). All of the interviews were carried out by the same interviewer and an example interview schedule can be seen in Appendix 3. With the permission of the interviewee the interviews were audio taped. A thematic analysis of the interviews was carried out with the data being coded by theme.

2.4.2 Assessment of progress towards stated objectives

The objectives of the PMS pilot sites were themselves a topic for research in terms of ownership and this was explored whilst monitoring the development of the project. However, assessment of progress towards stated objectives was also an important area to be assessed.

The experience of staff of progress towards objectives was examined through the team climate survey and interviews as detailed above. The *General Practice Assessment Survey (GPAS)* was used to gain a general view of patient experience as the questions in this instrument matched quite well with the stated objectives of Upton Rocks.

The GPAS is a self-administered patient questionnaire that has been developed by the National Primary Care Research and Development Centre (NPCRDC) to measure various aspects of patient satisfaction. This questionnaire was adapted very slightly for use in this study, to reflect the status of Upton Rocks as a single-handed GP practice (Appendix 4). It has questions that explore issues such as access and availability, patient's satisfaction with the care they receive from receptionists, nurses and doctors, and overall patient satisfaction. Many of the questions are scored using a Likert type scale, with possible responses ranging from 'very poor' and 'poor', through 'fair' and 'good' to 'very good' and 'excellent'. Some of the questions can be examined as individual items, whilst it is recommended by the NPCRDC that others are combined to produce scale scores (NPCRDC, 2001). All of the GPAS scale scores range from 0 to 100 points, and scaling procedures effectively convert the scores into a percentage of maximum score (NPCRDC, 2001).

The GPAS has now been used in a number of large national postal surveys and scale score results from these, involving approximately 9,700 patients, have been summarised (NPCRDC, 2002). Therefore, the results from individual practices can be compared with the national sample survey.

Since this study was carried out a second version of the GPAS has been developed by the NPCRDC, and a new scale, 'enablement', has been added. The national surveys also revealed that some questions were not producing meaningful results (NPCRDC, 2002), and consequently these questions were not analysed in the current study (Appendix 4, questions 10a, 10b, 10c, 10d, 10e, 14a, 14b, 14c, 15 and 20).

The GPAS was administered twice in this study, in November 2000 and January 2002. In November 2000, as patient numbers were small, the questionnaire was sent to the home addresses of all of the patients registered at Upton Rocks who

were aged 18 years or over. In January 2002 the GPAS was sent to a random sample of 200 patients who were aged 18 years or over. Questionnaires were sent with an accompanying letter explaining the study (Appendix 5) and a freepost envelope for return direct to the Centre for Public Health Research. This helped to retain the anonymity of the respondents.

In order to complement the data collected using the GPAS, a focus group was conducted with the Upton Rocks Patients' Forum in June 2002. Focus groups, as unstructured interviews with small groups of people who interact with each other and with the facilitator, have the advantage of making use of group dynamics to stimulate discussion, gain insights and generate ideas. This method, for subjects such as patients, can also make it easier for individuals to explore their views than in a face-to-face interview (Bowling, 1997).

The members of the Patients' Forum at Upton Rocks were aware that this evaluation was in progress and keen for their views to be heard. They held meetings regularly and agreed to use one of these meetings for the purpose of conducting the focus group. The secretary of the Patients' Forum was informed in writing of the proposed date for the focus group in order that individual members of the forum could in turn be informed and decide whether they would like to attend. The focus group was facilitated by the researcher and with the permission of all those present the proceedings were audio-taped. This audio-tape was transcribed verbatim and a thematic analysis of the focus group material was carried out with the data being coded by theme.

2.4.3 The sexual health service for young people

As Upton Rocks PMS site became established, a sexual health service specifically for young people was set up. The rationale for developing this service was grounded in both national initiatives and local research. The Government document 'Health of the Nation: A strategy for Health in England' (Department of

Health, 1992) identified several targets relevant to improving the health of teenagers, including the target to reduce conceptions by 50% in young people aged under 16 years. Nicoll et al (1999) analysed national data on the sexual health of teenagers in England and Wales and their findings suggested that there is scope for improvement in the sexual health of young people through the provision of services which are sensitive and relevant to their needs. Local studies (Piella, 1995; Knill, 1998) have reflected national findings, indicating that young people want small, friendly, 'drop in' services, close to school and home. Specifically, at a conference for young people organised in North Cheshire, local young people requested a service near to Widnes Sixth Form College (Piella, 1995). The very close proximity of Upton Rocks PMS site to this college means that it is well placed to meet this requirement. The service is staffed by a receptionist and a family planning nurse, with a doctor on call if needed. It is operational for two hours every Monday lunch time during the college term and is available to any young person aged 19 years or younger, whether or not they are registered patients at Upton Rocks.

In order to evaluate this service the number and type of contacts made by young people were monitored and the views of young people using the service were sought. Routine monitoring data (anonymous) in relation to all contacts with the service were collected by means of a record sheet (Appendix 6), which was completed by the family planning nurse, on a continuing basis over the period of an academic year. After the service had become established, questionnaires were administered to all of the young people using the service over an eight-week period (Appendix 7). Questionnaires were handed out by the receptionist, completed anonymously, and left in a collection box at Upton Rocks. All quantitative data were analysed using the statistical package SPSS.

2.5 Conclusion

The local evaluation of individual PMS sites is a complex process. By adopting a pluralistic approach and making it explicit that success is a pluralistic notion (Smith and Cantley, 1985), whilst gathering data from as many sources as possible using different research strategies and data collection methods, the clearest picture possible of the project will emerge. By defining and assessing success according to the views of different groups this approach may be relatively neutral, but representing these views is not in itself an evaluation (Øvretveit, 1998). Consequently, Everitt and Hardiker (1997) state that the 'processes of generating and scrutinising evidence do not obviate the need, in the end, to make moral judgements about whether practice is 'good', 'good enough', 'poor' or 'corrupt' (p.205).

Chapter 3

Work with patients

3.1 Introduction

Work with patients at Upton Rocks consisted of three elements:

- the administration of the *General Practice Assessment Survey (GPAS)* in November 2000;
- the administration of the *GPAS* in January 2002;
- conducting a focus group with the Patients' Forum in June 2002.

In this chapter, the results from the *GPAS* conducted in 2000, the *GPAS* conducted in 2002 and the focus group, will be presented in turn.

3.2 General Practice Assessment Survey 2000

During November 2000 the *GPAS* was sent by post to the home addresses of all of the patients aged 18 years or over who were registered at Upton Rocks. The questionnaire was sent to 304 people. A total of 193 (63%) were returned, although 20 of those returned were blank. This left a total of 173 completed questionnaires (57% response rate). It is stated by the NPCRDC that 100 completed questionnaires are sufficient to allow an accurate portrait of a practice (NPCRDC, 2001).

3.2.1 Demographic details

Two out of the 173 people who completed the questionnaire did not indicate their gender. Of the remaining 171 replies:

- 64 (37%) were from men;
- 107 (63%) were from women.

In total, 63 men and 106 women reported their age, and the ages of those who replied ranged from 19 years to 82 years. The ages of the men and women who replied are displayed in the figures below.

Figure 3.2.1.1 Age of male respondents

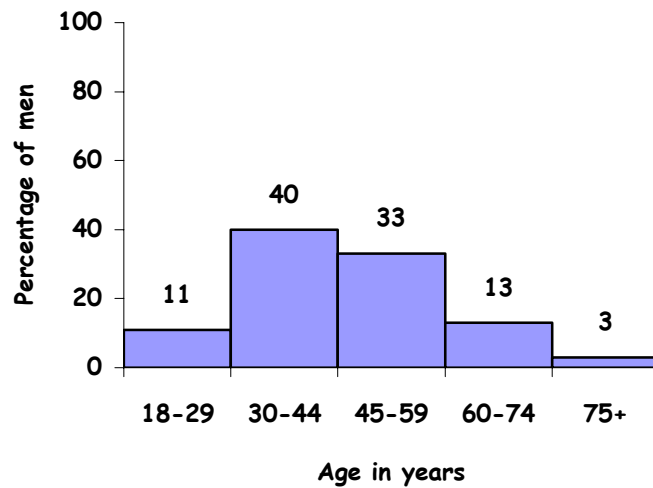
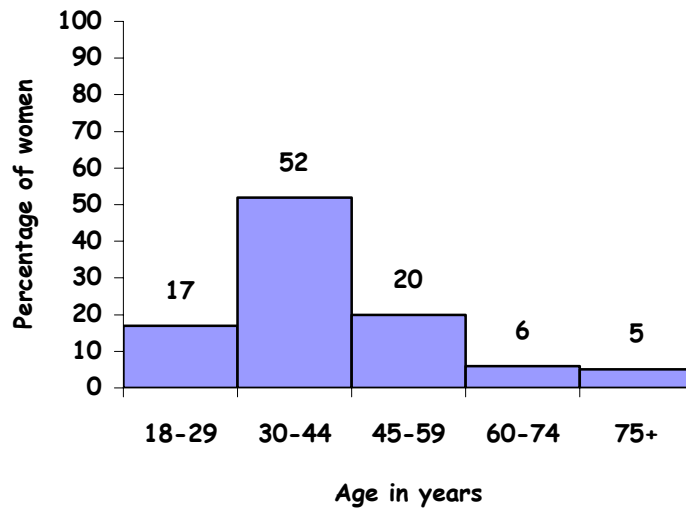


Figure 3.2.1.2 Age of female respondents

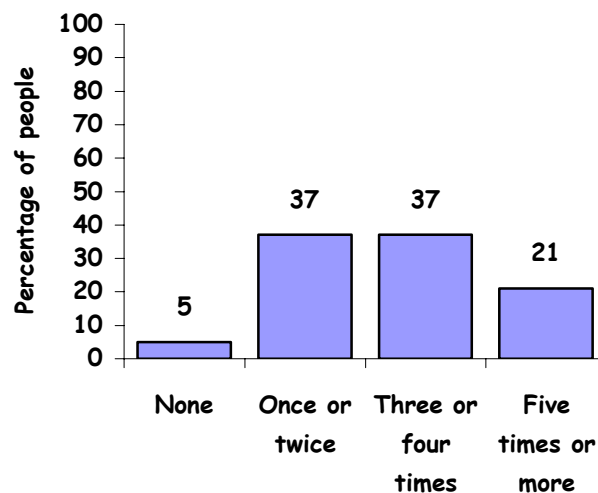


Respondents were asked how long they had been registered at Upton Rocks. All 173 people responded to this question:

- 88% (153 people) had been registered for less than a year;
- 12% (20 people) had been registered for 1 - 2 years.

Respondents were also asked how often they had seen a doctor or nurse at the practice in the preceding year. All 173 respondents answered this question. The results are displayed in the figure below.

Figure 3.2.1.3 How many times have you seen the doctor or nurse in the past year?



3.2.2 Access and availability

A number of GPAS questions concerned patients' access to services. Responses are displayed in sections 3.2.3-3.2.7 as percentages and actual numbers. For some questions, not every individual responded, and so the figures do not always add up to 173, the total number of completed questionnaires.

3.2.3 Location

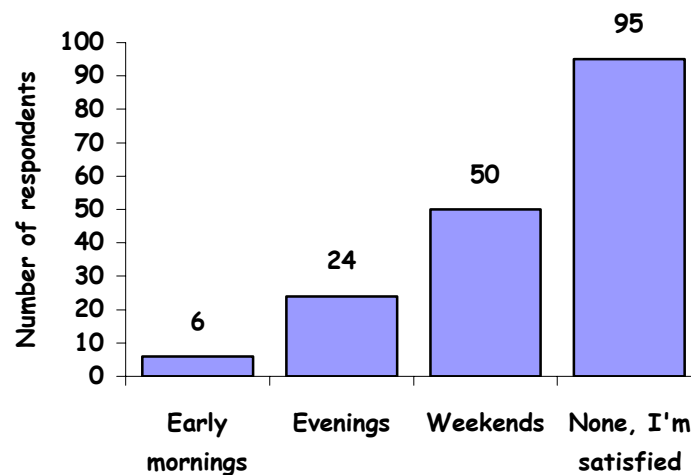
- 82% (141 people) rated the convenience of the practice's location as very good or excellent, with the remaining 18% (32 people) rating it as good or fair;
- nobody rated the convenience of the practice's location as poor or very poor.

3.2.4 Opening hours

- 73% (127 people) rated the hours that the practice is open for appointments as very good or excellent, with the remaining 27% (45 people) rating it as good or fair;
- nobody rated the hours that the practice is open for appointments as poor or very poor.

Respondents were asked what additional hours, if any, they would like the practice to be open. 167 people replied to this question, with each individual able to make more than one response. The results are shown in the figure below.

Figure 3.2.4.1 What additional hours would you like your practice to be open?



It can be seen that 95 of the 167 people who responded to this question (57%) were satisfied with the opening hours and did not suggest any changes.

3.2.5 Making an appointment

Respondents were asked how quickly they could get an appointment to see the doctor if they wanted one, and 157 people answered this question:

-
- 43% (68 people) stated that they could get an appointment with the doctor on the same day;
 - 38% (60 people) said that they could get an appointment with the doctor the next day;
 - 17% (27 people) said that they could get an appointment with the doctor within 2-3 days;
 - 1 person said that they could get an appointment with the doctor in 4-5 days;
 - 1 person said that they could get an appointment with the doctor in more than 5 days.

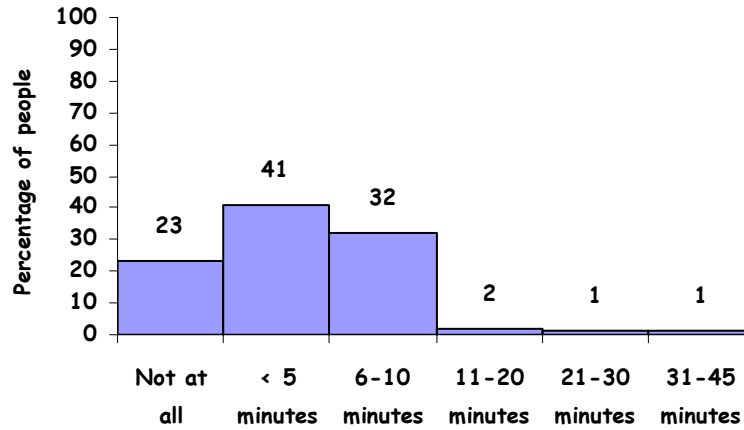
Respondents were then asked to rate the speed with which they could obtain an appointment with the doctor:

- 78% (122 people) rated it as very good or excellent;
- 22% (34 people) rated it as good or fair;
- nobody rated it as poor or very poor.

When asked about getting an urgent appointment with the doctor, 86 respondents indicated that they had never needed one and four people did not answer this question. The remaining 83 people all stated that it was possible to get an urgent appointment on the same day if necessary.

167 people responded to the question enquiring about the length of time that they waited at the practice for appointments to begin. The answers are displayed in the figure below.

Figure 3.2.5.1 How long do you have to wait in the practice for your appointments to begin?



When asked how they rated the amount of time that they waited for an appointment to begin:

- 73% (117 people) rated it as very good or excellent;
- 27% (44 people) rated it as fair or good;
- nobody thought that it was poor or very poor.

3.2.6 Contacting the practice

There were three questions asking about access to the practice by telephone.

When asked about the ability to get through to the practice on the telephone:

- 82% (129 people) rated it as very good or excellent;
- 18% (30 people) rated it as fair or good;
- nobody thought that it was poor or very poor.

When asked about the ability to speak to the doctor on the telephone:

- 61% (49 out of the 81 people who responded to this question) rated it as very good or excellent;

-
- 39% (31 out of the 81 people who responded to this question) rated it as fair or good;
 - 1 person rated it as poor.

When asked about the ability to speak to a nurse on the telephone:

- 65% (64 out of the 98 people who responded to this question) rated it as very good or excellent;
- 35% (34 out of the 98 people who responded to this question) rated it as fair or good;
- nobody thought that it was poor or very poor.

3.2.7 Contact with receptionists

Respondents were asked how they would rate the way they are treated by the receptionists in the practice. All 173 respondents answered this question:

- 51% (89 people) rated the way they were treated by the receptionists as excellent;
- 35% (61 people) rated the way they were treated by the receptionists as very good;
- 13% (23 people) rated the way they were treated by the receptionists as good;
- nobody rated the way they were treated by the receptionists as fair, poor or very poor.

This question was designed to produce a scale score. The scale score for this group of respondents was 88, higher than the national sample survey average of 69 (NPCRDC, 2002).

3.2.8 Contact with the doctor

Three groups of questions about a patient's contact with the doctor were designed to produce scale scores around the issues of communication, interpersonal care and knowledge of the patient. For these questions,

patients were given the opportunity to miss them out if they did not feel that they knew their doctor well enough; consequently approximately one third of respondents did not reply.

Firstly, respondents were asked four questions about how well they thought their doctor communicated with them. They had to rate on a Likert scale the thoroughness of the doctor's questions, the attention the doctor paid to what they said and the doctor's explanations. They also had to indicate how often they left the doctor with unanswered questions (Appendix 4, questions 11a, 11b, 11c and 12). The scale score calculated was 86, which is higher than the national sample survey score of 75 (NPCRDC, 2002).

Respondents were also asked three questions about interpersonal care. They had to rate on a Likert scale the amount of time the doctor spent with them, the doctor's patience and the doctor's caring and concern (Appendix 4, questions 13a, 13b and 13c). The scale score calculated was 82, which is higher than the national sample survey score of 71 (NPCRDC, 2002).

Finally, respondents were asked three questions about their doctor's knowledge of them. They had to rate on a Likert scale the doctor's knowledge of their medical history, knowledge of what worried them most about their health and knowledge of their responsibilities at work, home or school (Appendix 4, questions 16a, 16b and 16c). The scale score calculated was 65, which is higher than the national sample survey score of 60 (NPCRDC, 2002).

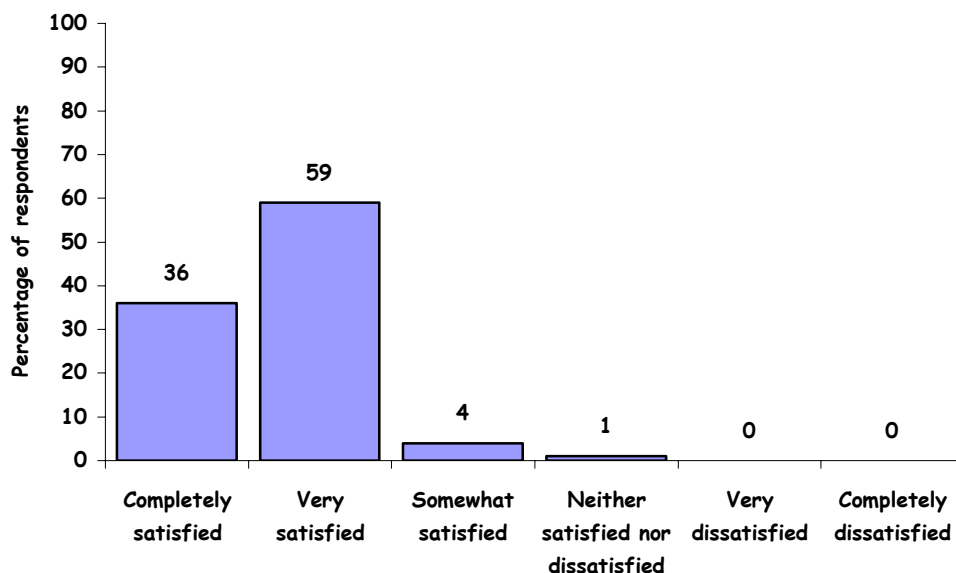
3.2.9 Contact with a nurse

Respondents were asked whether they had seen a nurse in the practice during the previous 12 months. In total, 155 people said that they had. This group were then asked three questions about this contact. Respondents were asked to rate on a Likert scale the attention the nurse gave to what they said, the quality of care they received from the nurse and the explanations given by the nurse (Appendix 4, questions 18a, 18b and 18c). A scale score was calculated which at 84 is higher than the national sample survey score of 77 (NPCRDC, 2002).

3.2.10 Overall satisfaction

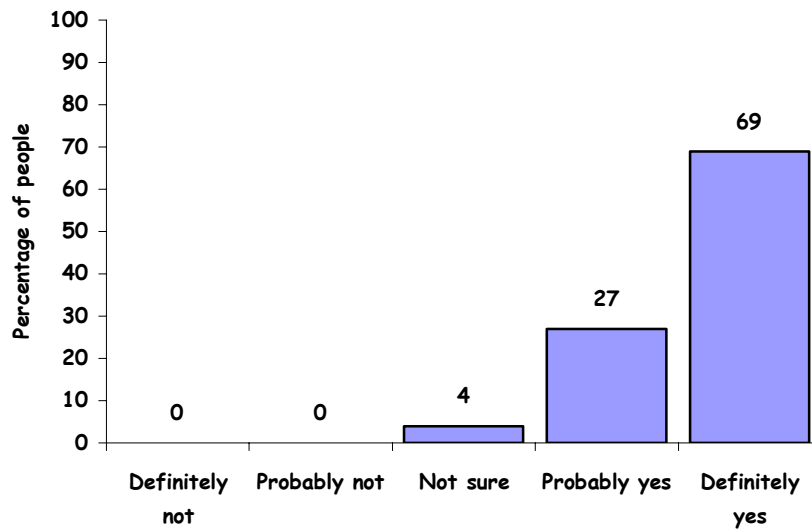
Patients were asked two questions about overall satisfaction with the practice. The results are displayed in the figures below.

Figure 3.2.10.1 All things considered, how satisfied are you with your practice?



A total of 171 people responded to this question.

Figure 3.2.10.2 Would you recommend your usual doctor to your family and friends?



A total of 162 people responded to this question.

3.2.11 Comments written by respondents

Although they were not specifically asked to, 11 respondents made written comments on their questionnaires about the service they had received at Upton Rocks. These were largely positive comments, although some people stated that they had found it difficult to complete the questionnaire as they had not been registered at Upton Rocks for very long. Comments are reproduced 'verbatim' below.

'It was difficult filling in this form fully, as I've only had a health check with the nurse, and one appointment to see the doctor over a referral to see a consultant privately.'

'We have only been registered at our practice for 6 months. We changed because we had an appalling service at the practice in X. Making an appointment there was horrendous. We were always told 'come in a week tomorrow' etc. and the receptionists were very rude and bad mannered. When people are ill they need medical attention straight away not next week!'

'I have only recently joined this surgery therefore I have the following observations:

- 1. The initial interview with the doctor was very good.*
- 2. The follow up by the practice nurse due to higher than expected cholesterol levels was also very good.*
- 3. I would be willing to complete another questionnaire when I have been a patient for say 2 years.'*

'I have only recently joined the practice and therefore have based my answers on my limited experience.'

'I am sorry that I am unable to answer all questions because I have only been registered at Upton Rocks for two months since moving from Liverpool to Widnes. My only visit was to have the usual introductory session with the nurse, which was very well done. Nurse called in the doctor for a couple of minutes to check on something. By mistake I was kept waiting for about three quarters of an hour. It was a genuine mistake and I know that waiting time is much less than this.'

'I haven't actually had cause to see the doctor, but on a couple of occasions have seen the nurse practitioner. She was excellent, took time with me and I left feeling very happy that someone was so caring. However, this had been after I had seen a locum standing in for Dr. X. Unfortunately I cannot remember his name, but he was possibly the worst medical man I have seen, dismissing me in under a minute. I saw (nurse practitioner) a couple of days later who was able to help, sent samples for tests and just put my mind at rest. If I ever need to go to the practice in the future I would most certainly request to see her.'

'Cannot answer questions re. the doctor as I have only been registered with her for less than 3 months.'

'My doctors is a new surgery so things could alter in future.'

'The new surgery at Upton rocks is a credit to the NHS. My previous surgery at X was a shambles and an utter disgrace. The contrast is simply unbelievable.'

'Upton Rocks is a PMS site and the standard of care and organisation is excellent. I am a nurse by profession and generally sceptical of GP services. However Upton Rocks has demonstrated to me how things can be done.'

'After not long joining the practice I am overall impressed with the service they provide and I feel that as a family they have been very thorough in looking

through our family history and notes and sent a member of our family on routine tests because they have noticed a medical problem with other members of our family. I think this is extremely good and feel they are putting us first instead of cost. We feel really special having them as our practice.'

3.3 General Practice Assessment Survey 2002

During January 2002 the GPAS was sent by post to the home addresses of a random sample of 200 patients aged 18 years or over who were registered at Upton Rocks. A total of 119 (60%) were returned, although 5 of those returned were blank. This left a total of 114 completed questionnaires (57% response rate). As previously reported, the NPCRDC state that 100 completed questionnaires are sufficient to allow an accurate portrait of a practice (NPCRDC, 2001).

3.3.1 Demographic details

Two out of the 114 people who completed the questionnaire did not indicate their gender. Of the remaining 112 replies:

- 38 (34%) were from men;
- 74 (66%) were from women.

All 38 male respondents and 71 of the female respondents reported their age, and the ages of those who replied ranged from 19 years to 81 years. The ages of the men and women who replied are displayed in the figures below.

Figure 3.3.1.1 Age of male respondents

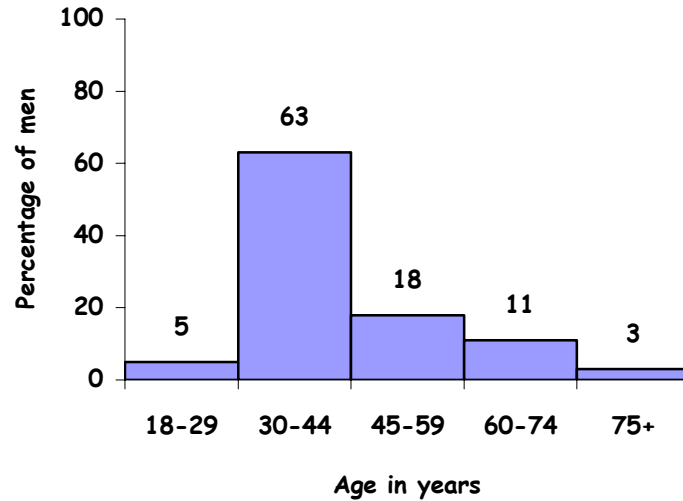
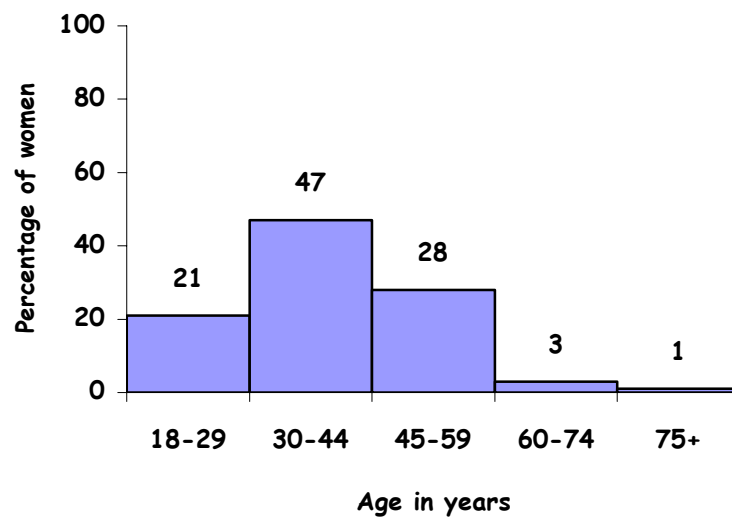


Figure 3.3.1.2 Age of female respondents

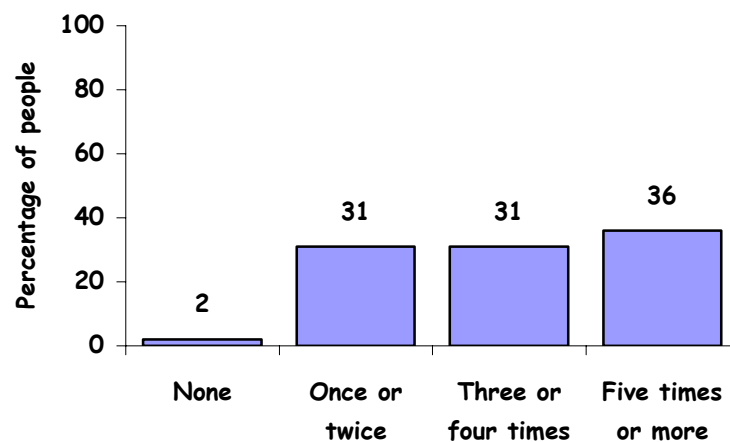


Respondents were asked how long they had been registered at Upton Rocks. 107 people responded to this question:

- 40% (45 people) had been registered for less than a year;
- 54% (62 people) had been registered for 1 - 2 years;
- 6% (7) people said that they had been registered for 3 -4 years.

Respondents were also asked how often they had seen a doctor or nurse at the practice in the preceding year. All 114 respondents answered this question. The results are displayed in the figure overleaf.

Figure 3.3.1.3 How many times have you seen the doctor or nurse in the past year?



3.3.2 Access and availability

A number of GPAS questions concerned patients' access to services. Responses are displayed in sections 3.3.3-3.3.7 as percentages and actual numbers. For some questions, not every individual responded, and so the figures do not always add up to 114, the number of completed questionnaires.

3.3.3 Location

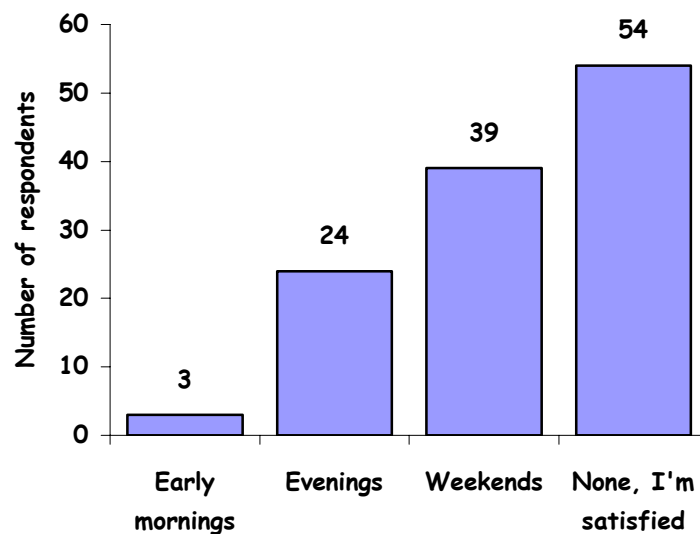
- 79% (89 people) rated the convenience of the practice's location as very good or excellent, with the remaining 21% (24 people) rating it as good or fair.

3.3.4 Opening hours

- 79% (89 people) rated the hours that the practice is open for appointments as very good or excellent, 19% (22 people) rated it as good or fair, with the remaining 2% (2 people) rating it as poor.

Respondents were asked what additional hours, if any, they would like the practice to be open. 107 people replied to this question, and each individual could make more than one response. The results are shown in the figure overleaf.

Figure 3.3.4.1 What additional hours would you like your practice to be open?



It can be seen that 54 of the 107 people who responded to this question (50%) were satisfied with the opening hours and did not suggest any changes. The remaining 53 people did identify additional times.

3.3.5 Making an appointment

Respondents were asked how quickly they could get an appointment to see the doctor if they wanted one, and 107 people answered this question:

- 19% (21 people) stated that they could get an appointment with the doctor on the same day;
- 44% (47 people) said that they could get an appointment with the doctor the next day;
- 32% (34 people) said that they could get an appointment with the doctor within 2-3 days;
- 4% (4 people) said that they could get an appointment with the doctor in 4-5 days;
- 1% (1 person) said that they could get an appointment with the doctor in more than 5 days.

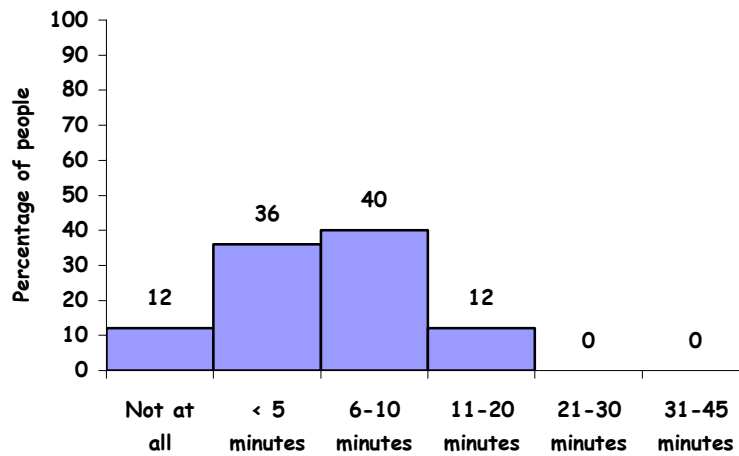
Respondents were then asked to rate the speed with which they could obtain an appointment with the doctor:

- 63% (66 people) rated it as very good or excellent;
- 30% (32 people) rated it as good or fair;
- 7% (8 people) rated it as poor or very poor.

When asked about getting an urgent appointment with the doctor, 52 respondents indicated that they had never needed one and one person did not answer this question. Of the remaining 61 people, 55 (90%) stated that it was possible to get an urgent appointment on the same day if necessary, and 6 (10%) that it was not.

112 people responded to the question enquiring about the length of time that they waited at the practice for appointments to begin. The answers are displayed in the figure below.

Figure 3.3.5.1 How long do you have to wait in the practice for your appointments to begin?



When asked how they rated the amount of time that they waited for an appointment to begin:

- 63% (70 people) rated it as very good or excellent;
- 36% (40 people) rated it as fair or good;
- 1 person thought that it was very poor.

3.3.6 Contacting the practice

There were three questions asking about access to the practice by telephone.

When asked about the ability to get through to the practice on the telephone:

- 75% (84 people) rated it as very good or excellent;
- 23% (25 people) rated it as fair or good;
- 1 person thought that it was poor and 1 person very poor.

When asked about the ability to speak to the doctor on the telephone:

- 65% (41 out of the 63 people who responded to this question) rated it as very good or excellent;
- 32% (20 out of the 63 people who responded to this question) rated it as fair or good;

-
- 1 person rated it as poor and 1 as very poor.

When asked about the ability to speak to a nurse on the telephone:

- 70% (47 out of the 67 people who responded to this question) rated it as very good or excellent;
- 30% (20 out of the 67 people who responded to this question) rated it as fair or good;
- nobody thought that it was poor or very poor.

3.3.7 Contact with receptionists

Respondents were asked how they would rate the way they are treated by the receptionists in the practice. All 114 respondents answered this question.

- 60% (69 people) rated the way they were treated by the receptionists as excellent;
- 29% (33 people) rated the way they were treated by the receptionists as very good;
- 9% (10 people) rated the way they were treated by the receptionists as good;
- 2% (2 people) rated the way they were treated by the receptionists as fair;
- nobody rated the way they were treated by the receptionists as poor or very poor.

This question was designed to produce a scale score. The scale score for this group of respondents was 90, higher than the national average of 69 (NPCRDC, 2002).

3.3.8 Contact with the doctor

Three groups of questions about a patients contact with the doctor were designed to produce scale scores around the issues of communication, interpersonal care and knowledge of the patient. For these questions,

patients were given the opportunity to miss them out if they did not feel that they knew their doctor well enough, and consequently approximately one third of respondents did not reply.

Firstly, respondents were asked four questions about how well they thought their doctor communicated with them. They had to rate on a Likert scale as previously described the thoroughness of the doctor's questions, the attention the doctor paid to what they said and the doctor's explanations. They also had to indicate how often they left the doctor with unanswered questions (Appendix 4, questions 11a, 11b, 11c and 12). The scale score calculated was 90, which is higher than the national sample survey score of 75 (NPCRDC, 2002).

Respondents were also asked three questions about interpersonal care. They had to rate on a Likert scale the amount of time the doctor spent with them, the doctor's patience and the doctor's caring and concern (Appendix 4, questions 13a, 13b and 13c). The scale score calculated was 87, which is higher than the national sample survey score of 71 (NPCRDC, 2002).

Finally, respondents were asked three questions about their doctor's knowledge of them. They had to rate on a Likert scale the doctor's knowledge of their medical history, knowledge of what worried them most about their health and knowledge of their responsibilities at work, home or school (Appendix 4, questions 16a, 16b and 16c). The scale score calculated

was 70, which is higher than the national sample survey score of 60 (NPCRDC, 2002).

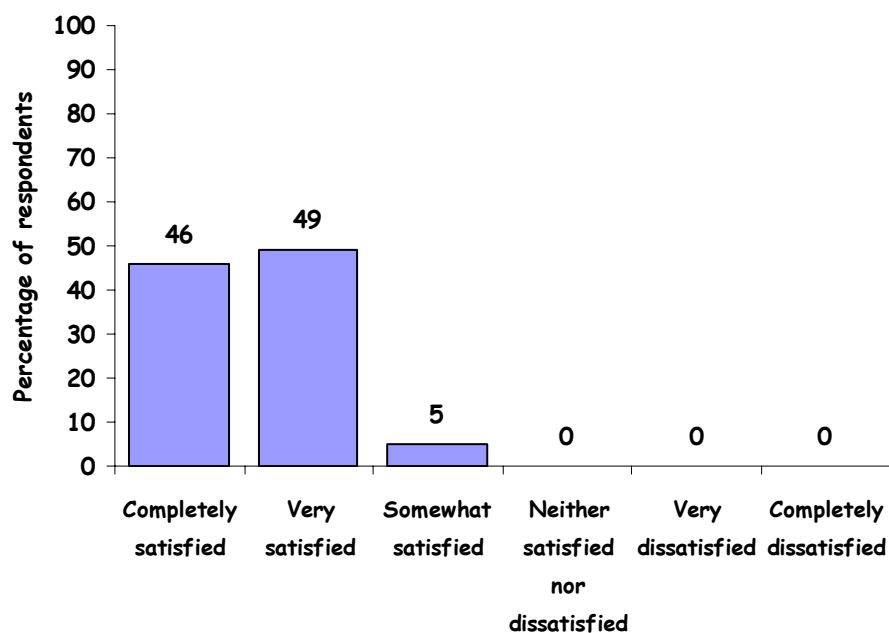
3.3.9 Contact with a nurse

Respondents were asked whether they had seen a nurse in the practice during the previous 12 months. In total, 105 people said that they had, and this group were then asked three questions about this contact. Respondents were asked to rate on a Likert scale the attention the nurse gave to what they said, the quality of care they received from the nurse and the explanations given by the nurse (Appendix 4, questions 18a, 18b and 18c). A scale score was calculated which at 83 is higher than the national sample survey score of 77 (NPCRDC, 2002).

3.3.10 Overall satisfaction

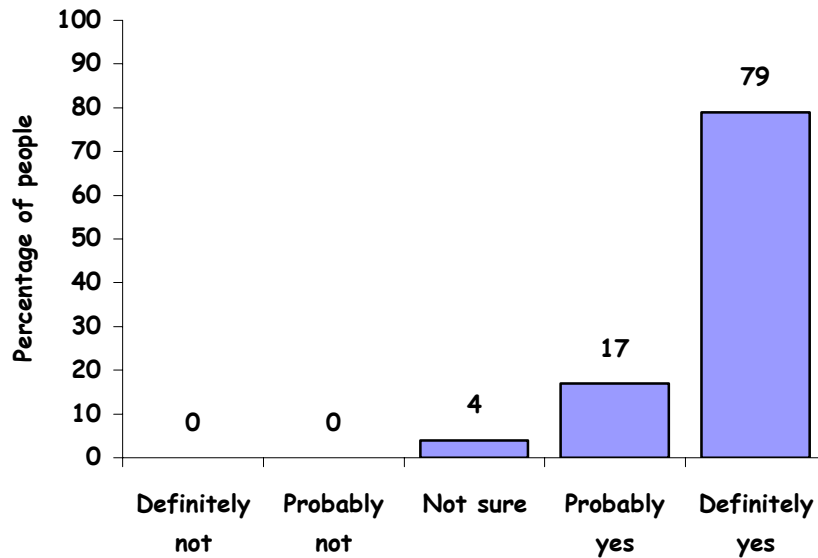
Patients were asked two questions about overall satisfaction with the practice. The results are displayed in the figures overleaf.

Figure 3.3.10.1 All things considered, how satisfied are you with your practice?



A total of 113 people responded to this question.

Figure 3.3.10.2 Would you recommend your usual doctor to your family and friends?



A total of 113 people responded to this question.

3.3.11 Comments written by respondents

Although they were not specifically asked to, 10 respondents made written comments on their questionnaires about the service they experienced at Upton Rocks. Eight of these were positive and two negative, and they are reproduced 'verbatim' below.

'I am completely satisfied with the Upton Rocks Medical Centre. The staff are great! Doctor is young, enthusiastic, keen and I feel confident in her ability.'

'I have repeat prescriptions, so this is mainly my reason for visits to the surgery. But the Doctor calls in on occasions when I sometimes call to the surgery to collect, and takes blood for checking everything is OK. I find this care excellent, as I have not had this at my last Doctors surgery at X.'

'I could not give my G.P. Dr. X the highest of reference. She is an excellent professional yet caring and thoughtful. During 2001 I suffered with depression, nervous breakdown and alcoholism. Dr. X was fantastic, I owe her more than I could write down. I was on my knees and she was there for me, she was caring, patient yet knowledgeable and professional.'

'I would just like to add, my husband has been with the same practice for over two years now. He does have a lot of health problems, and could not have had better attention anywhere.'

'Every time I have had contact with the practice either by visit or phone, everybody there has been extremely friendly, professional and show a genuine interest in my self and my family's well being. I leave the surgery feeling that nothing is too much trouble for any of the staff there, ranging from the receptionist, nurse, health visitor and doctor. I can honestly say you will have to go a long way to find a practice that is of a higher quality than this one! Well done to everyone who works there. Excellent!'

'I moved from my previous surgery due to the fact that after my first baby I was never given a post natal examination and on numerous occasions I made appointments to see the female doctor, she was either off ill or not available and the surgery did not inform me, knowing that I did not wish to be examined by a male doctor. My new surgery is mostly female dominated i.e. female G.P., female nurse etc. This is much more to my liking. Everyone is very friendly and I have had to take my baby up to the surgery a couple of times at short notice and this has never been seen as a problem and someone has always made the time to see her i.e. doctor or nurse. I just hope that this friendly atmosphere is maintained as more patients join the surgery. I would like to congratulate Upton Rocks as they are doing an excellent job, considering being such a young team (i.e. new team).'

'I have answered this assessment survey to the very best of my ability being a new patient at the practice, and found Dr. X and all the staff to be excellent, a very good atmosphere on reception. However, we have had more dealings at the surgery due to my husband and neither of us can find fault. We were advised by our previous doctor to find another practice due to the distance we had to travel. We are very happy with the way we have been received and dealt with.'

'I cannot rate my Doctors highly enough. I have had a recent illness and my Doctor listened to me, gave me a check up and the nurse gave me a blood test.'

'The Doctor was very patient and caring and prescribed treatment that made me well again. I am very grateful.'

'My main complaint is when my 5-year-old daughter was ill. She had a temperature for 3 days, and when we called the surgery we were told there were no appointments for 2 days, and then it was only with the nurse. We had to wait over 20 minutes to see the nurse, to be told she had tonsillitis. During our wait I noticed that the doctor didn't have any patients and was walking around doing nothing. I do not know if the receptionist was at fault or if the doctor didn't want to see anyone, but I was annoyed that a child who had had a temperature for a total of 5 days was not able to see the doctor.'

'Main dissatisfaction is time waited for appointment. Have 19-month-old baby and never seem to be able to get appointments convenient to me. Work part time so can only attend evening on Monday or Tuesday. Feel children should be seen the same day.'

3.4 Focus group June 2002

A focus group interview was carried out with the Upton Rocks Patients' Forum in June 2002. The Patients' Forum was established in October 2000, and meets every month. There are approximately ten patients involved in the forum and a part of one of the regular meetings was used to hold the focus group. A total of seven individuals, all female and aged between 33 and 61 years, took part. Issues around access and availability and general satisfaction with care received were explored. Quotations from participants in the focus group are presented in order to illustrate the themes that emerged from the material.

The members of the Patients' Forum reported very positive experiences of care and treatment at Upton Rocks. When considering what was good about the service they received a number of themes emerged. Firstly, the issue of time. The group members considered that all of the staff at Upton Rocks were willing to spend time with them and that they were not rushed away and they made favourable comparisons with their experiences at other practices. For example, one participant described how she felt that a previous doctor was poised to write a prescription as soon as she walked in, rather than taking the time to talk to her about her problem. Secondly, it was considered that the staff had been able to

create a nice atmosphere at the practice in which patients felt comfortable and confident that they would be well cared for. One individual commented:

'It is very calming I always find. From going to the receptionist to sitting down you feel immediately you are coming into an environment where you are going to be helped. It gives you that calming influence somehow.'

Choice was a third theme to emerge. Members of the focus group felt that being able to choose which professional they consulted was a good thing. They valued the autonomy of being able to decide how their needs could best be met. For example, one focus group member made the following statement about the nurse practitioner:

'But the other thing I think is really positive and very good is the fact that they have got (the nurse practitioner) because there are quite a few things you come in for that you know you don't want to see the doctor for.....I think the nurse practitioner role is invaluable.'

Finally, teamwork emerged as a theme. Members of the focus group perceived that staff at Upton Rocks worked together as a team, and that this enabled them to deliver high quality care. The patients perceived that the staff in the team knew how each other worked and enjoyed working together, and that this contributed to their being able to deliver a high quality service. One individual commented:

'I would have thought when this practice was originally set up all the professionals involved must have themselves had a meeting, or an understanding, with their aims and objectives apart from the actual medical treatments if you like. So it has been that collective attitude that has underpinned all the services that are involved and that has got to have been deliberate.'

The theme of teamwork was also expressed in terms of the focus group participants feeling that they were a part of the team in their own care.

Participants felt that they were listened to and that their views were taken into consideration when the professionals at Upton Rocks planned their care.

When considering what had enabled the staff at Upton Rocks to provide the service that they did the focus group members identified the relatively low numbers of patients early on and the slow growth of the practice as being contributory factors. However, members of the group who had been at Upton Rocks from the beginning felt that the same standard of care had been maintained as the practice had grown. In addition the theme that the perceived success of the practice 'transcended numbers' was evident. Lower patient numbers may have helped the staff initially, but it was felt that this explanation for their success was too simplistic. One focus group member commented:

'So I don't know what the difference is, why it is like that here, and people say it is because there aren't that many patients. I don't think that is altogether true. I don't think it is just that. There is something more than just numbers, yes.'

When asked if the service could be improved three points were mentioned by focus group members. It was reported that one member of the group wished to be able to order 'repeat prescriptions' over the telephone, one member of the group mentioned extending surgery hours to include Saturday mornings, and various of the group members mentioned the establishment of clinics such as a well woman clinic or diabetes clinic, and a chiropody service. However, focus group members indicated an awareness that the small size of the practice meant that many of these developments would not be practical. In addition, it was articulated that the reasons why repeat prescriptions could not be issued over the telephone had been explained to the forum and that group members appreciated the explanation.

Finally, a theme to emerge from the focus group material was that of concern about the future of Upton Rocks. The members of the group were clear that they wished Upton Rocks to maintain a separate identity. Consideration was given to

the idea of sharing a building with another practice, but this was not favoured. It was feared that joining with another practice may result in changes to the way that the service was delivered and group members wanted the service to continue as it was. One group member articulated the view that the staff of Upton Rocks would not want to change the way they worked, but if they joined with another practice they might have to. She stated:

'So I would hate to think that, not counting how we might experience it afterwards, if we merge I would hate to think that these professionals were put in any kind of compromising position or under professional pressure to alter their practices to fall in with the people they will be merging with.....I don't think that our professionals commitment would alter but they might be put under an awful lot of pressure to tow the line if you like.'

The focus group members were also keen for the Patients' Forum to continue. They felt that they had made a positive contribution to the running of the practice and that their continued input would be valuable. They were keen to get more patients involved, and did not want to be perceived as 'separate' from patients. This was an area that they were hoping to work on in the near future.

It is evident that the focus group members reported overwhelmingly positive feelings about the service they receive at Upton Rocks. To sum this up, one individual commented:

'It is just a very adept and professional thoroughness, done with courtesy and genuine regard.'

Chapter 4

Work with staff

4.1 Introduction and overview of evaluative activity with staff

Evaluative work with staff was particularly concerned with monitoring the development of Upton Rocks PMS pilot site. In addition, it was designed to explore the perceptions of staff in relation to the progress made towards the achievement of the aims and objectives set out in the contract agreed with North Cheshire Health Authority (Dr. Sharma and partners contract with NCH to provide Personal Medical Services, undated).

- In May 2000, the team climate survey (Appendix 1) was administered to all of the staff based at Upton Rocks.
- During June 2000, five interviews were carried out with staff at Upton Rocks. A further two interviews were completed at the beginning of 2001.
- In May 2001, the team climate survey was administered to all of the staff at Upton Rocks.
- During June 2001, four interviews were carried out with staff at Upton Rocks.
- In May 2002, the team climate survey was administered to all of the staff at Upton Rocks.
- During July 2002, eight interviews were carried out. Six of these were with staff based at Upton Rocks, one with an attached member of staff and one with the former practice manager.

The results from the three team climate surveys are presented below, followed by an analysis of all of the interview material.

4.2 The team climate surveys

On each occasion that the team climate survey took place, team climate survey questionnaires were distributed to all of the staff at Upton Rocks, with an explanatory covering letter, by the practice manager.

4.2.1 Team climate survey May 2000

In May 2000 a total of six completed survey questionnaires were returned. Table 4.2.1 below illustrates the mean percentage score for each of the six team climate survey categories.

Table 4.2.1 Mean team climate category scores in 2000

Team climate category	Mean % score
Direction	85
Communication	86
Organisation	90
Skills	89
Motivation	92
Working well with others	85
All climate survey categories	88

The mean percentage scores for all of the team climate survey categories were very high, ranging from 85% to 92%, with an overall mean score for the survey as a whole of 88%. The highest scoring category was 'motivation' and the lowest scoring were 'direction' and 'working well with others'.

4.2.2 Team climate survey May 2001

In May 2001 a total of six completed survey questionnaires were returned. Table 4.2.2 overleaf illustrates the mean percentage score for each of the six team climate survey categories.

Table 4.2.2 Mean team climate category scores in 2001

Team climate category	Mean % score
Direction	88
Communication	84
Organisation	90
Skills	90
Motivation	90
Working well with others	83
All climate survey categories	88

The mean percentage scores for all of the team climate survey categories were very high, ranging from 84% to 90%, with an overall mean score for the survey as a whole of 88%. The highest scoring categories were 'motivation', 'skills' and 'organisation' and the lowest scoring was 'working well with others'.

4.2.3 Team climate survey May 2002

In May 2002 a total of five completed survey questionnaires were returned. Table 4.2.3 below illustrates the mean percentage score for each of the six team climate survey categories.

Table 4.2.3 Mean team climate category scores in 2002

Team climate category	Mean % score
Direction	88
Communication	85
Organisation	91
Skills	91
Motivation	90
Working well with others	83
All climate survey categories	88

The mean percentage scores for all of the team climate survey categories were very high, ranging from 83% to 91%, with an overall mean score for the survey as a whole of 88%. The highest scoring categories were 'skills' and 'organisation' and the lowest scoring was 'working well with others'.

It can be seen that the mean percentage scores for all of the team climate categories are high over all three years and that there are no large differences between 2000, 2001 and 2002. This indicates that the staff at Upton Rocks perceive that the team works well together, that their motivation, sense of direction, communication and organisation are good, that their skills are utilised and that they work well with others.

4.3 Interviews with staff at Upton Rocks

In this section, an analysis of all the interview material is presented. Where appropriate, similarities and differences between the three sets of interviews are highlighted, indicating either similarity or change over time. The sample of interviewees consisted of staff working at Upton Rocks. An attempt was made to interview all of the core staff working at the PMS pilot site at yearly intervals. The interviews carried out in June 2000 are referred to as the 'original' or 'initial'

interviews. Those undertaken in June 2001 are termed the 'second' set of interviews and those in July 2002 as the 'final' interviews. The job titles of all of the staff interviewed are displayed in the tables below.

Table 4.3.1 Staff interviewed in June 2000

JOB TITLE	NUMBER
General Practitioner	1
Primary care nurse	1
Nurse practitioner	1
Practice manager	1
Project manager	1
Receptionist*	2

*These two interviews were delayed until the beginning of 2001 but are included in the analysis of this first cohort of interviews.

Table 4.3.2 Staff interviewed in June 2001

JOB TITLE	NUMBER
General Practitioner	1
Primary care nurse	1
Nurse practitioner	1
Project manager	1

Table 4.3.3 Staff interviewed in July 2002

JOB TITLE	NUMBER
General Practitioner	1
Primary care nurse	1
Nurse practitioner	1
Practice manager*	2
Receptionist	2
Health visitor	1

*The practice manager from Upton Rocks was interviewed. In addition, the practice manager from Appleton Surgery was interviewed as she had formerly managed Upton Rocks and still retained some limited responsibility for the practice.

The major themes to emerge from the interview material are presented and quotations from the interviewees are used to illustrate these themes. Quotations are identified by a tape transcript number. In this way the 'story' of Upton Rocks PMS pilot is told. The themes explored are: starting from scratch; personal and professional development; breaking down the hierarchy in general practice; the importance of individuals; PMS as a new initiative; lack of stability; achievements; external lack of interest in Upton Rocks PMS pilot site; ownership of Upton Rocks PMS pilot site; and moving forward.

4.3.1 Starting from scratch

It was apparent in the interview material that staff working at Upton Rocks had been attracted by the idea of 'starting from scratch' with the new service. The attraction of starting from scratch, which almost all of the interviewees mentioned, was explained in different ways. It was mentioned frequently when interviewees explained why they had applied for their particular post. Some alluded to the possibility of the service at Upton Rocks being innovative and different because it was new and articulated the idea that this was one of the reasons that they had applied for their post. One interviewee commented:

'I just felt it was a new challenge and it didn't have baggage from the past, therefore it wasn't in tablets of stone and could alter and go down new directions.' (001).

Another interviewee expressed a desire to be able to shape the new service as it developed and felt that this was a big attraction of her post and of starting from scratch. This individual stated:

'So the thing about starting here with no patients was very attractive because I could guide things in a way that I thought was the right way to go.' (005).

The theme of starting from scratch was not only evident when interviewees described their reasons for applying for positions at Upton Rocks, but also in their words when describing their initial working experiences. The experience of this group of interviewees was that because they were starting from scratch, they had been afforded the opportunity, in a relatively stress free environment, to make sure that all the necessary policies and procedures were in place at a practice level to ensure the smooth running of their work. In addition, it was articulated that they had been able to spend time thinking and learning about their own individual roles within the practice in a way which would not have been possible if the service had been completely 'up and running' when they started. These two perceptions are illustrated in the quotations below:

'I think yes it is an ideal opportunity to make sure all your policies and procedures, systems and protocols whatever you want to call them, it is an ideal time to make sure everything is in place.' (002).

'Plus that I'm having the added bonus of starting with nobody and being able to learn at a very slow pace and not literally thrown in at the deep end, which was very good.' (007).

It was also articulated that starting from scratch with only newly presenting patients was enabling the staff at Upton Rocks to set up a service that would meet the specific needs of the local population. As all new patients at a general practice have a new patient check, staff at Upton Rocks perceived that they were being afforded the opportunity to gradually build up a picture of the needs of the population they were serving. It was explained by interviewees that staff at the pilot were actively assessing the needs of their patients as they presented at the practice. One interviewee stated:

'At present with the new patient checks, we're seeing where the deficits are in health care and trying to build on that.....'

that's right we're tailoring it to our practice to see what their health needs are.' (001).

4.3.2 Personal and professional development

In the original interviews all of the interviewees were enthusiastic about their own personal and professional development and they perceived the new service at Upton Rocks as being a vehicle for its progression. This was evident when individuals spoke about both their motivation in applying for their post at Upton Rocks and about their experiences since joining the practice. It was apparent in the interview material that some of those interviewed felt frustrated in their previous roles and thought that they could develop their skills further given a suitable opportunity. For example, one interviewee stated:

'I was still doing joint roles in my previous post and I wanted to fully utilise my skills and to be a nurse practitioner.' (004).

The same interviewee explained how she felt her professional development was progressing since she had taken up her new post. She spoke in terms of expanding her role in the following way:

'As I am coming across new areas, I am gaining expertise by seeing new patients which everybody does anyway so I am able to expand my role and also build up on the diagnosing, examining and recommending treatment for a range of illnesses.' (004).

Interviewees expressed the view that they were encouraged and supported by their colleagues to pursue personal and professional development and that this was important in enabling them to do so.

At the time of the final interviews, the same sort of views were being articulated by interviewees. Staff at Upton Rocks perceived that their professional development had continued during their time at the practice. All staff had personal development plans and professional development was encouraged and

supported for all grades of staff, not only clinical staff. For example, in the final interviews a member of the reception staff commented:

I really do enjoy it. Through the personal development plan I am going to, well X and I are going on a receptionist's course.' (021).

4.3.3 Breaking down the hierarchy in general practice

Throughout the three sets of interviews, the theme of breaking down the hierarchy in general practice was apparent in the words of all of the interviewees. Staff described a lack of, what was perceived as, the traditional hierarchy in general practice, with the GP at the top and the receptionist at the bottom. One way in which this theme was illustrated was in terms of the roles of the professionals at Upton Rocks 'merging' or 'overlapping', as evidenced, for example, by the way in which patients could make appointments with whichever professional they thought most appropriate¹. The perception of staff at Upton Rocks was that often patients continued to return to the staff member who they had seen on their initial visit to the practice, regardless of professional status. However, patients would also make decisions about who they thought could most appropriately help them and choose to see that person. This was perceived by many of the interviewees as a development enabling appropriate care of the highest quality to be delivered to patients. One individual articulated this in the following way:

'The North Cheshire (Health Authority) are actually looking at how can we provide a service to people that is cost effective etc, and looking at the skills on the ground. They are recognising that nurses for instance can actually do more. There is not that demarcation, you do this, you do this. It is actually recognised that sometimes there are blurred edges and there can be quite a lot of overlap, both ways. The doctors can actually do a lot of the things that over the years have been given to nurses, but originally they were done by doctors anyway. It has enabled us perhaps to give more holistic care. So rather than say you're the doctor or you're the nurse and you do this or that.' (004).

¹ All patients had to be registered with the GP, but they could choose to consult with the GP, the nurse practitioner or the primary care nurse.

The system was seen to allow choice and also to create more consultation time. As one interviewee commented:

'I think it gives patients more choice. In a very practical way, there is more consultation time available.' (004).

Interviewees described the perceived lack of hierarchy as enabling more effective teamwork at Upton Rocks, a view expressed by medical, nursing, administrative and reception staff. The view of all those interviewed initially was that the staff worked very well together as a team. Whilst acknowledging that it was 'early days', interviewees compared their experience of teamworking at Upton Rocks favourably to their experiences elsewhere. For example, a member of the nursing staff who was employed by the NHS Trust rather than by the GPs at Appleton described her perception that in previous posts this status as an 'attached' member of staff had resulted in her not being seen as an equal team member. She felt that at Upton Rocks she was viewed as integral to the team. Another member of the nursing staff described it thus:

'I think we work very well together as a team. We are used to the hierarchy with a general practice. Even though you work very well as a team in general practice, there is a very strict hierarchy still which is apparent in general practice. I certainly feel with this team, whether it works with other PMSs I don't know, I think certainly within this team a lot of the barriers and that hierarchy have been broken down.' (004).

The removal of the 'barriers' that were perceived to result from a strict hierarchy had led to members of staff feeling part of the team, as expressed by a member of the reception staff:

'We're all, I feel as though I'm not at a lower level, obviously I am, but I feel part of the team which is good.' (007).

At the time of the final interviews, the Upton Rocks staff continued to perceive that they worked very well together as a team. The belief that there was a lack of hierarchy was still apparent in the words of the interviewees and one way in which this was described was in terms of flexibility. Interviewees expressed the

opinion that all of the team members were very flexible in their approach and so would, if necessary and possible, take over each other's roles on occasion. For example, a member of the reception staff commented:

'I think they are very flexible in the fact that if any of us are off, even down to reception work, doctor will sit and answer the 'phone if for any reason I had to suddenly shoot off for whatever.' (021).

Flexibility was also expressed in terms of approach to work. It was described that team members were always prepared to listen to others and consider different ways of doing things rather than standing by traditional ways of working. A health professional who was attached to Upton Rocks, although not a member of the core team, made the following observation:

'They are willing to look at it and see if there are other ways, if something different is needed, if we need to approach things with a different point of view, how we can build that into the working week.' (026).

The perceived lack of 'barriers' between different members of staff was felt to have promoted the sharing of skills and knowledge and made it easy for team members to seek the advice of others if they were unsure. In the initial interviews, one team member commented:

'We know one another's strengths and weaknesses. As early on as it is, everybody's been up front and honest.' (001).

This situation seemed to develop in such a way that in the final set of interviews the staff at Upton Rocks described how much of their workload was shared between them based on knowledge and skills rather than on qualification. This was described in two ways. Firstly, the nursing members of the clinical team had particular areas of interest and expertise in which they tended to specialise. This was seen to benefit the nurses, the GP and the patients. A member of the nursing staff explained it in the following way:

'We actually specialise, and I actually do diabetes, hypertension and heart disease, plus on the district nurse side.....X goes for the minor

illnesses, and asthma and COPD. She specialises in that, I'm happy for that and X is the same as myself and (the GP) just reaps the benefits because we each are specialising and progressing with the patients, so it has a good effect for her doesn't it? It frees her to do more important things, and I think we have had good feedback from the Patients' Forum as well which spurs you on as well.' (027).

Secondly, the nurses in the team had roles that could be described as 'extended' as they undertook work which had traditionally been the responsibility of the GP. For example, nurses would recommend treatment regimes in their specialist areas and the nurse practitioner regularly made her own referrals to secondary care.

It was perceived that patients were happy with the 'merging' or 'overlapping' of roles, as evidenced by the observation that patients did not seem to check professionals out against each other, for example, by going to the doctor for a second opinion having already consulted with the nurse. This was articulated in the following way by an interviewee:

'So that gives them a lot of choice then because they are comfortable with all three of us, they obviously trust that we all are doing the job equally and as efficiently, which is unusual because obviously patients sometimes say, well I have seen a nurse but I thought I better come and see you to get it checked and that is embarrassing but it happens an awful lot. But that hasn't happened here.' (005).

However, the absence of the hierarchy and the 'merging' or 'overlapping' of roles were not always experienced by staff as easy or necessarily helpful. One member of the Upton Rocks staff expressed the idea that dropping 'comfortable' traditional roles was sometimes difficult and that it could be frustrating if others in the practice 'went back' to more traditional ways of working. In addition, a nursing member of the staff referred to the reactions that she had received to her 'extended' role from outside the practice, particularly in relation to referring patients to secondary care. At the time of the original interviews she had experienced no problems in having her referrals accepted by consultants in

secondary care but she expressed doubts about whether this situation might change, as illustrated in the following quotation:

'Perhaps that is an area of potential problem. Whether other consultants accept a referral off a nurse practitioner.' (004).

In the final set of interviews this member of staff revealed that the anticipated problem had not occurred and was pleased to report that some consultants addressed letters about patients that she had dealt with directly to her, rather than to the GP with whom the patient was officially registered.

Finally, in the original interviews a member of the administrative staff explained how she felt that, because the team was small and roles had become 'merged' or 'overlapped', problems were often viewed as everybody's business and that staff members would try to deal with problems that were not really within their remit. She found this difficult to work with.

4.3.4 The importance of individuals

Throughout the three sets of interviews, the theme of the importance of individuals was evident in the words of the interviewees. The individual personalities of the team members were perceived as important, particularly in relation to enabling teamwork. All of the interviewees articulated the view that the members of the team 'got on' personally and that this had engendered an atmosphere in which teamwork could flourish. The view was expressed that if other personalities had been involved the team may not have worked so well and that to be effective a team has to consist of people who actively want to take a team approach to their work. For example, one individual made the following comment when asked why the team worked well together:

'Again a lot of it is to do with personalities really. If I thought of (some doctors and nurses that I have worked with) being here it would never have been the same, it would never have worked.' (005).

The different skills that each individual had to contribute to the PMS pilot were also identified as important in enabling effective teamwork. That there was a good 'skill mix' within the team was articulated. One interviewee commented:

'I think it is a good team because we have lots of skills which we have been able to draw on.' (002).

4.3.5 PMS as a new initiative

That difficulties had arisen because PMS was a new initiative, which inevitably the staff (at the practice and the health authority/PCT) had little or no experience of, was voiced by interviewees throughout all three sets of interviews. For example, there were difficulties initially with drawing up the contract with the health authority that took a number of months to resolve. In the original interviews one member of the administrative staff commented:

'So yes it can be quite difficult. I am sure that I will get to grips with it. I did think at one time, is it me, am I inadequate? But it's a unique thing and I am sure I will get there.' (002).

Issues around contracts continued to be problematic and in the second set of interviews, which took place 18 months after Upton Rocks pilot site had been established, it was explained that contracts for individual members of staff had not all been finalised. This was identified as particularly frustrating by interviewees. One interviewee commented:

'And I still haven't signed the new contract because they can't find the job description but they want me to sign it without the job description attached. Nobody in their right minds is going to do that.' (013).

Problems arising because there was a lack of knowledge about the PMS initiative were also alluded to in the final set of interviews. A situation was described in which a need for extra nursing hours was identified and although the project manager thought that there were funds available for this no-one at the health authority knew how such funds could be accessed. This was described in the following way by an interviewee:

'And at first the project manager thought we came under a greenfield site and so any money for staff and stuff would come straight from region.....But (she) doesn't know and nobody else at the health authority as was knows either because they don't, as she said they don't know enough about PMS to know where to tap.....and it looks like we're not going to get what we need because nobody knows how to access the funding.' (024).

That there were operational difficulties and anomalies, particularly in relation to the management of Upton Rocks, which perhaps had not been recognised or appreciated before Upton Rocks was established as a new initiative, was also identified as a problem by the interviewees. For example, some members of staff mentioned the difficulty of having to consult staff at Appleton surgery about the running of Upton Rocks, although on a day-to-day basis the two practices were completely separate. One interviewee commented:

'I am employed by them and I do have to I guess run certain things by them which has been frustrating.' (005).

The same member of staff also commented on what she perceived to be a frustrating anomaly whereby, although she was employed by the GPs at Appleton, decisions about developments at Upton Rocks often had to be agreed by the health authority. This situation was referred to in all three sets of interviews and it was evident from the words of the interviewees that it caused them some frustration. An example given was a situation in which staff at Upton Rocks identified what they felt was a need to employ a counsellor at the practice. They approached their managers (the GPs at Appleton) who agreed, but the health authority, as the commissioners of the service, were not initially in agreement and so blocked the change. This was expressed in the following manner by an interviewee:

'So we said, "Oh that is interesting I mean, our bosses, our managers are Appleton, Appleton said we could have a counsellor no problem." "Ah well that might be the case but we are the commissioners, we are the ones that provide money." If they said no counsellor then there was no counsellor.....So a lot of discussion went on and in the end we got what we wanted..... but it

meant by-passing Appleton totally and the discussions were between myself and the health authority..... it had nothing to do with who I am employed by.' (013).

The 'management structure' was thus not clear to the Upton Rocks staff members and was experienced by them as frustrating. In addition, the perception of the staff was that the situation was not an easy one for their 'managers' at Appleton Surgery either. One interviewee commented:

'I think the actual management by Appleton, I don't think that worked really and that is not Appleton's fault really because I don't think they knew actually how it was going to pan out and I think they thought they really got a bit of a bad deal I think really. You know, all of the hassle and none of the glory.' (023).

A further issue was identified in relation to a member of staff who was employed by the Community Trust although she worked full time within Upton Rocks. From a practical point of view this meant that on occasion she had to attend two sets of meetings (Trust meetings and practice meetings) which was time consuming and she felt that she had two sets of managers to answer to. This interviewee commented:

'So you have got the Trust issues so you have two bosses really. You have got the practice with their own agenda and you have also got the Trust with theirs.' (012).

Another way in which the theme of PMS as a new initiative could be identified in the words of the interviewees was in relation to the idea that PMS was designed to promote new ways of working. This was alluded to by interviewees at a number of levels. An interviewee spoke of PMS, as operated at Upton Rocks, putting all of the staff on an 'equal footing'. One way in which this can be understood is in relation to the theme of breaking down the hierarchy in general practice. The interviewee made the following comment:

'I think it is helpful that perhaps we are all salaried and we are a PMS site in that in the traditional surgery, the GPs do a couple of hours and do their visits and go home or whatever. Whereas X is

contracted to do so much, like the rest of us, so there isn't that..... We are all in the same boat.' (O14).

All of the staff interviewed spoke of the sexual health service for young people as an initiative that may not have been set up under GMS, but that had been enabled because of PMS. This service was perceived by interviewees as innovative and successful and it was provided for any young person up to the age of nineteen, whether or not they were registered as patients at Upton Rocks. This would have made it difficult from a financial point of view to provide the service under GMS. One interviewee stated:

'I mean I am not sure how you would be remunerated for it under GMS you see so that is probably an issue really.' (O11).

However, some frustration was expressed that PMS, as it was operating at Upton Rocks, was not innovative enough and was not promoting or supporting the introduction of new, perhaps experimental, ways of working which some of the interviewees perceived it should. The issue of employing a counsellor was used again to explain this perception. An interviewee perceived that initial requests to employ a counsellor were turned down based on knowledge of how primary care has operated in the past rather than being considered as a new way of providing a service. This view was expressed in the following way:

'Well to me the PMS was there to look at new ways of working, not old ways of working. The old ways of working are that the counsellor wasn't even part of it but a new way of working may well be that the counsellor takes a larger role. They (health authority) are not willing to look at that and evaluate.....' (O13).

This interviewee expressed the belief that PMS status may have stopped the staff at Upton Rocks from achieving more than they had. The interviewee articulated worries about decisions being made by managers whom she felt did not always fully understand clinical issues, a situation that may not have happened under GMS as these decisions would have been made by clinical staff. When

asked what she felt she had been able to achieve because of PMS status she made the following comments:

'That's nothing to do with PMS, I think what has happened here is we've had a fantastic opportunity to start from scratch, we've actually managed to pick an excellent group of people who do get on very well and also, particularly the clinical side complement each other very well and I think in fact we'd probably be more successful GMS than PMS.'

(Interviewer) Why?

'Because we wouldn't have the interference from the health authority.' (013).

4.3.6 Worries about the future

In the original set of interviews a theme to emerge from the data was that of worries about the future of Upton Rocks PMS pilot. Even at that early stage, six months after the commencement of the pilot, staff members were expressing worries about how it might develop in the future. These worries were centred around a number of issues: the temporary accommodation in which the practice was housed; the provision of a permanent building for the practice; the lack of patients; and the proposed 'merger' between Upton Rocks and Appleton Surgery.

When Upton Rocks was opened, it was housed in what was planned to be temporary 'portacabin' accommodation whilst a purpose built surgery was constructed. All of those interviewed mentioned lack of space in the practice building as problematic, even at this early stage when there were only approximately 100 patients registered, and worries about how the building would cope as numbers expanded were expressed. The site for the new building had been identified but there were unforeseen delays in the plans. This had caused some anxiety amongst the staff. One interviewee commented:

'I think the problems regarding sorting out the permanent building is a big issue.' (003).

The lack of patients in itself was identified as potentially problematic too. Although this situation had afforded the staff the opportunity to ensure that all their policies and procedures were in place and given them time to think about the way they wanted to deliver care, staff were beginning to feel frustrated that they were not able to operationalise their plans. The view was expressed that unless the patient numbers began to increase staff would begin to lose enthusiasm and motivation. One interviewee commented:

'The only problem may be us losing some momentum really, the longer things take to start to happen.' (003).

The plan that, ultimately, Upton Rocks and Appleton would share the new building and operate together was also causing much anxiety amongst the staff interviewed. The perception was that they had built up a way of working that they did not want to have to change and that they would have relatively little say in future developments once the practices were operating together. This was expressed in the following manner by one interviewee:

'We have an understanding, we have developed it together and I think once you've developed it together exactly what everybody wants from the system and I think that when somebody comes in from outside which is what they will have to do none of us are looking forward to that. (We want to) continue to develop projects ourselves if you like as opposed to having staff from another surgery imposed on you regardless of what you felt about it.' (005).

By the time the final set of interviews took place most of these initial worries had been resolved to some extent. It was reported by interviewees that patient numbers had been climbing steadily, and although the Upton Rocks team were still operating out of the original temporary building this had been extended which had alleviated some of the problems with space. A final decision about building new premises had not been made however. In the final set of interviews it was reported that the GPs at Appleton Surgery no longer wished to run the PMS pilot site at Upton Rocks and so the management of the PMS site was to be transferred to the PCT.

4.3.7 Lack of stability

A lack of stability at Upton Rocks was expressed by interviewees, particularly during the second and final sets of interviews, in terms of changes in the administrative staff at the practice and in terms of uncertainties about the future. During the second set of interviews staff described a period of relative upheaval on the administrative side of the work of the practice. The practice manager, who had been managing both Upton Rocks and Appleton Surgery, had transferred completely to Appleton and one of the receptionists at Upton Rocks had been promoted to practice manager there. Before this change there had been a period of time during which the original practice manager had still been in post but had been unable to spend much time at Upton Rocks. In addition, the health authority project manager, who was originally based at Upton Rocks, was becoming more involved with other PMS sites as the initiative was 'rolled out' across Widnes. The situation had led to members of the practice staff feeling that they had no-one managing or overseeing their work. One interviewee expressed this in the following way:

'The only problem that we've had I think is that nobody (has) been in charge here. Unfortunately you do need somebody to lead some things. We've had obviously quite a bit of changing of managers, I mean there was a point recently, about three months ago, four months ago, where we had nobody here..... We lacked the daily person who's overlooking what's happening and steering the practice in the right direction.' (O13).

It was evident from the words of the interviewees that, what they perceived to be a lack of management, was problematic for them. Different members of the team felt that on occasion they had to perform management functions that were not within their roles and for which they did not wish to take responsibility. One interviewee expressed the view that the work of the practice had only been able to carry on because there was a sound team in place that worked well together. This interviewee stated:

'I think if it wasn't a good sound core.....I am saying this strictly from my own personal view because I don't know about the others but, because it was a good sound base I think we have managed to move on and carry on. But I think probably if we had had in-house problems I am not so sure how we would have fared.' (012).

The uncertainty and worries about the future of Upton Rocks expressed by the interviewees were perceived to be contributing to a lack of stability for practice staff at the time of the second interviews. That uncertainty and worries were causing concern was articulated by all of the interviewees. For example one individual commented:

'For us it is difficult because at the end of October next year I don't know what is going to happen. There have been times during this last year when there have discussions about Appleton dropping here and it has been very unsettling I think for everybody from that point of view.' (013).

In the final set of interviews some dissatisfaction with the way in which the Upton Rocks staff had, or had not, been kept informed about the possible developments of the practice in the future were articulated. For example, one member of staff stated:

'Obviously this has been looming this doom, well a) where the building is going to be and you know it's on and off and that's still not resolved. Its still not resolved and its literally within the last week that it has been resolved that Appleton are no longer going to be our managers. And that's I mean only because we pushed and pushed and pushed because it affects all of us.' (024).

4.3.8 Achievements

It was evident in all three sets of interviews that, despite any problems that they had encountered, staff at Upton Rocks felt that they had achieved much success. One area in which all interviewees perceived that they had been particularly successful was in relation to teamwork. As mentioned previously, all of the interviewees expressed the view that the staff at Upton Rocks worked extremely well together as a team and

compared their experiences very favourably with experiences they had previously had. One interviewee commented:

'The team themselves I think have developed beyond anything that I have seen before as a team.' (O13).

In addition to the importance of individual personalities in enabling successful teamwork, the staff at Upton Rocks identified their ability to be open and honest with each other as important in supporting teamwork. One member of staff expressed her appreciation of informal feedback and support that she received from her colleagues in her work and described this as giving the team 'breadth', as different team members may contribute to the care of an individual patient. One team member described the approach to teamwork at Upton Rocks in the following way:

'Well there is frankness. We do have days where we don't get on. We can say how we feel. If there is an issue we chew it over, we discuss it and basically nobody takes offence and I find that is good. We go back to the board and work as a team. There is no resentment at challenging issues. It is not seen to the individual, it is more best practice.' (O12).

The importance that the Upton Rocks staff attached to their success in working as a team was evident when interviewees talked about the possibility of expansion in the practice, bringing new team members. In particular, during the final set of interviews it was articulated that it could be necessary to employ another GP if patient numbers continued to rise. Interviewees expressed the desire to employ someone who would 'fit in' to their team. One member of staff commented:

'I think the important thing is to find another doctor who fits into the team well and I think that would be the biggest thing and I think we would all want to be involved in selecting that person.' (O23).

Another area in which interviewees perceived that they had been successful was in attempting to meet the needs of the local population. It was evident from the interview material that staff at Upton Rocks felt that they had been able to

assess the needs of their patients as they had joined the practice and to set up the services at Upton Rocks accordingly, responding to the patient needs identified. A number of examples were given such as a counselling service, child health clinics run jointly by the GP and the health visitor and the sexual health service for young people. The sexual health service was not planned originally when Upton Rocks was opened but a need for such a service was demonstrated locally. Consequently the service was initiated. One interviewee commented:

'I suppose local need wise the young person service is quite a good example although that wasn't originally in the contract and it wasn't in the original proposal. It sort of came a bit later but there seems to be a local need for that.....'(011).

The Patients' Forum was also highlighted in relation to meeting the needs of the local population. It was perceived to be important by the interviewees as it was a mechanism through which patients could give feedback to staff about the services they received and staff could communicate with patients. An interviewee expressed this in the following way:

'I think the Patients' Forum is very good because it is nice to get feedback, positive and any glitches so that we know about them and that we can actually say, well let's try, how can we address this. It might not be possible to address it but can we give a reason.' (014).

4.3.9 External lack of interest in Upton Rocks PMS pilot site

In the final set of interviews a theme to emerge was that of a lack of interest in Upton Rocks PMS pilot site. The staff members interviewed perceived that there had been a lack of interest shown in the pilot by both the health authority/PCT and by the staff at Appleton Surgery. One interviewee expressed some surprise at what she saw as the lack of interest by the health authority/PCT because as Upton Rocks was a pilot project she had assumed that managers would be keen to see what was and what was not successful. She expressed this in the following way:

'But as far as anybody else is concerned in the health authority or PCT as it is now I don't know why they've, I don't know what they've

piloted it for. They've not checked up on anything, they've not asked particularly whether you work well together, or they're not interested in whether you work well together. Not interested in anything really.' (O24).

The same interviewee could understand better the perceived lack of interest shown in Upton Rocks by the staff at Appleton Surgery. She made the following comment:

'But as far as the daily running of it goes and particularly overlooking X they've done nothing, they've been busy, doing their own thing and I can understand that, it's not that I can't understand it.' (O24).

A number of interviewees, particularly in the final set of interviews, expressed some surprise that other practices who were considering becoming PMS sites had not approached them to learn about their experiences. This was another way in which the theme of lack of interest was illustrated.

4.3.10 Ownership of Upton Rocks PMS pilot site

In the final set of interviews a clear sense of ownership of the PMS pilot by the staff emerged from the data. This perception was expressed, in different ways, by all of the staff interviewed. It was explained that because most of the team members had been there from the start and they had all been able to voice their opinions and help to shape the services provided, the Upton Rocks staff felt very personally involved with the pilot. This was expressed in the following way by one team member:

'Because we have all been here since the beginning so we have built up a good relationship within ourselves as well as the team and as well as with the patients because most of us know all the patients by first name and they know us. I think it is because we were all here and we started off small and we all grown with the practice.' (O22)

4.3.11 Moving forward

In the final set of interviews interviewees spoke about the future of Upton Rocks and how they would like to develop the practice in the future. All of the

interviewees were keen to continue working together and building on the service that they had developed for their patients, which they perceived to be of a high quality and responsive to the needs of the local population. They were also keen to be a 'stand alone' practice, as although staff at Upton Rocks perceived that they had worked well together as a team and managed themselves effectively as far as they were able, management from external sources had not been experienced as contributing constructively to the running of the practice. One interviewee commented:

'But because you don't know where the power lies, the PMS, there is also the Trust involved, so it is a bit grey really. But I think knowing that we are a stand alone practice and yes we would be employed by the Trust but we would feel more like, this is our practice and so we would make the decisions.' (023).

At the time of the final interviews staff at Upton Rocks had just been told that Appleton Surgery no longer wanted to be involved in PMS, thus it appeared that Upton Rocks would become a practice in its own right, with the staff all becoming employees of the PCT. All of the interviewees, over the three sets of interviews, had expressed concern over the possible merger between Upton Rocks and Appleton, and by the final interviews the view expressed was that the two practices were too different to work closely together. The following comments were made by an interviewee from Appleton Surgery:

'Initially as I understood it, it was a three year pilot, GMS run as they run, PMS run as that runs. We will see how they both run and see which runs better and then merge at the end of it and decide do we want to go GMS, PMS. That was how I understood it but I think the gap is just too wide. The gap is too wide.'

(Interviewer) Between GMS and PMS?

'Probably not so much between GMS and PMS, just the way that practice was run and the way this practice is run.....I just think we would find it difficult to run as a whole and they would find it difficult as well because, even though Dr. X and partners have managed them, they have been very much their own bosses. I don't know who would have the greater shock if we were to merge, Upton Rocks or ourselves but it just wouldn't work.' (028).

Chapter 5

The sexual health service for young people

5.1 Background

Data were collected over 27 weeks from 8th October 2001 to 24th June 2002 and the sexual health service recorded 128 visits during that time. Each visit was recorded on a record sheet (see Appendix 6). The information recorded was:

- information about the young person: age, gender, disability status, area of residence and school;
- whether the client was new to the sexual health service or had visited previously;
- how they found out about the sexual health service and if the visit was prompted by anybody;
- what help or advice they received;
- whether they were referred to another agency or recommended to return to the sexual health service for further help or advice.

This Chapter focuses on the information from the record sheets and concludes with a summary of the way in which the sexual health service meets the needs of young people based on the evaluation forms (see Appendix 7) completed anonymously by the young people themselves.

5.2 Summary of information from the record sheets

There were almost three times as many young women as young men visiting the sexual health service during the study period. They were aged from 16 to 19 years old and came from areas as far away as Warrington and Liverpool. The one common factor appeared to be that the majority attended Widnes 6th Form College. This was supported by the new clients themselves, with 46% saying that they had found out about the sexual health service from the College. Other than one person, who had been referred by a health professional, the remainder found

out about the service informally, from friends. All new clients, other than one young woman who said her visit was prompted by a health professional, were self referred.

Young men and women accessed different areas of help and advice from the sexual health service, but at their first visit, 86% of both men and women were given advice on sexual health. Additionally, all of the young men and 80% of the young women were given condoms. Almost half of the young women, 46%, visiting the sexual health service for the first time received emergency contraception, but at subsequent visits this figure dropped to 8%. This decrease was off-set by an increase in oral and injectable contraception.

Two new clients were referred to other health agencies and for one in five new clients and one in ten repeat visits, a specific recommendation to return to the sexual health service was made.

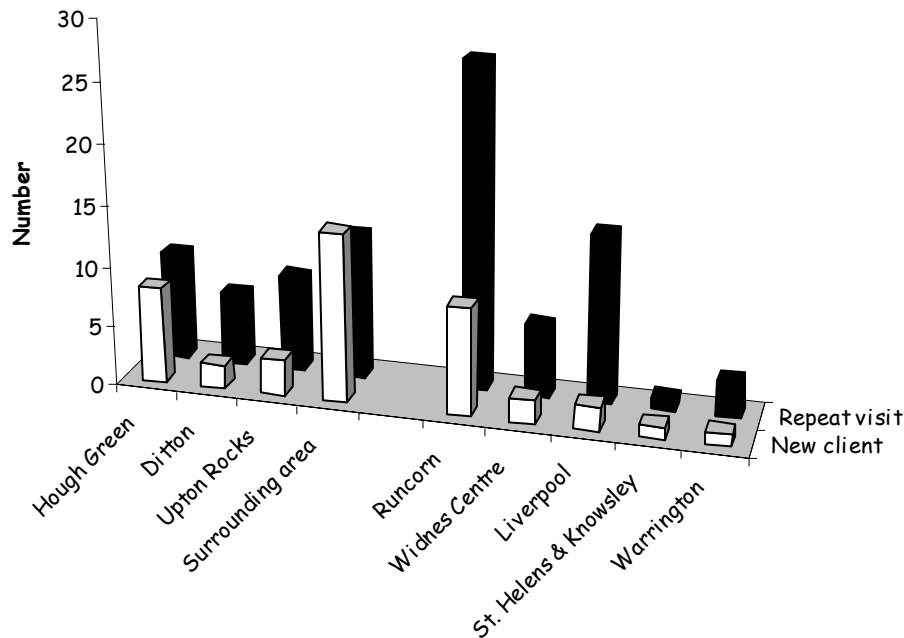
5.3 Who visited Upton Rocks sexual health service

There were 34 visits by young men (27%) and 94 (73%) visits by young women included in the analysis. On average, the sexual health service had between four and five visits each open day (4.7 visits). The highest number recorded was in June 2002 when 23 visits were made over the three days of opening; 22 of these were repeat visits.

- None of the visits were recorded as being from people with disabilities.
- The majority of visits (93%) were from people who attended Widnes 6th Form College. The remainder (eight visits) were people aged 17 years and over, four of whom said they had left school/college.
- There was no difference in the age for male and female visits: the average age for both was 17.1 years. In total, two thirds of both new and repeat visits were made by 17 year olds.

- The area of residence was recorded for all visits with Runcorn and Liverpool showing the highest percentage of repeat visits .

Figure 5.3.1 Number of new clients and repeat visits by area of residence



5.4 New clients and repeat visits

Overall, a third (42) of visits were made by new clients with two thirds (86) being repeat visits. Young men made up 17% (7) of new clients but 31% (27) of repeat visits. There were 35 (83%) new female clients and 59 (69%) repeat female visits.

5.5 New clients

All new clients were aged between 16 and 18 years old; the average age being 16.9 years. Young men were slightly older at 17.0 years. Other than one young woman aged 17 years, all the new clients attended Widnes 6th Form College. When asked where they had found out about the sexual health service, for both young men and young women:

- half of new clients (21) said from friends;
- 45% said from Widnes 6th Form College;
- one from another Family Planning Clinic;

-
- one young woman did not reply.

5.6 Repeat visits

Repeat visits were made by clients aged from 16 to 19 years old. The average age for repeat visit was 17.2 years for both men and women. 91% (78) repeat visits were made by people attending Widnes 6th Form College; four of the remaining eight clients having left school or college. The visit had been prompted by health professionals for only two visits: one prompted by the staff at Upton Rocks and one by another health professional.

5.7 What advice or service was given

For new clients:

- 93% of new clients received help and advice on more than one area of health and sexual health;
- the majority (86%) were given advice on sexual health at this first visit.

At repeat visits:

- 56% received help or advice on only one area of help and advice;
- 33% received advice on two areas;
- 26% received advice on sexual health.

5.8 Young men - new clients and repeat visits

All of the seven new male clients were given help or advice on more than one of the listed areas:

- they were all given condoms;
- all but one were given advice on sexual health; this one person was the only person to be given advice on relationships;
- three were given advice on alcohol;
- two were given advice on smoking;
- one was given advice on drug use;

- none were referred to any other health professional or given a specific recommendation to return.

For the 27 male repeat visits:

- all were given condoms;
- one was given advice on sexual health and advice on contraception.

5.9 Young women - new clients and repeat visits

Young women accessed more areas of help and advice than young men. For the 35 new female clients: 63% were given advice on between three and six areas. For the 59 repeat contacts, 63% were given advice on between two and four areas.

The table overleaf shows the categories of help or advice given to female clients. Percentages do not add up to 100% as in only one case was advice given in just one area.

Table 5.9.1 Advice or help given to female clients

	New clients		Repeat visits	
	Number	% of new clients	Number	% of repeat visits
Sexual Health	30	86	21	36
Condoms given	28	80	36	61
Emergency contraception	16	46	5	8
Repeat pill prescription	5	14	23	39
Relationships	5	14	2	3
Alcohol	3	9	-	-
Contraception - advice only	1	3	2	3
Pregnancy testing	1	3	3	5
Smoking	1	3	1	2
Sexuality	-	-	-	-
Drug use	-	-	-	-
Other	6	17	16	27

For new clients the 'Other' category was:

- five people were given the combined pill for the first time;
- one person the first depo-provera injection.

For the 16 repeat visits where 'Other' was specified:

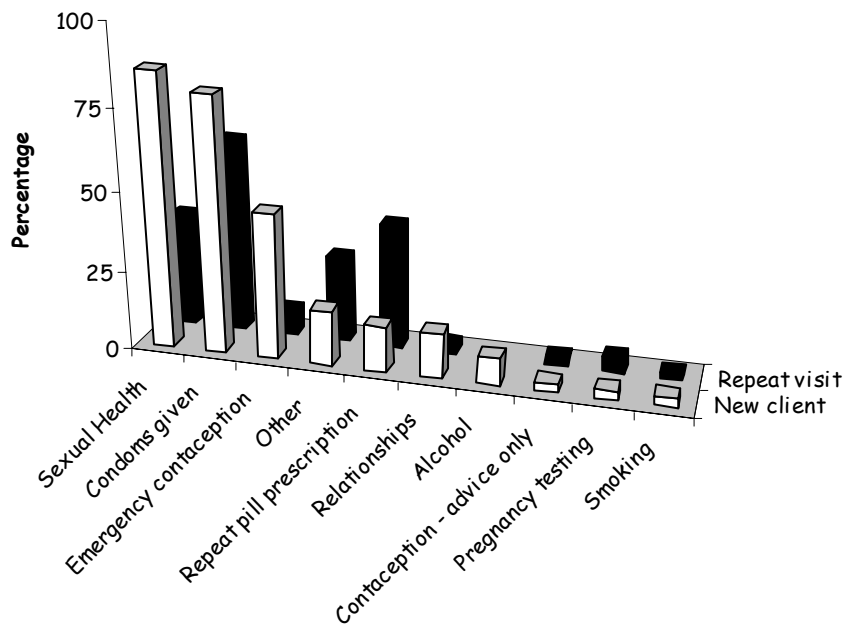
- 12 visits were for a depo-provera injection;
- one visit was for the first issue of the combined pill;
- one was for help with psycho sexual health;
- two others were unspecified.

One new and one repeat female client were referred to other agencies. For nine new female clients and for nine repeat visits by young women, a specific recommendation to return to the sexual health service for further help and advice was given.

As can be seen in the chart overleaf, the most marked differences between the help or advice given at new and repeat visits for young women were:

- sexual health advice fell from 86% of new clients to 36% of repeat visits;
- emergency contraception fell from 46% of new clients to 8% of repeat visits: this was mirrored to some extent by an increase in repeat pill prescriptions and increase in the use of depo-provera injections (included in 'Other').

Figure 5.9.1 Areas of help or advice given to new clients and at repeat visits



5.10 Evaluation by young people who use the sexual health service

35 young people, three men and 32 women aged between 16 and 19 years old completed evaluation forms. The average age was 17.1 years. As with the record sheets, people using the sexual health service were coming from a wide geographical area. There were similar proportions of young people from the areas around Upton Rocks (64%) when compared with new clients. In total, 20 people were from areas local to Upton Rocks and 15 from areas further afield, such as Liverpool.

As with the record sheets, people said they found out about the sexual health service informally: 60% from friends and 31% from college. Just two people said they found out from other health agencies.

The young people completing evaluation forms were broadly representative of the new clients by age, area of residence and how they found out about the sexual health service but young men were under-represented. Young men made up 9% of

those evaluating the sexual health service, compared with 17% of new clients from the record sheets.

5.11 Summary of information from evaluation forms

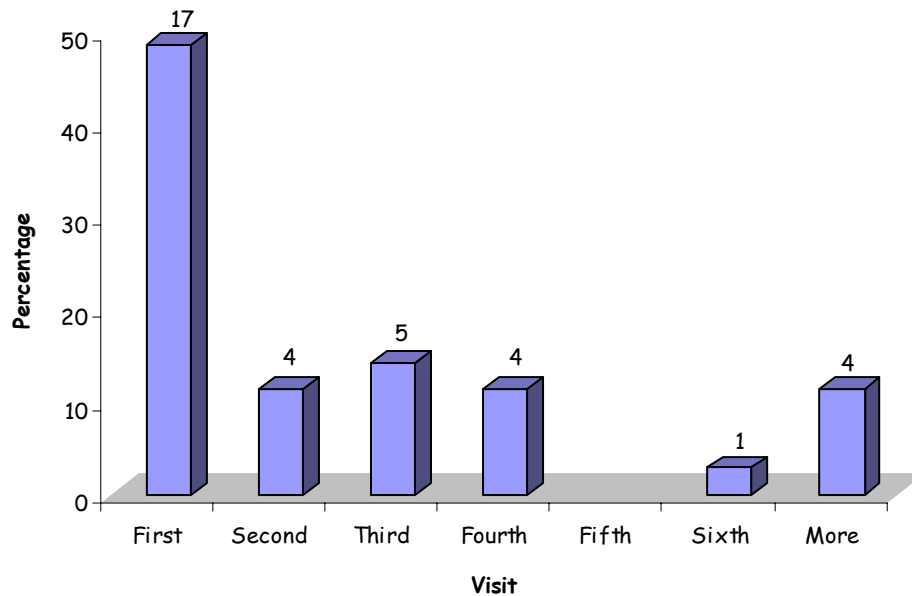
A broadly representative sample of young people completed evaluation forms, although young men were under-represented. If young people had not used the sexual health service, the majority (72%) said they would have visited their GP or a family planning clinic with only three young people saying they would not have sought help or advice.

The young people were very positive about the service, with almost all agreeing or strongly agreeing that the staff were friendly, their conversations were private, they were happy with the help and support they were given and that they would come back. Although the majority felt the service was in the right place, reservations were expressed about the opening hours and how quickly they were seen. These views were supported by additional comments asking for longer opening hours, opening on more days and more staff being available.

5.12 How often had people used the sexual health service

For almost half of the people, including all three young men, the evaluation form was completed on their first visit to Upton Rocks.

Figure 5.12.1 Percentages of people by the number of visits made to the sexual health service



5.13 Where young people would have gone if not to Upton Rocks

If they had not visited Upton Rocks, the majority said they would have used some other health agency:

- 15 (43%) would have gone to a doctor;
- 10 (29%) have visited a family planning clinic;
- 6 (17%) would have used some other advice service for young people such as Synergy or A4Y;
- one person said they would have gone to a chemist;
- one young man (aged 17) and two young women (aged 17 and 18) said they would not have visited anywhere else.

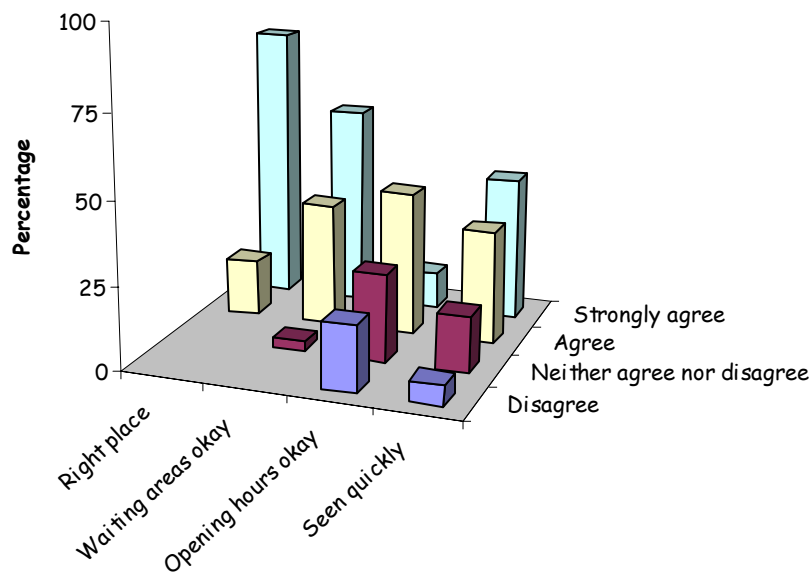
5.14 What did young people think about the sexual health service

Young people had a very positive impression of the sexual health service, as evidenced by their replies to the statements on the questionnaire.

- Almost half (49%) either strongly agreed or agreed with all eight of the statements.
- Nobody strongly disagreed with any of the statements.

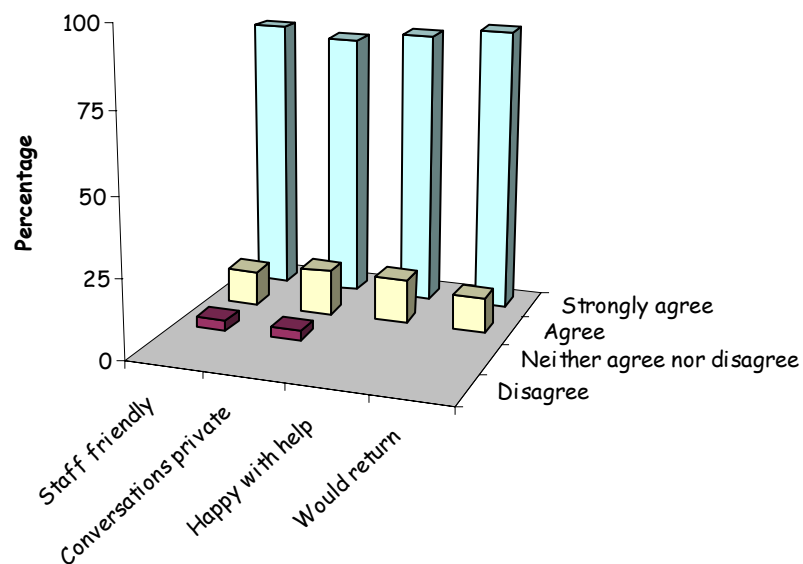
As can be seen from the chart below, people were very positive about the location and the waiting area itself, but less so about the opening hours and whether they were seen quickly. This was supported by additional comments where four people said they would like longer opening hours, two people said they would like more days when free contraception is given, one person said there should be more nurses and one person that 'there should be a nurse more than once a week'.

Figure 5.14.1 Satisfaction with aspects of accessibility of services



From a service provision point of view, there was only one request for an additional service: screening. As the chart below shows, the young people were very positive about the services at Upton Rocks, the staff and whether they would come back again; almost nine out of ten strongly agreed with all statements.

Figure 5.14.2 Satisfaction with services and provision



The level of satisfaction with the Young Person's Service at Upton Rocks was further endorsed by the additional comments made:

Very friendly and helpful.

The level of satisfaction with the sexual health service at Upton Rocks was further endorsed by the additional comments made:

Very friendly and helpful.

Good advice given.

Thought it was very useful.

It's brill!

Chapter 6

Discussion

6.1 Introduction

In this Chapter, the strengths and limitations of the study are reviewed. The findings are then discussed in relation to the aims and objectives of Upton Rocks PMS site and in the light of the findings from the national evaluation of first wave pilots, with a view to informing the future development of Upton Rocks PMS pilot site in particular and primary care in general.

6.2 Strengths and limitations of the study

The views and experiences of a wide variety of stakeholders are presented in this study. Access to the views of patients was through the distribution of the GPAS, the focus group with the Patients' Forum and the analysis of evaluation forms completed by young people attending the sexual health service. The response rate to the GPAS in both 2000 and 2002 was 57%. There is no agreed standard for an acceptable minimum response rate to questionnaires, although generally a rate of 75% and above is considered very good (Bowling, 1997). Non-response is important as it reduces the effective sample size and data may be biased when non-responders disproportionately possess or lack characteristics of relevance to the study (Bowling, 1997; Roberts et al, 1996). In this study women were over represented in the GPAS: 63% and 66% of respondents were women in 2000 and 2002 respectively, whereas the practice patient profile indicates that half of the patients are men. In addition, all of the focus group participants were female. In the evaluation of the sexual health service young men were under represented as they made up 9% of those evaluating the service, although the record sheets revealed that 17% of new clients were male. This pattern of response is not surprising as research suggests that non-responders to surveys are more likely to

be men than women (Meadows et al, 1998; Roberts et al, 1996), but there is a possibility that the views of male patients are less well represented.

Staff views and experiences were obtained through the team climate surveys and three sets of semi-structured interviews. Thus, there was methodological triangulation as more than one method was used to collect the data and data were collected at more than one point in time, consequently minimising bias. There was a high degree of convergence in the results from the team climate surveys and the interviews and it was possible to interview all of the staff from Upton Rocks PMS pilot more than once over time enabling a comprehensive picture of the working of the practice to be drawn.

6.3 The quality of care delivered at Upton Rocks

One of the objectives of Upton Rocks PMS pilot site was to develop high quality, accessible and appropriate primary care services. It is evident from the GPAS data and the focus group material that patients rate the quality of the care they receive highly. The interviews with the staff at Upton Rocks reveal that they also perceive that they are providing care of a high quality.

It is clear from the GPAS question which asks patients how satisfied they are overall with their general practice that the perception of patients at Upton Rocks is that they receive high quality care: in 2000 and 2002 95% of patients were either 'completely satisfied' or 'very satisfied' with Upton Rocks in general. In terms of access, the majority of patients were very happy with the location of the practice, their ability to speak to a member of the Primary Health Care Team (PHCT) on the telephone and the ease with which they could make an appointment. By the time of the second administration of the GPAS in 2002 patients were slightly less satisfied with the ease of making appointments, which probably reflects the increasing patient numbers and hence demand. However, satisfaction

remained high with only 8 people (7%) rating the speed with which they could obtain an appointment with the doctor as 'poor' or 'very poor'.

The opening hours of the practice were one area of 'access' in which some patients indicated a desire for change. Of the patients who replied to the question asking what additional hours, if any, they would like their practice to be open, 57% in 2000 and 50% in 2002 responded that they were completely satisfied with the current system. However the remaining 43% of respondents in 2000 and 50% of respondents in 2002 made suggestions for change: in 2000 30% and 14% of respondents respectively suggested weekend and evening opening hours and in 2002 these percentages were 36% and 22%. This probably reflects the profile of the practice population, as a high percentage of patients are likely to be in employment. With the existing human resource constraints at Upton Rocks it would be difficult to provide extended opening hours, although the revision of opening hours may be a possibility. This may be an issue that needs consideration in the future.

In the GPAS respondents were asked questions which relate to the quality of care that they received from the receptionists, the doctor and the nurses at Upton Rocks. In both 2000 and 2002 the majority of patients were very satisfied, and it is possible to compare some of the results from this study with a national sample survey involving 9,700 patients (NPCRDC, 2002).

No patients, in either 2000 or 2002, rated the way that they were treated by the reception staff as 'poor' or 'very poor'. This question was designed to produce a scale score: at 88 in 2000 and 90 in 2002 (maximum score 100) this score was high and higher than the national sample average of 69 (NPCRDC, 2002). Questions about the doctor's communication skills, interpersonal care skills and knowledge of the patient produced scale scores of 86, 82 and 65 respectively in 2000 and 90, 87 and 70 respectively in 2002. These scores were higher than the

national sample averages of 75, 71 and 60 respectively (NPCRDC, 2002). Finally, questions about the quality of care and explanations given by nurses produced a scale score of 84 in 2000 and 83 in 2002. These are higher than the national sample average of 77 (NPCRDC, 2002). This data indicates that patients perceive that they are receiving high quality care and that they rate the quality of this care more highly than a national sample of NHS patients rate the care that they receive. These results were reflected in the data generated in the focus group where participants articulated clearly their satisfaction with the quality of service they received at Upton Rocks and compared it favourably with other primary care services that they had accessed in the past.

During the interviews it was evident that the staff at Upton Rocks perceived the care that they provided to be of a high quality. In the initial interviews the possibility that general satisfaction with care may diminish as the patient numbers grew and staff were busier and possibly not so accessible was raised, but, as indicated above by the results from the GPAS, this did not appear to be the case. Patients in the focus group also raised this issue but articulated that they did not feel that the quality of care was diminishing, formulating the idea that the care provided at Upton Rocks 'transcended numbers'.

6.4 Responding to local need

Responsiveness to local needs was a national objective of the PMS initiative (Leese et al, 1999; NHS Executive, 1998), as well as being a specific objective of Upton Rocks PMS pilot site. In the interviews, staff described how they were attempting to identify what local needs existed through building up a 'picture' of their practice population using information gathered at the new patient checks when people registered at the surgery. The Patients' Forum was also perceived as a useful tool for becoming informed about patients' views of local needs. It was evident in the interview material that staff felt that they had been able to develop some services specifically to address local need. Examples given were a

counselling service, child health clinics and the sexual health service for young people. For the counselling service and the child health clinics it was not clear-cut that these services had been enabled because of the PMS initiative or that they would not have been possible under the auspices of GMS. It was, however, the general perception that the sexual health service for young people was unlikely to have been initiated if the practice was a GMS site.

The data collected for this study indicates that the sexual health service was attracting young people, the majority of whom attended the local sixth form college adjacent to the Upton Rocks site. A variety of help and advice was given, but most of the work of the service concerned contraceptive services. In the light of national initiatives such as the teenage pregnancy strategy (Social Exclusion Unit, 1999) it is worthy of note that almost half of the young women attending the service for the first time were given emergency contraception, but for repeat visits this figure dropped to 8%. This suggests that the use of effective contraception was promoted by a visit to the service. In addition, the sexual health service provides access to contraception within the context of sexual health education and guidance from a trained professional, which is described as 'best practice' in terms of the teenage pregnancy strategy (Independent Advisory Group on Teenage Pregnancy, 2001).

Young people using the sexual health service do not have to be registered as patients at Upton Rocks and the service is 'drop in', thus facilitating easy access to the service for all young people. The evaluation forms revealed that the young people themselves were very positive about the service, requesting longer opening hours. Thus it can be concluded that this is a service that is addressing a local need.

6.5 Teamwork at Upton Rocks

To enhance teamwork within the PHCT was one of the central aims of the PMS initiative nationally (Leese et al, 1999; NHS Executive, 1998) and was also a local objective of Upton Rocks PMS pilot. There is much evidence in this report to indicate that this objective was achieved.

The mean percentage scores for all of the team climate categories over the three years were high, indicating that the staff at Upton Rocks perceived that they worked well together. This was reflected in the interview material, where teamwork was identified as a particular achievement of the PMS pilot. Effective teamwork, managing the practice workload effectively and efficiently, is central to providing high quality care. Teamwork is likely to have been enabled by particular contextual factors that were identified by the interviewees such as the importance of individual personalities and the ability of the team members to be open and honest with each other. Also cited as important in enabling and supporting effective teamwork was the perceived lack of a hierarchy among the pilot staff. This had developed into a situation whereby much of the workload of the clinical staff was shared between them based on knowledge and skills rather than on qualification and had a particular impact on the work of the nurses in the practice who operated with 'extended' roles.

The evaluations of first wave PMS pilots, both national and local, have indicated that nursing roles in particular have been developed within PMS pilots (Lewis and Gillam, 2001). Furthermore, work from the national evaluation of first wave PMS pilots suggests that in order to achieve their goals PMS pilots require the ability to change professional relationships (The PMS National Evaluation Team, 2002). An explicit goal of some 'nurse-led' PMS sites was to have 'a primary care team without hierarchy, in which all professionals may use their skills to the full' (Lewis and Gillam, 2001, p.121). Lewis and Gillam (2001) state that although nurses have

been broadly positive about their opportunities within PMS, there has been less evidence of distinct changes to the professional roles of team members. The working practices of the staff at Upton Rocks may be an example of such changes and is an area that could usefully be explored in order to inform the future development of nursing roles in primary care.

Professional boundaries and role definitions are currently being challenged on a regular basis in primary care (Jenkins-Clarke and Carr-Hill, 2001) and nurses have become a key resource in both primary and community care, with the creation of new roles such as nurse practitioners, advanced practice nurses and clinical nurse specialists (Laurant et al, 2000). However, extended nursing roles may be understood and accepted within an individual PHCT, but may not be received well externally, notably in secondary care. For example, at Upton Rocks the nurse practitioner made her own referrals to secondary care and she expressed worries that she may not have her referrals accepted, as she knew that this was a situation that other nurse practitioners had encountered. By the time of the final interviews she had experienced no problems in this regard and thus exploration of the factors that enabled the effective and efficient operation of this role may be useful in informing the further development of the role of the nurse in primary care, both within Upton Rocks PMS pilot and elsewhere.

There is also the possibility that patients may be resistant to changing professional boundaries in primary care. However, research indicates that patients are often not concerned about whether care is provided by a nurse or a doctor (Lewis and Gillam, 2001). At Upton Rocks, there is evidence from the focus group material that patients positively welcome the opportunity to choose which health professional they see, and there was little evidence to suggest that patients were not satisfied with the system. Establishing working practices at the outset when Upton Rocks opened may have been important in initiating patients

into the practice culture and it may be that changing working practices in an established surgery would meet more resistance.

Material from the Patients' Forum focus group indicated that patients were aware of the team approach at Upton Rocks and that they perceived this to enhance the quality of the care they received. In addition, patients felt part of the 'team' in their own care. This may have been enabled partly because of the absence of a hierarchy within the staff team at Upton Rocks which had the potential to encourage patients and staff to view the patient as an equal participant in their own care.

6.6 Management issues

It was evident in the interview material that the 'management structure' of Upton Rocks PMS pilot site was not experienced as particularly successful by either the staff at Upton Rocks or those at Appleton, the 'parent' surgery. Staff at Upton Rocks experienced management of the pilot as rather a 'grey area' and found it frustrating. There was also a perception that neither the staff at Appleton or the health authority/PCT showed much interest in Upton Rocks. With reference to first wave PMS pilots managed by community trusts, Lewis and Gillam (2001) suggest that:

'community trusts may lack the managerial responsiveness necessary within a primary care setting. In these circumstances, salaried GPs may face the worst of all worlds - no managerial control, and little support either' (Lewis and Gillam, 2001, p.122).

This seems to have much in common with the staff at Upton Rocks, albeit they were not employed by a community trust. Lewis and Gillam (2001, p.122) go on to suggest that as PMS contracts move over to PCTs, 'determining an appropriate

level of managerial delegation and autonomy to practice level should be an early task'. The findings of this work would support such a priority.

Management difficulties at Upton Rocks were compounded for a period of time when the original practice manager was finding it difficult to oversee two practices and before Upton Rocks had a dedicated practice manager appointed. One of the findings of the national evaluation of first wave PMS pilots was that in order to achieve their goals, PMS pilots require strong leadership (The PMS National Evaluation Team, 2002). The findings of this study would seem to support this to some extent. Members of the Upton Rocks team did feel unsupported in their endeavours at times, and identified the need for someone to ensure that they were all 'pulling together'. It was not envisaged however that this person would be 'in charge', but instead that there needed to be a member of the team who had a co-ordinating and management role.

6.7 The future

The staff at Upton Rocks PMS pilot were keen to continue their work there and anxious to maintain their methods of teamworking. There was a keen sense of 'ownership' of the pilot among all of the staff, perhaps partly engendered by the lack of hierarchy and partly because they had 'started from scratch' with a new service. One of the pilot objectives was to create a working environment which motivates and encourages innovation and staff described themselves as well motivated and committed, indicating that the practice had also met this objective. Description by staff of the extent of their own personal and professional development at Upton Rocks also supports this conclusion.

It was clear from the focus group material that patients too were anxious that the service at Upton Rocks PMS pilot site should be maintained and continue to develop with the same ethos and style of care.

6.8 Conclusion

This study was undertaken during a period of great change in the NHS, with a backdrop of Government plans to develop primary care as a key component of NHS modernisation (Department of Health, 2000). It is evident from the material presented that at Upton Rocks PMS pilot site a service has been developed about which staff are enthusiastic and proud, that is highly regarded and appreciated by patients and that has met its original aims and objectives. However, it is difficult to say to what degree this apparent success can be attributed to the PMS initiative itself. This reflects the findings of both national and local evaluations of first wave pilots: that with many of the developments that have occurred it is difficult to attribute them directly to PMS (Lewis and Gillam, 2001). The way in which this particular pilot site was set up, as a separate site being 'managed' by a GMS practice, was not found to be a satisfactory arrangement by either the staff of Upton Rocks or those of the GMS surgery. However, this initiative has provided the opportunity for the staff to 'start from scratch' and shape the service to meet the needs of their patients and reflect their own beliefs about what constitutes high quality care.

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Appendix 1

Team climate survey

Appendix 2

Examples of team climate statements

Category Heading	Statement Examples
Direction	<i>'Everyone is clear about our goals'</i> <i>'Everyone has been set personal objectives'</i>
Communication	<i>'People feel that they can express their views and opinions'</i> <i>'We are always informed about major events and changes in good time'</i>
Organisation	<i>'We make the best use of resources at our disposal'</i> <i>'We respond quickly and effectively in the event of crises and problems'</i>
Skills	<i>'We frequently review the skills we need within the team to perform effectively'</i> <i>'We value the skills of everyone within the team'</i>
Motivation	<i>'This team is very supportive of it's members'</i> <i>'People are highly committed here'</i>
Working Well with Others	<i>'We hold discussions with other teams to maintain good working relationships'</i> <i>'We receive good communication from other teams'</i>

Appendix 3

Example interview schedule

Upton Rocks interviews – May 2000

General

Can you tell me basically what your role in the practice is?

How do you think the staff at Upton Rocks work together as a team? (Is there a team, are there 'sub teams', what effects does this have?)

How well organised do you think the work of the Medical Centre is?

What do you think about communication between team members at Upton Rocks? Is it good? Why? Could it be improved? How?

Do you feel that the staff at the Medical Centre have corporate aims?

Do you get feedback on how work at the Medical Centre is going?

How well motivated do you feel in your work? Is there anything that would make you feel more motivated? What factors in general do you think enhance motivation?

What do you think about the motivation of staff at the Medical Centre in general?

Do you feel that your skills are adequately used?

Do you receive relevant staff development?

Do you receive adequate staff development?

Are there any ways in which your working experience could be improved?

Upton Rocks interviews – May 2000

Upton Rocks as a PMS site

How did you initially learn about PMS?

What are the opportunities that you envisage from working at a PMS site?

What benefits have you experienced?

What problems or constraints have you experienced?

Have you encountered any unexpected benefits?

Have you encountered any unexpected problems?

(How) do you see the move from GMS to PMS status enabling significant benefits for patients?

(How) do you think that being a PMS site will enable you to be more responsive to local need?

(How) do you see the move from GMS to PMS status enabling significant benefits for the PHCT?

(How) do you see being a PMS site enabling a team approach?

(How) do you see the move from GMS to PMS status enabling significant benefits for the wider NHS?

Are there any problems that you envisage deriving from PMS status?

Is there anything in the original PMS proposal that has not/will not happen?

If so, why have you been unable to meet these proposals?

Has the reality of being a PMS site been as you imagined (eg more difficult, easier, more complicated)?

Upton Rocks interviews – May 2000

Development of the PMS proposal

Did you have any involvement in the development of the proposal for a PMS site at Upton Rocks?

Do you know why it was decided to go for the option of being a PMS site?

Can you tell me about the process of the development of the proposal?

What was your involvement in the development of the proposal?

How were the Practice staff in general involved in the development of the proposal?

Who was consulted about the development of the proposal?

How did consultation procedures take place?

How were ideas from those consulted incorporated into the proposal? Can you give examples of where and how?

Thinking specifically about the aims and objectives in the proposal (flashcard), how were these formulated? Where did they come from?

How did you feel about the aims and objectives?

How did you feel about the proposals made to meet the aims and objectives that were put forward in the document?

How do you think that the Practice staff in general felt about the aims, objectives and proposals put forward in the PCAP proposal?

Upton Rocks interviews - May 2000

The Future

How do you see the Practice developing in the future?

Are there any particular problems that you anticipate?

Appendix 4

GPAS used at Upton Rocks

Appendix 5

Patient letter

**CENTRE FOR PUBLIC
HEALTH RESEARCH**

Dear Patient,

At your doctor's surgery, Upton Rocks, the staff are very keen to make sure that all patients receive the best possible service and they have asked the Centre for Public Health Research to help them investigate what patients think about the service they receive. In order to help us do that they have sent you the enclosed questionnaire.

We would like to ask you to help us by filling in the enclosed questionnaire and sending it back in the envelope provided. It is important for the research that as many people as possible return the questionnaires, but it is completely up to you whether you want to take part or not, and whatever you decide to do it will not affect your future medical management in any way. You do not need to put your name on the questionnaire and it will not be seen by the surgery staff. The information that you give us will be combined with the answers that we get from other people and used to help the surgery staff plan their services. No attempt will be made to link your answers back to you.

If you do not want to fill in the questionnaire then please return it blank with this letter in the freepost envelope provided and we will not contact you about this again. If you do fill in the questionnaire we might contact you again in about a year to ask you to do another one to see if things have changed.

If you have any questions about the questionnaire please contact Catherine Perry on 01244 380896 or write to her at the following address:

Centre for Public Health Research
Chester College of Higher Education
Parkgate Road
Chester
CH1 4BJ.

Thank you very much for your help.

Yours faithfully,

Catherine Perry.
Researcher, Centre for Public Health Research.

Appendix 6

Record sheet (sexual health service)

UPTON ROCKS YOUNG PERSON'S SERVICE

Record Sheet

Date:

Please tick (✓) relevant boxes

1. Is the client Male Female

2. How old is the client?

Under 15 Please state age

15 16 17 18 19

Over 19 Please state age

3. Where does the client live?

Hough Green

Ditton

Upton Rocks

Other Please specify where

4. Does the client attend Widnes 6th Form College? Yes No

If no, where does the client go to school/college?

5. Has the client got a disability? Yes No

If yes, please detail

6. Is this a new client? Yes No ⇒ go to Q8



7. How did the client find out about the Young Person's Service?

From friends

From school

From 6th Form College

From a youth club

From GP

From other health professional please specify

Other please specify

8. Was this visit prompted by anybody?

- Staff at Upton Rocks Young Person's Service
School
GP
Other health professional please specify
- None of the above

9. In which of the following areas was the client given help/advice?

- | | | | | | |
|-----------------------------|--------------------------|----------------------|--------------------------|----------|--------------------------|
| Contraception - advice only | <input type="checkbox"/> | Sexuality | <input type="checkbox"/> | Alcohol | <input type="checkbox"/> |
| Condoms given | <input type="checkbox"/> | Sexual health | <input type="checkbox"/> | Drug use | <input type="checkbox"/> |
| Repeat pill prescription | <input type="checkbox"/> | Relationships | <input type="checkbox"/> | Smoking | <input type="checkbox"/> |
| Emergency contraception | <input type="checkbox"/> | | | | |
| Pregnancy testing | <input type="checkbox"/> | | | | |
| Other | <input type="checkbox"/> | please specify | | | |

10. Was the client referred? Yes No ⇒ go to Q11

- ↓
- Referred to GP
Referred to family planning doctor
Referred to hospital
Referred to counsellor
Other please specify

11. Was a specific recommendation or appointment made for the client to return to Young Person's Service for further help/advice?

Yes No

Appendix 7

Evaluation form (sexual health service)

Please could you read each of the following statements and put a tick (✓) in the box in the column which is nearest to what you think.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly agree
8. The Young Person's Service is in the right place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The waiting areas at the Young Person's Service are okay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I was seen quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The staff at the Young Person's Service were friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The conversations that I had with staff were private.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I was happy with the information/help/support I was given.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The opening hours at the Young Person's Service are okay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I would come back to the Young Person's Service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Can you think of any other service/s that should be provided by the Young Person's Service?

.....

.....

17. Would you like to make any other comments about your visit to the Young Person's Service?

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THANK YOU VERY MUCH FOR YOUR HELP