

Year of Care
Calderdale and Kirklees Case Study
14 – 19 September 2009

Services for life

Document control sheet

Client	Diabetes UK
Document Title	Year of Care: Calderdale and Kirklees Case Study
Version	1
Status	Draft
Reference	
Author	Gail Louw
Date	2 October 2009
Further copies from	email: documents@tribalgroup.co.uk quoting reference and author

Quality assurance by:	Heather Heathfield and Janet Clark
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Document history			
Version	Date	Author	Comments
1	1 Oct 2009	Gail Louw	

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1 Case Studies: Calderdale and Kirklees

1.1 Introduction

1.1.1 A qualitative case study was undertaken in Calderdale and Kirklees from 14 – 18 September 2009. Two researchers (Gail Louw and Janet Clark) spent 9 days in the area and interviewed a total of 50 people including patients and healthcare professionals. The interview schedule that was used is in Appendix 1.

1.1.2 Interviews took place in 5 practices. There were two focus groups; one was with a Diabetes Support Group, none of whom were in Year of Care practices, and the other was held at a practice. Some interviews were held on the telephone but most were face-to-face.

1.1.3 Interviews were held with the following groups:

Table 1: Interviews according to Groups

	Patients	GPs and other Doctors	Practice Nurses / HCA	Dieticians/ Podiatrists/ Opticians	Administrators/ Practice Managers	Commissioners	Project Team	Total
Todmorden	6	1	1	1	3			12
Spring Hall		1			2			3
The Grange	8	1	2	3	1			15
Blackburn Road	4	1			1			6
Kirkburton	3	1	2					6
Diabetes Support Group	5							5
Project Team							3	3
TOTAL	26	5	5	4	7	0	3	50

1.2 Year of Care at the Five Practices

1.2.1 Below is a high-level summary of the way YoC is conducted at each of the 5 practices in Calderdale and Kirklees. The rest of the report fleshes out this table with quotes and commentary to support and illustrate the findings.

Table 2: Summary of YoC Activity in Five Practices

Step/Activity	Todmorden	Kirkburton	The Grange	Spring Hall	Blackburn Road
Recruitment	Recruited if return evaluation forms	Implicit	Implicit	Implicit	Implicit
Exclusion	Don't speak English or have families to help with translation		They go to hospital or are housebound		
Patients identified as YoC or not YoC	Yes, depending on whether returned evaluation forms	No	No	No. Now all are YoC patients	No
Patients treated the same	No	Yes	Yes	Initially not, same for last 2 months	Yes
One Stop Shop	Yes	No	Yes	No	No
Numbers recruited	39	28	100	100	90
Results sent before appointment	Only to YoC patients	Yes Complicated form	Yes	Yes	Yes
Information sent	Yes No covering letter	Yes	Yes	Yes	Yes
Consultation - goal setting	Mostly but GP not with 'non YoC'	Yes	The MDT write 'advice' on forms and PNs write goals at end of session	Yes (all only last 2 months)	Yes

- written care plan	YoC patients do	Yes. Complicated form	Yes	Yes	Yes
- partnership working	Mostly	Yes	Yes	Yes	Yes
- engagement	Yes	Yes	Yes	Yes	Yes
IT	EMIS LV	EMIS LV	SystmOne	EMIS PCS	SystmOne
- YoC templates	No Will use 3 Read codes	Yes Care planning written themselves	Yes Has pilot but don't use it yet	No Will start using Read codes	Yes Don't use it. Developed way of merging goals onto letter
Data feed to commissioning	No	No	No	No	No
Additional comments		They are threatening to withdraw from the project.			Original core have all left apart from the GP.

Practice A

- 1.2.2 This practice runs a One Stop Shop clinic. Patients are sent out invitations to attend the clinic during the month of their birth.
- 1.2.3 All patients other than those who do not speak English and do not have family who could act as interpreters, were invited to be part of YoC. At the time of their annual appointment they were sent information about YoC as well as the questionnaire pack. If they responded by returning Questionnaire A, they were deemed to be part of the project and are called DYoC (Diabetes Year of Care) patients. If they did not respond they were deemed to be non DYoC patients.
- 1.2.4 In this practice, patients are treated differently if they are YoC or non YoC. The difference is that the non YoC patients do not have the goals written down at the end of the consultation with the GP. Non YoC patients do not get their results before the clinic unless they phone up to ask for them specifically. Another difference ascribed by the GP is that non YoC have *'doctor initiated consultations.'* However, when questioned he was quick to assert that this is not so in his case and that *'I deal with them all in the same way'*. He felt though that YoC patients were different in that they *'want to do a bit more for themselves than others.'*
- 1.2.5 It was important to try and understand who the non YoC patients were. The GP believed that patients chose not to be part of YoC. He suggested that those who didn't understand what YoC meant chose not to be part of it. He also stated that it was not offered to those

who would have had to use an interpreter service, though it was acceptable for those patients whose families were able to provide interpretation.

- 1.2.6 This suggestion that people ‘opted out’ or chose not to be part of YoC was not held up in telephone interviews with patients who were offered YoC but did not respond. The lack of response seems to be the indicator of what happens. They don’t appear to make a choice not to ‘be part of YoC’, they simply don’t respond. This non response is the key to the problem and understanding why this happens is essential. Many patients we spoke to do not remember anything about being told or sent information about YoC. Indeed, patients within YoC do not appear to know about it and this implies that the ‘branding’ does not make an impact.
- 1.2.7 The administrators suggest that the pack that is sent out to patients to invite them to be part of YoC is not sufficiently clear about what YoC is or what they have to do. In addition, there is no covering letter to explain what the pack contains. The pack is heavy and includes the initial questionnaire plus one to fill out after the consultation. Once patients are at the clinic, they *‘sit around for up to 2 hours’*. It would perhaps be more sensible for them to complete the questionnaire whilst at the clinic. The second one post consultation should be handed out at the time of their visit.

Practice B

- 1.2.8 This practice is a small rural practice with just one GP, 1 Practice Nurse and 1 Healthcare Assistant who take the diabetic clinics. They are in their 2nd year within the Year of Care project but are very disillusioned and *‘90% certain’* that they will withdraw from the project. They felt that they *‘started off keenly and put in a lot of effort’*. The effort involved *‘changing the way appointments were made, getting people in, chasing people and making sure they come in.’*
- 1.2.9 Their main concerns are that YoC is *‘too idealistic’*. The GP stated; *‘you put in a lot of time and effort and get a lot of grief. There is nothing in terms of outcomes.’* She stated that *‘care planning is a euphemism. It’s just patient-centred care. It’s getting on the bandwagon. The principles are laudable but its too unwieldy.’* When asked to explain that the response was *‘it’s the gold standard but in the real world it is difficult to achieve. We need to be more reasonable and scale it all down.’* It was described by the Practice Nurse as a *‘nightmare.’*
- 1.2.10 The GP said; *‘We spend a lot of time doing the training and grief to get it to work but we’re not doing anything different – all it is, is more work.’*
- 1.2.11 Although the PN suggested it might work having more staff, the GP felt that it was a *‘mindset’* that needed to change. *‘We need to advertise diabetes on TV, like cholesterol, so that people can understand what they can do about it.’* This clearly relates specifically to the sense that the patients do not get engaged.
- 1.2.12 When asked what should be changed to make YoC work, the response was; *‘it should be less ambitious, it should focus on weight, smoking that sort of thing. We must not bombard the patients. IT needs to be much better. The standard of patient education needs to be improved.’*
- 1.2.13 What has changed with YOC? *‘They now get 1.5 hours, before it was one hour. It’s all nice and cuddly.’* In reality, while I was at the clinic 4 patients were seen, all of whom had no more than 1 hour; 30 minutes with the Practice Nurse and 30 with the GP.
- 1.2.14 The belief amongst all three HCPs was that *‘it’s too much of a change for most people. They’re not ready to take it on. There are too many things to think about. They come back*

- 1.2.15 All patients were recruited into the project apart from those who were housebound.
- 1.2.16 I asked what could be happening in some practices to make it work that is not happening in this one. *'They might not have had organised diabetes care and now they're organising things better. We were already doing it.* There was a strong feeling that nothing has changed since Year of Care has started. All three felt that *'we were already doing it. We've always had annual and interval checks.'* The GP spoke of *'diminishing returns'*. *'What's changed is manufacturing goals.'*
- 1.2.17 The GP was not keen initially to allow me to speak to patients. However, after our interview when I stated how helpful it would be to speak to patients and hear their views, she suddenly relented and said she would ask the 4 patients attending her clinic if they would agree to speak to me. 3 out of 4 were happy to do so. The other was not even prepared to have a telephone interview at a later time or date. The patients I spoke to were all fulsome in their praise of the diabetic service they received at the practice.
- 1.2.18 A Pain Doctor at the clinic chatted with me while I sat in the waiting room. She said, the question we must ask is: *'Is there anything you need to know or to do to help you manage your health and wellbeing and your diabetes condition which will benefit you?'*

Practice C

- 1.2.19 This is a one stop shop practice with several clinicians available at each weekly diabetes clinic. The consultations offered are with a dietician, podiatrist, eye scanner, pharmacist, practice nurse and GP. A health trainer sits in the room where patients wait and is available to discuss issues with them.
- 1.2.20 This large practice has a dedicated administrator working on YoC. One week before the appointment, she sends a letter and appointment time and includes blood results with Questionnaire A. One day before the appointment she makes *'a courtesy call'* to check that they have had their blood results and to restate what is in the letter. Whilst they are in the clinic they are provided with Questionnaire B. They are given a photocopy of their goals.
- 1.2.21 This practice uses SystmOne.
- 1.2.22 They have a *'Consequence Care Plan'*. This rather complex term may be the cause of some patients not realising that they are given a care plan with goals.
- 1.2.23 Patients were recruited according to who came first. They didn't pick patients specifically. Those who weren't included made the decision on the basis of the questionnaire. The practice has recruited 100 patients. However, apart from the questionnaire, all patients with diabetes are treated the same in terms of care planning.
- 1.2.24 This practice wished to set up a one stop shop and *'we used YoC to piggy back the one stop shop.'* It was described by the GP as a *'great improvement to service'*.
- 1.2.25 The eye scanner was able to compare this practice to other non YoC practices and stated that attendance was better at this practice for retinal screening.

Practice D

- 1.2.26 We were able to speak only to the GP and two administrators at this practice. We were not able to speak to any patients.

- 1.2.27 This practice has been a YoC pilot for 8-9 months. 100 patients have been recruited and initially, providing results prior to the clinic and goal setting were only carried out with YoC patients. The practice distinguished YoC and non-YoC patients. However, in the past 2 or so months it became clear to the GP for diabetes that all patients could be considered YoC patients. All patients with diabetes are now treated in the same way in this practice.
- 1.2.28 The practice considers the questionnaires to be too onerous for the ethnic mix and deprived nature of the practice. All patients were offered YoC initially but many refused because of having to complete the questionnaires. Only 3 or 4 out of 10 patients agreed to complete the questionnaires.
- 1.2.29 The practice has EMIS PCS and finds the system acceptable though it does not support YoC.
- 1.2.30 Blood results are sent out one week in advance of an annual appointment. Patients may be seen at intervals within that year and be referred to other services.
- 1.2.31 The practice has recently employed a new nurse and the healthcare assistant who was familiar with YoC has since left.

Practice E

- 1.2.32 This practice has recruited 90 patients for YoC and started the project in May 2009. They arrange for all patients with diabetes to attend a clinic at least twice per annum. The practice does not consider YoC has brought enormous changes as *'we always tried to give patients time. They have anything from 30 – 120 minutes with dieticians and chiropodists attending alternate weeks.'* However, the practice size has remained constant but the numbers of patients with diabetes has increased from 100 twenty years ago to a current total of 420. They do not now offer podiatric services routinely.
- 1.2.33 The practice has a nurse led service and patients may attend this for an interim diabetes appointment.
- 1.2.34 Although the practice sends out blood test results about a week before the appointments, none of the patients interviewed said they received them. We were able to see the letters that get sent out with the results form and the administrator said that they make sure the letters go out in good time.
- 1.2.35 The practice uses SystemOne.

1.3 Understanding of Year of Care

Patients' views

- 1.3.1 There was a real mix of understanding of the meaning and principles of Year of Care amongst patients. Many patients said they did not know what Year of Care was all about and had no recollection of hearing the term.
- 1.3.2 A focus group was held with service users who were all in a Diabetes Support Group. They had been involved in YoC training or attended learning events but none of them were patients at pilot practices. Some demonstrated a good understanding and were able to say that it was *'a partnership between you and your doctor'* whilst another suggested that it was *'from start to finish you will get your feet, eyes, medication done in one year.'*
- 1.3.3 In a focus group of 5 patients and one carer in one particular practice, one person had some recollection of hearing the term Year of Care. She had heard the doctor use the phrase and said that she thought it was linked to some forms she had been asked to fill

- 1.3.4 Two out of six patients interviewed in a one stop shop practice had heard of Year of Care. One described the concept as *'looking after my welfare. I do what they say.'* Another focused more on the one stop shop approach with her understanding: *'It's about checking up on aspects of diabetes. Before I had to go to a clinic each year but I had to go to a series of separate clinics for different things and now they are all in one session.'* One participant said he wasn't familiar but had had to complete a lot of forms and another who was on an experienced patients' programme was not aware of the Year of Care but stressed that he was pleased with the way the service was structured and described it as excellent. He particularly valued the one stop shop approach.
- 1.3.5 One patient was not able to explain YoC but said he thought it would be *'more interactive, a bit more than just contact with a healthcare professional... it would be every 3 or 6 months'*. Another also defined it in terms of how often they go. *'Supposed to go once a year. Sometimes I go every six months.'*
- 1.3.6 Another patient said it was, *'Looking after us and following up on our care.'* Another said it was *'brilliant! They look after you. They ask if there is anything you need to know and explain to us. If we have anything about our condition, they will tell us, talk to us about it.'*

Healthcare Professionals' Views

- 1.3.7 The One Stop Shop method of working that exists in two of the practices in Calderdale and Kirklees is seen as being the embodiment of Year of Care to many HCPs and patients in those practices. One GP used that as the first response when asked this question. This was immediately developed further by saying it is about *'patient involvement in management decisions'*. When pressed on the word 'involvement', the response was *'it depends on the patients. Some say you tell me what to do. With some patients, you give them information first, then you negotiate.'* When asked, who makes the final decision, the response was that it was the clinician.
- 1.3.8 A Practice Nurse said it was *'different processes to help people with diabetes to help manage their diabetes better.'* The PN was specific when asked what the processes were; *'care planning and goal setting'*. However a Podiatric Assistant was less well versed. The response to what their understanding of YoC was *'People come in and are assessed on what we do.'*
- 1.3.9 The Practice Managers seem to be more au fait with the principles of YoC. One stated *'It is improved diabetic care, putting ownership back onto patients as opposed to doing the annual review, seeing the healthcare professionals and then forgetting.'*
- 1.3.10 The receptionists at one practice, including the receptionist who deals with YoC patients specifically, were unable to say what YoC entailed. *'Getting patients in to review and what they understand by their health, to understand what's wrong and whether they're managing it.'*
- 1.3.11 Table 3 below shows the immediate comments made by healthcare professionals when asked what their understanding of YoC was.

Table 3: Comments Reflecting Understanding of Year of Care according to Disciplines

Discipline	Comment
GP*	<ul style="list-style-type: none"> • Best practice to involve patients in their own management and planning of care over 12 months. • Ideally monitor what patients experience and how we deal with their diabetic treatment over a period of a year and learn from them. • Goals to empower patients to bring their agenda to the consultation. To do that with a variety of ways – give their results before they come to consultation, give them the chance to think of issues before the consultation, give people time in the consultation to air their views and problems. • One stop shop. Patient involvement in management decisions.
Practice Nurse	<ul style="list-style-type: none"> • Onus on the patient involved in care. Give information and results before. Can then devise goals and plans to achieve. • Different process to help people with diabetes to help manage their diabetes better. There are separate processes, care planning and goal setting. • At the end of the consultation we ask them if they have any goals.
Pharmacist	<ul style="list-style-type: none"> • It is the care that a patient would expect to get in a 12 month period covering all their clinical needs and looking at each individual domain. This is discussed with the patient to agree an appropriate outcome. The aim is to empower patients to take ownership of their diabetes and to move away from the paternal model of care.
Podiatrist	<ul style="list-style-type: none"> • Looking at the best treatment available for patients. Looking at what patients want and seeing if we're meeting their wants and needs. • People come in and are assessed on what we do. They have questionnaires. I don't know what makes it YoC. They assess on how we perform.
Dietician	<ul style="list-style-type: none"> • Track the care a person with diabetes receives in 12 months. The care planning element is a 2 way negotiation with clients about their health concerns and how they address that.
Eye Scanner	<ul style="list-style-type: none"> • Not a lot. I understand this is a one stop shop.
Administrator	<ul style="list-style-type: none"> • Get patients to take care and manage their own diabetes care. For them to take responsibility and be in charge of their

	<p>diabetes.</p> <ul style="list-style-type: none"> • Not a lot. I see packs. • Getting patients to review and what they understand by their health, to understand what's wrong and whether they're managing it. • Bit more control in patients' hands and less in GPs'. And more understanding. • Improved diabetic care and putting ownership back onto the patients as opposed to doing the annual review, seeing healthcare professionals, then forgetting. They receive document of care and set targets for the next 12 months.
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* There are only 4 comments from GPs whereas 5 were interviewed. At one practice, the GP, Practice Nurse and Healthcare Assistant were all interviewed together. The GP involved had not wanted any of them to be interviewed and finally allowed me 10 minutes. In reality, the GP spoke to me for about 40 minutes (and the other two for about 20) but we focused more in this time on general discussions of their problems rather than maintaining a strict adherence to the interview schedule.

Self Care

- 1.3.12 One GP defined self care as *'giving patients the ability to manage their own condition. Patients largely and historically have not been given tools to look after themselves apart from Type 1 with insulin. 95% of Type 2 is lifestyle.'*
- 1.3.13 Accepting responsibility was a term used by another GP to explain self care and it seems to be rather a key term; *'accepting responsibility for their own management. They have to live with diabetes and they need to manage it.'*
- 1.3.14 An administrator said it was *'patients' control of their own care.'*
- 1.3.15 A dietician described self care as *'person managing whatever LTC themselves rather than being told what to do. If they feel there is a better way of managing their diabetes, they can discuss it with the HCP.'*
- 1.3.16 A pharmacist explained self care as, *'similar to Year of Care – its about giving the patient information and tools to look after themselves'*.
- 1.3.17 The Public Health team have produced a folder which is available to patients and includes information on diets, healthy eating and exercise. The options for referring patients to exercise on prescription and to healthy eating is available but goals cannot be linked into the menu of options.

1.4 Changed Roles

Changes to a GP Role

- 1.4.1 There were some changes to the way GPs worked and the types of patients they now see. One GP in a one stop shop practice said, *'Now I see myself as overseeing the diabetes clinic and making fine adjustments. I don't get involved in training or diabetic advice. I see more complicated patients. It's a tier system.'*

1.4.2 One GP stated that he sees fewer patients in clinics since YoC began. It also *'takes more out of the brain and energy. It's more tiring and stressful and I finish later.'* But he stated that the positive aspect was *'setting goals.'*

1.4.3 The GP in one of the one stop shop practices said *'we're moving away from clinician centred consultation but it would be too optimistic to say it won't be doctor centred consultation.'*

Changes to Practice Nurses' Roles

1.4.4 Two practice nurses agreed by feeling there was little or no change to their roles; *'There is no change – the only thing we do differently is to ask about goals.'* Another practice nurse said, *'we still work as a team. We still give diabetic annual review care. It's more highlighted now, people are more aware.'*

Changes to Administrators' Roles

1.4.5 One administrator described her role as *'salesperson'*. She said, *'I see how they feel and I can judge,'* but then went on to say, *'I know it's a chore and there's all that extra paper work.'*

Changes to Other Healthcare Professionals' Roles

1.4.6 The dietician in a one stop shop practice did not see much change in the way she interacted with patients. *'It's dependent on the patients, if they've taken the time to look at information before they get here. They come and haven't thought about dietary concerns. .. I may be more prompting and probing.... In the way dieticians work we have a strong behavioural change element running through the consultation. We would try to discuss blood results and the influence of diet.'*

1.4.7 The podiatrist in one of the one stop shop practices said that she works *'more as a multi-disciplinary team here. We discuss case studies. Concerns are raised with colleagues. It leads to better treatment of patients. In other practices it is more longwinded. Here it is face to face.'* However, *'attitudes are not different'*.

1.4.8 The pharmacist at one practice said, *'Patients are not familiar with the idea of shared decision making and don't feel able to make decisions. I try to change the language I use. I try and give them options and choice but often it seems they would prefer people to tell them what to do. I always ask patients what they want to discuss. Some do find this a helpful approach and it does allow more honesty. Some patients don't take their medication but say they are taking it – this approach may make it easier to be honest about this. The approach needs to be based on trust.'* He continued later by saying, *'I have worked in more business focused practices where the patient gets 15 minutes in total whereas here they get more than that with each professional.'*

1.4.9 A podiatric assistant said her role had not changed at all. *'It's not that I'm involved in it.'*

1.5 Organisational Changes since Year of Care

1.5.1 Some GPs referred more to organisational changes than changes in their own role. One GP from a one stop shop discussed changes in the way the practice is run and said; *'Before formalising the clinic this way, patients saw the nurse ad hoc. They had their annual review when they wanted it. There was no robust recall.'*

1.5.2 *'Very little has changed,'* said another GP. *'The structure is the same in the clinics.'*

- 1.5.3 The pharmacist spoke of the effect of the one stop shop on timing; *‘One of the down sides of the one stop shop is that it is important for all the health care professionals to stick within their time limits for each patient. Now we are taking a more touchy feely approach, patients can open up and this often means that things can take longer but the patient can be talking about things that are important to them. The up side of this is that it is much more holistic.’*
- 1.5.4 The pharmacist spoke about an organisational change that should take place; *‘The YoC should be placing more emphasis on those patients who can’t get into the clinic or don’t engage. More resources should be targeted at this group as they may respond well to the Year of Care. This group tend to be people who have a high risk of complications and is often people who have not come to terms with their diabetes.’*

1.6 Care Planning

Patients’ Views on Care Planning

- 1.6.1 None of the patients interviewed in one practice could describe goal setting, action planning or a partnership approach.

‘I saw the doctor and the nurse. The nurse noticed that I had lost weight and the doctor put me on blood pressure tablets which I was not happy about. I think I’m on enough tablets’.

‘I was told to take tablets but I didn’t want to. My cholesterol has come down but only because of things I have done myself with my diet. I didn’t take the tablets the doctor gave me. The dietician wanted me to eat things that I don’t like. No targets were set in the session.’

‘I saw the doctor and the nurse. They didn’t really ask for my views they just reviewed my medication based on my results.’

- 1.6.2 In a one stop shop practice, participants were generally not familiar with the term ‘goals’ but some were able to describe a partnership approach to decision making and some had set goals without being familiar with the term:

‘I have to keep on dieting and this is something that I agreed jointly with the nurse. The nurse suggested that I should do more exercise and told me about groups that might suit me.’

‘The pharmacist proposed a change to my medication but he talked to me about options and let me chose what would be the best way of doing things for me.’

‘I didn’t set any goals but the nurse asked me if there was anything that is a problem for me. I do want my sugar to be normal so I suppose that is a goal for me.’

‘I do plan with the health care professionals – we use my results and work out what to do. They ask me how I feel and at the last session I agreed to loose weight.’

‘The professionals make suggestions but I don’t feel as if anyone is telling me what to do.’

‘I didn’t set any goals but they did ask what was important to me.’

‘It was very useful. All the specialists had my paperwork and discussed my case. As a new diabetic, I would have liked more information.’

'It was relaxed. I could speak to her (PN). She'd answer questions you'd got. I wouldn't've wanted more.'

- 1.6.3 In another practice, all patients were very positive. *'Efficient... 99% on time... plenty of time... no improvements... 100%....'They don't look at me as if I'm from out of space.'*

Receiving Results

- 1.6.4 Many patients do not understand the results they receive and take the form to the clinic for an explanation. They therefore do not come to the clinic prepared to engage or take on a partnership role.
- 1.6.5 Many patients have stated that they had not received the blood results prior to the clinic even though the system is clearly such that blood results are sent out. This was true for all practices.
- 1.6.6 A pharmacist in a one stop shop practice said; *'The patients are supposed to get their results before the session although the model has varied quite a bit here. We switched things around when people said they felt there was too much paperwork. I think getting the results ahead is a good thing because it can sow a seed in the mind of the patient and gives them an opportunity to think about the things they want to discuss.'*
- 1.6.7 All but one patient in a focus group described receiving their test results at the surgery and not receiving them ahead of their appointment. Some said that they would not like to receive medical information ahead of their appointment as they thought they may not be able to understand it and they would rather receive it when there was a clinician available to help explain the results and answer questions. Others thought that it might be helpful as long as they were easy to understand.
- 1.6.8 One participant who had received her results ahead of the session said that it was helpful because she could see what had changed from the previous year.
- 1.6.9 It was interesting to understand practice staff's perceptions about sending out results. One practice nurse stated, *'we ask them if they've had a chance to look at the results we sent them. We threw it straight in the bin, we didn't realise. Some looked.'*
- 1.6.10 One GP stated, *'it's a lot of extra work.'* He also stated, *'I have no solid conviction that getting bloods to them before is useful to them re getting more out of the consultation. I'm sure for some it will make a difference. Some are highly motivated people and will take the opportunity to analyse the results. Some will over-analyse them. Some will be empowered in that the doctor is taking it seriously, maybe I should. I'm not sure that enough people get benefit.'*

Result Forms

- 1.6.11 In some cases results forms are very complicated (e.g. Practice B). However, the form was developed and modified by Practice staff who have now developed a sense of ownership of the form and do not wish to see it changed.

Clarity after Consultation

- 1.6.12 Patients were asked in interviews how clear they felt after the consultation about what they and the professionals were going to do. Two said that things *'just carry on as normal'*. Another stressed the need for more information *'Half of it was a waste of time – checking blood and urine is ok but things could have been better – they could have given more of an explanation. When I had my eyes tested somewhere else I got much more of*

an explanation about what is happening and what to expect due to my diabetes than I have from the medical staff at the practice'

1.6.13 In one practice no problems with clarity were identified and in a one stop shop practice most said that things were clear.

1.6.14 When asked what could be clearer, patients said; *'Sometimes you get a full check up and sometimes you don't but it's not clear why this happens. I think this could be made clearer.'*

'Would like more information about my condition and what to expect.'

One patient was not clear as to the point of the consultation. *'I wasn't aware that was the point of it. I thought it was about how my diabetes was progressing and to talk of problems. I didn't realise I was setting goals. They did ask goals but I didn't realise this was important.'*

'I came out thinking that was good, I enjoyed it, it was useful, but after a couple of days I'd forgotten it. It wasn't something that would change my life which it should have. It wasn't scary enough. I need someone to say, if you don't do this you could lose your sight, your legs. I'm blasé because my partner is. I need someone to tell me how bad it can get.'

What was Achieved

1.6.15 Some patients did not feel they had achieved much during the session.

'Not really sure what I achieved. All they have done is put me on tablets. They don't call me back to review how I am getting on with these tablets.'

'I only feel I have achieved something if my results are good'.

'Don't really know. A lot of it goes over my head. I just want to get through it and get out.'

'Does tell where you've gone wrong, what else to alter.'

1.6.16 In a one stop shop practice, the responses were more positive about what they had received from the sessions but this was not always directly related to Year of Care.

'I would be a lot worse off healthwise if I didn't have these sessions.'

'I was worried when I got here but I relaxed after a while because they were so friendly – this makes it easier for me to go back next time. It is important to go for regular check ups.'

'I learnt more about my diet. It did feel like a two way process.'

'It's good to put everything together rather than seeing all the professionals separately and having to take lots of half days off work. I have to travel by bus so having lots of appointments can be difficult.'

'I was very happy because my results were good.'

'At the time I felt I achieved a fair bit. Discussed meds and diet, but it doesn't last. Need more follow up with nurses, even if just to speak to somebody. I'm lazy. If left to me, I won't do anything. I must take responsibility for my own care.'

1.6.17 In another practice the patients interviewed said;

'If I didn't go it would get worse. It's up to me to keep on top of it, keep alive.'

'Know more about my condition. It's up to me to put it right. They're only advising, not telling me.'

Identifying Needs

1.6.18 Some of those interviewed in one practice did not really think that it had helped to identify their needs, though another said, *'I know where I've gone wrong, know I must do that' (lose weight).*

1.6.19 In a one stop shop practice some felt that their needs were being met and said that all their questions were answered and they received relevant information and messages had been reconfirmed. One said that he had been signposted to a service that he didn't feel he needed and another said that she didn't need any information about what local services could offer as she knew about them and could approach them for help if she needed them. Another also knew what was available.

1.6.20 In another practice they felt their needs had been identified, though when asked if it helped to meet his needs, he replied, *'Sometimes I'm naughty. They can't watch me 24/7'.*

Options Offered

1.6.21 Three patients said they were not offered any options and one said they had received some leaflets with information about local services for people with diabetes.

1.6.22 In a one stop shop practice participants described being offered options. For example one has difficulties with exercise due to other health problems but the nurse had suggested a walking group that he might like to join. Another said that it had been suggested that she might want to consider using a gym but she didn't feel this was suitable for her so walking had been suggested as an alternative. One person said that the nurse had suggested swimming as an option but she had felt frightened to go swimming because of dizzy spells but hadn't felt she could tell the nurse this. Another was offered the first time (PALS) but not the second. She also said that nobody had told her about support groups. Another said he had not been offered anything apart from diet.

1.6.23 In another practice one patient said she was given leaflets but another was not able to do any exercise because of problems with her feet.

1.7 Goal Setting

1.7.1 Engaging and empowering patients in their care is central to YoC and identifying goals and targets for themselves is a fundamental manifestation of it. Goal setting is seen as a continuum from giving advice to getting patients to write their goals themselves.

Whose goals are they anyway?

1.7.2 All GPs said they engage patients in setting goals. In some cases they take the lead in suggesting goals or modifying patients' suggestions (e.g. Practice D). One GP said, *'I write the goals on the paper.'* When explored further it appeared that the words were his with agreement by the patients, rather than their words specifically.

1.7.3 One GP in a one stop shop practice, when asked who makes the final decision said, *'clinician.'*

1.7.4 When asked ‘who makes the decisions?’ one patient said, ‘50/50. *She takes the medical decisions. Lifestyle, she listens and you make the decisions.*’

1.7.5 Two practice nurses at a one stop shop practice said; ‘*Our role is to go through all the results – we have a lot to get through with them including alcohol consumption, depression, PALS, training, diet, impotence. At the end we ask them if there is anything they want to achieve but is often like pulling teeth to get anything out of them. You often find that you have set the goal for them. Generally the goal fall into very similar groups and probably could be easily coded – there are about five things that almost all patients come up with such as weight loss and smoking cessation. We have a lot to get through in our 20 min session and this is just part of it.*’

Advice

1.7.6 In one of the one stop shop practices, the podiatrist described the goals as ‘*more advice than goals.*’ She went on to say ‘*we do discuss what the advice is leading to.*’

Good Practice

1.7.7 A GP stated that the major difference since YoC in his practice is that ‘*we ask patients to reflect more about the barriers to improving their control and reaching goals.*’ Another GP said, ‘*it’s relatively simple. It’s collaborative. What do you think is achievable? What are the barriers? Goal setting has always been there. Now we get them to reflect more – what are the barriers. The main difference is that we are more specific to a person’s circumstances at that time.*’

1.7.8 One Practice Nurse said ‘*previously goals were quite general. Now they are more specific.*’

Being Told

1.7.9 Most HCPs including GPs say that the vast majority of patients simply want to be told what to do and what goals to set. They are involved in agreeing, negotiating or accepting the setting of goals but they tend not to initiate it. Some GPs have suggested that goal setting would work better amongst newly diagnosed patients who can be inculcated with a different approach based on the YoC philosophy. Older patients, or those who have lived with diabetes for some time, are used to being told what to do. There is no indication from patients that this is something with which they disagree. One GP said, ‘*we suggest goal setting and patients look blankly. The ideal world is designed around patients making all the decisions. In real clinical practice most patients don’t want that choice. They want to be told by me.*’ It was suggested by a number of interviewees that there is a gap between the philosophy and the reality; quite simply many feel patients do not want to take on the responsibility of being a partner in their own care.

1.7.10 One GP said, ‘*I’m not here to tell them what to do with their lives. Some won’t do anything unless I tell them. It’s down to the patient.*’ When it came to goal setting, he said, ‘*most don’t have time to go through the whole process. If I had one hour..*’

Choice

1.7.11 Another GP in a one stop shop practice said, ‘*I ask them which of these parameters are important and which they want to do. If weight, these are the options, which one do you want. If medical, there’s a physical way of doing it. There’s not plenty to choose from. We don’t have 5 options, we make effective use of availability. There’s the local exercise programme and there’s decent uptake from that, and the health trainer in the surgery and we use them as dietician.*’ When asked how they record goals, he replied, ‘*we don’t. It’s all on free text.*’

Practicalities

- 1.7.12 There are issues around the practicalities of care plans. Goals are printed or written on a piece of paper and handed to the patients. The goals may be handled by many HCPs who have written on the paper (in the one stop shop). This piece of paper is expected to be brought back to the clinic in a year's time. The paper is a flimsy piece of paper with no protective covering. Many clinicians state that patients tend not to bring the paper back at the next year's clinic and this practical problem may be one reason for patients not bringing the paper back. It has been suggested that a file similar to that given to patients in Tower Hamlets would be more sensible, or indeed a file similar to that given to patients attending Desmond training. One Practice stated; *'we put them in, photocopied, scanned in. Patients don't keep their paperwork and certainly not last year's.'*
- 1.7.13 A pharmacist said; *When I talk about goals with patients they tend to glaze over a bit although things are getting better. Most would say that they want to be as healthy as possible but this is very general. Most goals seem to be very holistic. Many cover weight or diet but they tend to cover this with other health care professionals not me. I had a patient recently who had a goal to be able to continue to drive but they are generally not so specific. I tend to focus on blood pressure and cholesterol and people seem to perceive these as just numbers rather than things they want to focus on for their goals.'*

Perceptions

- 1.7.14 A practice nurse working in a one stop shop practice where not all patients are treated the same, started to goal set with all her patients, YoC and non YoC alike: *'I didn't realise we could do it with everyone. When asked what made her start treating all alike, she said, 'because it says goal setting on the computer.'*
- 1.7.15 One podiatric assistant said, *'nurses and doctors deal with goals. It's not about setting goals for feet.'*

Written Care Plans

- 1.7.16 Patients were asked if they had received a written care or action plan. In one practice, three said they hadn't received a plan although one said that she received a letter with her test results after the consultation. The third person could not remember but thought that they probably had not received a care plan.
- 1.7.17 In a one stop shop practice, some participants in a focus group were very vague about having a written plan. Three said they couldn't remember if they had received one. Three did recall receiving a plan:
- 'I think I got a plan. It was helpful – it was good at the time. I kept it and referred back to it.'*
- 'Yes – it's in the wardrobe. It is helpful – I check back to see what I should be doing.'*
- 'They gave me something to sign which said what I thought about things.'*
- 'It was filled in on the day while we were there. It's in an envelope that hasn't been looked at since.'*
- 'It was the only time I was given a written plan. It was helpful and the advice was what I was looking for.'*
- 1.7.18 In another practice one patient said she did not receive a plan, another only when first diagnosed and the third had it with her. She said, *'But I don't read it, and I should do.'*

- 1.7.19 In the focus group of service users, one said, *'The biggest thing with YoC is the piece of paper with results on it.'*

1.8 Patient Recruitment

YoC or Non YoC

- 1.8.1 This was an area that caused quite a bit of concern. Initially there was an assumption that patients could 'opt in or opt out' of YoC. This was a term that was used in some practices, but it became clear that this concept was incorrect. It is not the case that patients could or would choose not to do care planning, it was rather that they chose not to complete the evaluation questionnaires.
- 1.8.2 Some practices differentiated patients according to whether they were YoC or non YoC, but it was only one practice that differentiated in behaviour. In this practice, non YoC patients were not sent their blood results and writing down goals did not take place. One other practice treated their patients differently depending on whether they were YoC or non YoC until 2 months ago, but have since changed and now treat all alike.
- 1.8.3 We attempted to contact patients whom we were informed had 'opted out'. We managed to speak to one. The patient was not familiar with the term Year of Care. He was unclear as to whether he had received any information through the post even though the administrator said it had been sent relatively recently. When explained to him he said he would definitely consider being part of it and there was nothing that seemed off putting to him, he was simply not aware of it.

Declining to Take Part

- 1.8.4 In a one stop shop practice, the administrator asked every patient if they'd like to take part, *'i.e. fill in the questionnaires.'* Some (3 or 4 out of 10) declined. The GP in this practice tried to understand why some patients declined to be part of YoC. *'May be locality wise, the nature of the patients in (Practice name). If a patient says no, I wouldn't take offence. Probably if I know the patient I can see it. If someone says blindly no, that's something we can work on. They may not have enough information. It's the way patients are. Some want to lead, some want to be led.'*
- 1.8.5 In one practice some patients who attend a nurse led clinic, *'slip through the net'*. They are not told about YoC or asked to be part of the evaluation.

Invitation Letters

- 1.8.6 The practice nurse in the one stop shop practice that has some non YoC patients said, *'we had to change the letter (inviting people to be part of YoC). It was too detailed, not informative enough. I don't think they were aware what it was about. We had to explain when they came in. Once we explained, they were pleased to be involved. Everybody's filled in a form if they asked me.'*

Recruiting Practice

- 1.8.7 One practice was told they must recruit 100 patients within the first 3 months. They found this very stressful but they succeeded in recruiting 55 patients. They have now reached 90 patients and have stopped recruiting.
- 1.8.8 In another one stop shop practice, the practice nurses said, *'We have recruited all our patients unless they go to the hospital or if they are housebound. Don't think many of them know they are doing it though.'*

1.8.9 A practice manager in a one stop shop practice was not sure why they were unable to recruit 100 patients. *'It's difficult to get them. I don't know why some say no. Maybe it's too much information, too much paper. They might not be able to read or understand.'* In this practice, paperwork is sent out without speaking to the patients. *'We could call first'*, the practice manager suggested. This is in fact what many other practices do. *'Yes, phone first, have a conversation then send simplified information'* she stated at the end of the interview.

1.9 Staff Training

Psychology and Behaviour Change Training

1.9.1 Most practices have been on training courses. They all mentioned two sessions, one on psychological issues and the other on behaviour change. Most said the courses were useful but no-one was fulsome in their praise or suggested it made an impact on their practices.

1.9.2 One GP discussed attending the psychology training. He said, *'although in theory the training brought up ideas on ways of running consultations which could reveal and form important ideas that patients had, this is very difficult to put into practice in a consistent format. ...we couldn't engage the whole model. There are time constraints. I enjoyed the training, it was interesting but not directly applicable.* When asked if he would like more or different training, he said, *'Probably not at the moment – no. I understand YoC goals and we have tools to deliver them.'*

1.9.3 One GP who went to the psychology training said, *'I haven't had training that I didn't already know. There was nothing new. If they want a more comprehensive service I would need a diploma.'* (When asked to elaborate on what services he meant, he responded by saying insulin management, but not YoC). *'No training would mean I could do care planning in a 10 minute consultation better than I do already.'*

1.9.4 The dietician had undertaken the two days of training for YoC and found the psychology training *'interesting and reassuring.'* The behaviour change one was *'a refresher.'* She felt the training was timely and would like another half day training, *'would be nice to have practice only training – more integration with the team.'*

1.9.5 The pharmacist said of the training; *'This has been fairly useful – I have been to a psychological session and the sharing and learning events. We were reluctant to send results ahead of the consultation before these events but we were convinced by other pilot sites that it would be Ok – I didn't attend this session but the doctor and practice nurses did and shared their learning with us.'*

1.9.6 Two practice nurses at a one stop shop practice said; *'We did some training with role play. It didn't tell us anything that we didn't already know. The training happened after we had started and it would have been better if it had happened before the start. At the start we didn't have much guidance or support. No one knew what we were supposed to be doing. We had some good meetings in York with the other pilot sites – we got lots of information about what they were doing at the other sites. What would be most useful is more of these sessions with other pilots or to go a visit the other pilots to see what they are doing.'* Another practice nurse agreed with the final point.

Identifying Training Needs

1.9.7 One practice stated; *'better training on consultation techniques would be useful.'* They discussed the training they had undertaken and the PN said; *'real patients don't behave like they do in training, in role plays. The reality is very different.'*

- 1.9.8 One GP stated that it is ‘essential’ to have more training for staff. When asked what training he felt was necessary, he said ‘*around goal setting, achievement, follow-up.*’ He went further by saying, ‘*we need a problem centred approach to management of patients, weight, blood pressure, cholesterol and how YoC can be planned for using problem based scenarios. It needs to be focused on the GP and PN separately from the administrators.*’
- 1.9.9 Neither the eye scanner nor the podiatrist or podiatric assistant had received training on YoC but the podiatrist ‘*would like training in goal setting.*’
- 1.9.10 A GP in a one stop shop practice said the training he received was on ‘*how to engage patients.*’ Although he feels adequately prepared by timely training, he felt there was a lack of training on IT issues. He would like more training on ‘*measurable things, keeping up to date, what happens in the patch, meeting people in pilot practices.*’
- 1.9.11 A practice manager had received no training. ‘*I’ve had chats with the PCT team. She talked me through the packs but I’ve come back to the practice and implement it with the way we work.*’ She thought there should be more training for administrators. ‘*We need a better, more efficient way of putting patients into the scheme. It needs to be clear and concise and not loads of paperwork. We need one sheet of A4 saying how it would benefit them.*’

Training for Administrators

- 1.9.12 Having administrators with clinicians was not always useful as many issues useful for the latter were inappropriate for the former. One administrator stated, ‘*I’m not sure how it would benefit me.*’
- 1.9.13 Administrators have had little or no training. ‘*I’ve been shown how to populate the pack.*’ She stated that she would like more training; ‘*I need to understand more about what happens to patients if they do sign up and how it affects their care. I would like a session explaining what it is all about.*’ Two other administrators from a different practice said they had meetings with the project team where they ‘*spoke through what we would do. But it’s not till you get everything ...*’. This need for ongoing training or at least 1 hour chats once the systems are up and running would clearly be helpful.

1.10 Professionals’ Skills and Knowledge

- 1.10.1 Patients were asked in interviews to assess the professionals’ skills and knowledge. The views were variable:
- ‘*They were ok but the dietician could have been better – could have tried to find out what I like.*’
- ‘*Sometimes I am satisfied and sometimes I am not. They change you onto different tablets but don’t always talk to you about what the tablets are for. I think they should discuss this with you more.*’
- ‘*The nurse is very good and one doctor is better than the other.*’
- 1.10.2 In a one stop shop practice the views were far more positive. All participants rated the skills and knowledge of the professionals and said that they listen to them:
- ‘*Great. I see the same nurse all the time. I can talk to her – she is very helpful and very nice.*’

‘Very good. Last time I went it was so good it prompted me to write to my doctor and say how good it was. I am disabled and need to move to more suitable accommodation but I don’t want to move out of the catchment area of this practice.’

‘They asked me questions about how I am feeling and were very nice to me. Sometimes I get nervous when I have appointments but they helped me to feel relaxed. They were very good at what they do.’

‘They were very helpful. They put things into context and gave me a perspective. I had questions for them about my blood pressure and sugar levels.’

‘I wouldn’t waste my GP’s time with for example diet. What to eat.’

‘The GP’s very good. If she can’t always answer a question, he will refer me to the consultants.’

1.10.3 Another practice’s patients also expressed strong affirmation about the skills and knowledge of the staff.

1.11 Patient Education

Desmond

1.11.1 How to make patients aware of YoC and care planning is a difficult issue. They tend not to be interested in attending awareness days. The leaflets that are sent out to them at the time of their appointments do not make much of an impact. One suggestion was to introduce it into the Desmond training programme. If this programme were extended to all diabetes patients, this could certainly be an effective solution. Currently only some newly diagnosed patients are offered the training, and then only a percentage of these attend the courses.

1.11.2 One GP stated that *‘Desmond should be available for everyone.’* The focus group for service users agreed with this and one said, *‘We missed out by not having Desmond. Desmond is supposed to be for everyone.’*

1.11.3 The dietician in a one stop shop practice is a Desmond educator and felt that *‘this element should work well with YoC. It’s about trying to negotiate changes and elicit concerns.’*

1.11.4 One Practice stated, *‘we can refer but we can’t get them to go and when they go they don’t have good feedback. The dietician and the podiatrist didn’t turn up. It isn’t made interesting and they don’t engage folk.’*

1.11.5 A podiatric assistant was able to say that patients who attended Desmond *‘know a lot more of diabetes and the effects on feet.’*

1.11.6 The focus group at the one stop shop practice was asked about training and education that was available to them over the past year. One of the participants had been on a Desmond course which she had found very useful. She particularly liked the fact that she had been encouraged to bring her partner on the course and she had found this helpful for reflecting on what she had been told and thinking about lifestyle changes. She also found the booklet she had been given very helpful and useful to take away and refer back to. During this course she had been told about goal setting. She described the various modules of the course and all the other participants said that they would have valued the opportunity to attend something similar but none had been offered any training.

Other Aspects

- 1.11.7 One GP said that education needs to instil in people with diabetes the acceptance that *'it is their condition and not mine. We've been trying to shift the base of where the decision making and responsibility lies nearer to the patients.'*
- 1.11.8 Patients tend not to know what YoC means. Only very few recognise the term and fewer still are able to offer an explanation of what it means.

Health Trainers

- 1.11.9 The role of health trainers in YoC diabetic clinics is one that could perhaps be explored further. One practice had a health trainer who sat in the patients' area and was available and accessible to discuss issues with them as they waited.
- 1.11.10 In one practice a health trainer works in the Pain clinic. The Pain doctor spoke of the value of having health trainers and said, *'why are patients more open to looking at what they should do if a health trainer says do it than if a GP says it.'*
- 1.11.11 One practice is considering employing a health trainer. However, the GP said, *'it conjures up an image of way over the head. They need to give simple advice.'*
- 1.11.12 When asked in one practice with a one stop shop if a health trainer would be useful there, the response was *'people come to the clinic for 2 hours and don't want to be here that long. By the time they've seen the 2nd or 3rd health professional, they're fed up.'*
- 1.11.13 Two practice nurses at a one stop shop practice commented on using health trainers. *'There are not many patients that are that enthusiastic. We have tried to thrash out how we can improve this. We wondered if we could get support by involving the health care trainers at the start. We don't really know how they can help, what they can do and how they are qualified. Perhaps we could use them more if we know how they could help patients. They are going to give us a presentation so we know more about them.'*

1.12 Information to Patients

- 1.12.1 At a one stop shop practice, participants could not remember receiving any information about the Year of Care. One person remembered having some leaflets before her appointment others said that they may have received something but that they couldn't remember what it was.
- 1.12.2 At another practice, three patients said they had received no information before their appointment and one had received some questionnaires. All had got their results at the surgery rather than receiving them ahead of their appointment.
- 1.12.3 In one practice the responses by patients was entirely different. *'I received information and a letter.'* And another said *'no information'*. People assumed information was the questionnaire but did not appear to remember much other than that.

1.13 Information Technology

YoC Templates

- 1.13.1 SystemOne has a template for goal setting. However, none of the two practices who have this system currently is able to use the template for this function. One is expected to have it initiated in November and another does not know when it will be available. Goals are input in free text in EMIS systems and then have to be identified by 'trawling' through a patient's notes on the next occasion, normally a year later. In Practice D, searches are

made on Read codes for goals and the goals retrieved in this way. The Read codes are: goal identified, goal achieved, goal not achieved. The Read codes do not allow for variations on a theme; i.e. there is no possibility of capturing 'part of goal achieved'.

- 1.13.2 One practice using EMIS PCS was quite satisfied with the system even though it does not support YoC. The GP was happy to search on patients with goal using the Read codes for goals.
- 1.13.3 One practice that uses SystmOne does not have the diabetes template although they are hoping to have this set up by November. They currently use a paper based system for care planning.
- 1.13.4 One GP who uses SystmOne liked the system very much but was disparaging of the YoC template. *'It's not intuitive. It's rubbish. Can't navigate, have to look for places to put things in. In a clinic that is no good. In a live situation it doesn't work. Double entry doesn't work.'* They designed their own automated letters with results and another letter for post consultations that included goals and next appointment. He was happy with the system and felt it did what he needed it to do.
- 1.13.5 A GP whose practice uses SystmOne said the IT was *'pretty much useless. We're still waiting for the template. These top down services don't work in general practice because they promise to deliver and never do. We've been waiting 18 months from when they told us it's available. I've not seen it. Pope came round 4-5 months ago with the system but I've not heard. I'm not too concerned. It might be cumbersome.'*
- 1.13.6 A one stop shop practice which uses EMIS LV said that the system *'is able to capture basic data for the diabetic patient. For YoC we need more information. We don't have the system to record YoC data. We have to use free text.'* Having their own IT manager in the practice was important as *'we cannot do one half day without the computer.'* When asked at the end of the interview if there was anything else he wanted to say, he reverted back to IT. *'I would have liked IT to be more proactive. I shouldn't have to change the system completely. It can be done, it has locally.'*
- 1.13.7 The pharmacist was explicit about the problems with IT. *'We have changed from EMIS to System One. It is good for getting the results out to patients before the session but we haven't got to grips with goals on the system. We have been waiting for templates and this has been very slow. There has not been enough training and the template looks heavy, difficult to use as something that won't facilitate consultation with the patient.'*
- 1.13.8 The practice manager at a practice with EMIS LV said of the system, *'it's great. A stable system.'* When asked about the inability to put in goals, she said, *'there are ways round it. They can physically type but in consultations it is quicker to hand write.'*

Support

- 1.13.9 One Practice complained that IT is; *'Do it yourself. There is no support. We started one way and had to change. We put goals on system with free text but this disappeared with the upgrade.'*

Focus on the Computer

- 1.13.10 Computers can theoretically get 'in the way' of a consultation where clinicians focus on the computer rather than on the patient. One GP said, *'I try to integrate it by getting people to look at the screen.'*

Training

- 1.13.11 The dietician was happy with the IT that she used. *'I only use 10% of what it's capable.'* When asked about training she said *'I've had no training of what it can do. I was told, when you have a chance have a play. But I don't have time to play.'* She also stated *'It's a nightmare when things go wrong.'*

General

- 1.13.12 The eye scanner used independent IT and was not affected by the practice's systems.

1.14 Culture

- 1.14.1 There was little sharing of definition about culture and some interviewees understood cultural change as changes that have taken place within the organisation without demonstrating much of an understanding of the changes in attitude, approach and relationships that cultural change encompasses. The comments included below are reflective of what was stated in response to the question on cultural change.

No Change

- 1.14.2 One practice felt there was *'no change in culture. YoC had not spilt over into the rest of the practice and few people were involved.'* Another was also dismissive of the idea that YoC might have had an impact on the culture of the organisation.
- 1.14.3 An administrator said *'I haven't noticed any difference.'* The main difference was *'girls spend more time ringing patients up.'* Another administrator said; *'we've always had a positive attitude here. In the first couple of months we were tearing our hair out. Now it's going nicely.'*
- 1.14.4 One practice nurse said *'there is no impact on culture. There's always been a good rapport and understanding. Always good attitude to patients. The GP enthuses people. But it is difficult to keep up the enthusiasm if we don't do it all the time.'*
- 1.14.5 A practice manager said there was no change in culture. *'Not many staff know about it.'*

Uncertain

- 1.14.6 One GP in a one stop shop practice said, *'it's difficult to say if YoC is responsible for that or the one stop shop. We set it up in the hope that it will help our patients. We're a forward thinking proactive practice. We change rapidly and often.'*
- 1.14.7 The eye scanner was able to compare practices and suggested that the only aspect he noticed that was different in the practices was that *'patients maybe chat more with each other. They're more sociable.'*

Positive Change

- 1.14.8 The dietician felt that in the one stop practice in which she worked there was *'more interaction with staff here, more involved. They seem positive, there's a lot going on.'*
- 1.14.9 The podiatrist in a one stop shop practice said *'it's very positive when working as a group. Here we can speak to someone and deal with it (problems).'*
- 1.14.10 The change in culture in a one stop shop practice was described by the GP as *'the way you approach the diabetic patient. The team is more proactive. The whole practice is aware, when a patient walks into the surgery, we direct the patient in a better way.'*

Before, the patient would see whoever was available. Now, they are directed to 3 individuals who deal with that.. better sign posted. All levels of staff are aware of what we do. But I can't say it's because of YoC.'

- 1.14.11 Interviewees explanation of culture was linked to organisational issues. This can be seen too in the pharmacist's response to the question. *'The way we manage diabetic patients has changed a fair bit Historically we achieved well on the QoF but we still have patients with needs. Because of the one stop shop things happen much quicker – we used to signpost people much more than we do now. The time between identifying and meeting needs is much shorter. Without the one stop shop this would not be the case. Without it actions would have been to refer people on to other health care professionals e.g. dieticians whereas with this system this is done immediately which reduces the chances of people not getting to these appointments.'*

1.15 Working in Partnership

GPs' Views

- 1.15.1 Only one GP used the word 'partner' to describe their relationship with some patients. Other words used were; *'friendly, good rapport, get on well, respect for patients, trust.'* But one GP said it depends on the patients. *'For some it is instructive. For some educational and for some partners. We're not at the level of calling them customers.'*
- 1.15.2 When asked specifically about partnership, one GP stated, *'YoC is trying to develop that. Gradually it is developing.'* Another GP said his relationship was *'realistically variable. It's a mutual relationship that people feel involved in decision making. I listen and try to understand their position. They make the decisions, not me.'* This was reiterated by a GP in a one stop shop clinic who said, *'I don't want to come across as I am the doctor and you listen to me. It's your decision. I can't make you take things but I'll pick up the pieces with complications.'* When asked if he saw it as a partnership, he replied, *'it's certainly changed. Having done this for a while I can see both sides and sometimes the approach doesn't work. I prefer not to use scare tactics.'*

Other Healthcare Professionals' Views

- 1.15.3 The dietician stated, *'for a lot of people they have the preconception that dieticians are food police and here to scowl or frown. By the time they leave they'll be smiling and thanking me.'*
- 1.15.4 The eye scanner said *'they're my patients. I don't know them personally. They're not friends or acquaintances. Everyone I see is a new patient.'* When asked specifically if he saw them as partners, he responded by saying *'possibly. I don't know enough.'* He had been working as an eye scanner for 9 months.
- 1.15.5 The podiatrist in a one stop shop said her word to describe her relationship with patients was *'facilitator. I take my diagnostic readings then facilitate them.. the choice is theirs.'* She was very positive about the idea of partnership, *'definitely'* when asked if she worked in partnership with patients. *'Occasionally no. I try and empathise. If they feel they can talk to you they come out with more information. I can point out a course of treatment. If they don't like it they must tell me and I'll find a different way. Get honesty.'*
- 1.15.6 The pharmacist reflected on the relationships in a one stop shop. *'Relationship is reasonably good and we get positive feedback. Patients are happy with their agreed intentions and say that the interventions have helped. They value the opportunity for a second opinion which the one stop shop offers and they like the fact that each health care professional focuses on a specific area. The approach provides the opportunity to reinforce things with patients and there is less opportunity for things to be missed out.'*

- 1.15.7 A practice nurse spoke of being *‘understanding, approachable, caring.’* She said *‘I listen to their needs and concerns’* and partnership came into this. *‘Between us we work together to achieve meeting their needs.’*

Administrators’ Views

- 1.15.8 One administrator described her relationship with patients as *‘stalker. I’m on their backs.’*

1.16 Engaged Patients

- 1.16.1 The overall sense was that patients are not more engaged by being YoC patients. This became particularly clear when speaking to clinicians such as pharmacists, dieticians, and podiatrists who work in different practices, both YoC and others, and have current experience of both groups.

GPs’ Views

- 1.16.2 One GP who has not yet had a full year of YoC was optimistic about patients being more engaged. *‘They will be after the annual year review. When they come back, they’ll be more focused.’*

- 1.16.3 One GP commented; *‘some are more engaged than others. Some want to be told. You lay out the options and give them information for them to make the choice.’* He continued to say, *‘Some patients appear enthusiastic and some are non committal. YoC may have helped some people. I hope we’ve been open before YoC, giving people time to express themselves. Perhaps it has facilitated it better.’*

- 1.16.4 One GP said, *‘it depends on their background. Some don’t turn up. Others will do all the work we’d hoped or expected.’* He continued, *‘All the research suggests outcomes are better. But we can’t force anyone to be engaged. We can’t expect it from all our patients. In the USA patients see financial benefits, they see themselves as customers. If weight goes down, insurance premiums go down. On the NHS they see themselves as entitled demanders.’*

- 1.16.5 A GP from a one stop shop practice linked greater engagement to Desmond. *‘Patients understand things better after Desmond. The level is better. I don’t have to do too many basics, I can cross check quickly. Some patients have been diabetics for 17 years and don’t know what HbA1c is. My attitude is, we haven’t given you enough information.’*

Other Healthcare Professionals’ Views

- 1.16.6 When asked if she dealt with more engaged patients in a one stop shop practice than other non YoC practices, the dietician said, *‘no, but they are more variable. Newly diagnosed patients are less engaged here and only have 20 minute slots. In other practices they have a 30 minute slot but they have to request a referral.’*

- 1.16.7 The dietician felt that *‘overall it is more satisfying. It’s nice if someone comes in with an idea of what to discuss, if they’re keen and motivated. It’s more of a two way interaction.’* This implies that the dietician is saying the patients are more engaged in the YoC practice, but clearly from the rest of the interview and from other comments seen above, she is speaking more generally about patients who she deals with in many practices who are more engaged.

- 1.16.8 The eye screener was also able to compare patients at different practices. His comment was *‘patients are patients.’* However, he later commented, *‘as they’re here longer they might be frustrated but they appreciate that they only have to do it once. Patients aren’t different here.’*

- 1.16.9 One podiatrist’s response to working with engaged patients was, *‘they keep you on your toes. They’ve looked in depth and want more information. Sometimes they’ve looked at the internet and found something you haven’t found. It’s a bit frightening.’* However, this was not implying that the patients are engaging with care planning, but with other aspects of diabetes care and interventions. She was also not implying that patients in the one stop shop are more engaged or interested than patients in other practices.
- 1.16.10 The pharmacist looked at the engaged patient from a one stop shop perspective. *‘Clinically I think that YoC is useful with a certain cohort of patients but more should be done to target those who are not engaging.’*
- 1.16.11 A practice nurse said engaged patients are *‘already where they want to go. If they manage their diabetes more themselves, instead of being led they will achieve what they want.’*
- 1.16.12 A podiatric assistant who looks after YoC and non YoC patients in the same practice, was only able to identify YoC patients by *‘they come in with a form to be filled out and it says on the system.’*

Administrators’ Views

- 1.16.13 One administrator said that YoC patients are *‘spoilt a little. They feel more looked after. There’s tea and coffee and a lot of care. They get a good service’.*

1.17 Commissioning

- 1.17.1 The impact of YoC on commissioning is another aspect that evoked a derisory response in one practice. *‘There are no more services than when we first started. Part of it is about care planning and part about making sure services needed were there. But nothing’s changed. No commissioning’s happening. The PCT is not good at commissioning.’*

New Services

- 1.17.2 The focus group (based at a one stop shop practice) were asked if there are now more services available to them than previously.
- 1.17.3 Some participants had been asked if they wanted to join a gym or go swimming. Some had been to a group session with a dietician but stressed the value of a one to one session to look at individual needs rather than the group approach but she had not been offered this. Participants highlighted that they had all been given very different information about diet and this seemed confusing although they recognised that this may be because of their individual conditions needs and preferences.
- 1.17.4 The carer stressed the importance of her being involved in discussions about her partner’s diet as she does all the shopping and cooking and his needs needed to fit in with the family’s diet. She had not always been included but stressed how important it was for her to be.
- 1.17.5 Some had been asked if they wanted to attend Upbeat – a group for exercise and diet and one had been referred to a healthy eating group. All who had taken up these options commented that they were not specifically for patients with diabetes and that the information on diet that they had been given was generic. When they had asked about their own particular needs relating to their diabetes they had felt that those running the sessions did not have detailed knowledge and understanding of diet in relation to diabetes.

- 1.17.6 Some participants had been informed about a local diabetes support group. Generally participants felt that there were more services available to them than they used to be.

1.18 Administrative Issues

- 1.18.1 When information is sent to patients about their review clinic, a covering letter is not always included. Thus patients have been receiving a wad of papers which included leaflets about YoC and questionnaires (sometimes both A and B are included even though B is supposed not to be completed by patients till after the consultation). The impact of receiving papers with not covering letter is not conducive to a compliant response.

1.19 Miscellaneous

- 1.19.1 One GP said, *'I am worried about the results of the YoC study. You have 5 practices that are relatively committed to diabetes care. I would hope that you'd get a high satisfaction score from patients. I'm a little worried about the data being presented against the national average. I am worried that this will be hijacked by someone with an agenda.'*
- 1.19.2 One GP from a one stop shop practice said, *'YoC has helped a great deal. We've used it to allow us to set up one stop shop. The PCT wouldn't have funded a podiatrist, dietician, pharmacist. So it's been invaluable.'*
- 1.19.3 When asked if the lack of a GP lead in C&K was an issue, one GP in a one stop shop clinic said, *'not for us. Would be good to represent us at the PCT. We need some way of facilitating the push into general practice.'* There is no GP lead or clinical champion in C&K. One of the contributing problems may be that clinical champions do not get paid in this site.
- 1.19.4 It is useful to bear in mind a comment made by Trudi Ackroyd that patients are extremely loyal to their GPs in this area. She also commented that GPs would sooner send patients to hospitals than to peers who may be diabetic specialists, even though this is more costly.

1.20 Comparisons before Year of Care

- 1.20.1 Patients were asked to compare how things are now with how they were before Year of Care. Some said there do not seem to have been any significant changes.

'It's just the same as ever. Nothing has changed.'

'Nothing is different really other than we have to fill in more forms and people asking questions like this interview. What I would really like is more information about what is going on with me now and what to expect in the future.'

But one patient was more positive. *'They listen to you more. It's not rushed. You can always get in.'*

- 1.20.2 In a one stop shop practice one participant said that she is given more time now compared to how things were in the past: *'They go into things much more and spend more time explaining things. They tell me why things are happening and what I should be doing.'*

Others focused more on the changes brought about by the one stop shop:

'Nothing really has changed. I used to have a session that lasted for an hour and now I have all different sessions but don't spend as long with each person. I see the pharmacist now and I didn't before.'

'It's not always easy for me to get to different places so whilst it was a long session to see everyone in one go it's good to get it all done at the same time.'

'It seems to have changed a lot – I have more regular checks and tests.'

'It has made a difference having all the checks in one day. It is also good to come somewhere where you know the staff. Care planning is a better way of doing things – before I didn't have a written plan. It is good to have it to reflect on and to talk about at the next session.'

'More open about telling what's wrong with you. Before you went to see the diabetic consultant, you had to pee in a bottle and take the blood tests, and HbA1c. You went in for the consultation and were told the results and the implications. Now it's changed. I received the blood test results a fortnight after they were taken. I get my feet looked after regularly. That didn't happen before. ...Previously they didn't bother looking at the blood sugar readings but now they show more interest.' When asked why, he replied, *'less time pressure than previously. When I go see the GP, she doesn't rush.'*

1.20.3 Patients in another practice were also positive. *'It's better now, more efficient. Everything's organised. You go into one room, before you were hanging around. The consultation is always good. No difference, just as good as before.'*

'It's not much different. They'll say, I think you're improving, we'll change meds for a couple of months. I don't say I'll do this because I don't want them to think I'll be bossy with them. I'm in good hands. I know I've been taken care of.'

Changes as seen by Focus Group

1.20.4 The focus group was held at a one stop shop practice. Two participants said that they had received their test results before their review. Both said that they found this helpful. One had received results which contained an error and this had made her quite worried as it suggested things were not going well. Even so she said that she thought it was a good idea to get the results up front as it had given her an opportunity to think about things and make a note of some of the questions she wanted to go through with the doctor and this helped her to focus more on her needs. The other person commented that it was good to see how his results for this year compared to the year before. Those that hadn't received their results before the appointment felt that this would be a good idea.

1.20.5 All felt that they were given plenty of time in their consultation and didn't feel as rushed as they have in the past. *'We get very well looked after here and it feels like we have a very thorough check.'* *'They are more responsive and the checks are more thorough. It feels as if things have been upgraded.'*

1.20.6 Participants also commented that when they were first diagnosed (between three and ten years ago) it had been hard to get the information they needed whereas now information is more readily available. For example in the past they had been told to eat a healthy diet but there was not really any explanation of what that meant whereas now they can make an appointment to see the dietician although they commented that there is a long wait to see her.

1.20.7 Participants were asked whether they had set any goals during their consultation and a small number had discussed bringing their weight down or the doctor had asked them if they wanted to go to the gym or go swimming but some used language to suggest that

this was not always done in a way that focused on their priorities: *'The doctor was not happy with my results and trebled my medication and told come in for regular checks. He wanted me to follow a particular path and was quite forceful.'*

1.20.8 Only one person had remembered receiving a care plan after their consultation and they commented that it did not go into sufficient detail to be useful. They would have liked it to provide them with more information about diet in particular.

1.21 Bottom Line

1.21.1 One GP stated, *'Diabetes patients get a much more comprehensive service. Before it was fragmented. Most of the blood results would go, not have results in time. It's a more structured approach.'*

1.21.2 It was useful to speak to professions allied to health such as podiatrists, dieticians and eye scanners. These professionals run clinics in non YoC practices and are in a good position to see how different the care experience is for patients from different practices. On the whole these professionals were not able to see a great deal of difference in the patients they saw, other than the obvious benefits they felt patients got from being part of a one stop shop approach. They did not feel that patients were more engaged in YoC practices, though it is important to stress the small sample and the newness of the approach. It takes time for cultural changes to have a perceived and perceptible impact.

1.21.3 The pharmacist appeared to wish to be extremely positive about YoC but managed only to be equivocal. *'In the second year of Year of Care some patients have reduced their medication. Its hard to know if this can be attributed to Year of Care - it could be down to the individuals or our recall procedures.'* Another point for consideration by him was; *'The YoC can have the effect of slowing down processes because it focuses on patient priorities and they may only want to tackle one thing at a time.'*

1.21.4 Two practice nurses expressed their view about whether YoC works or not. *'There has been no change – I have been here for eleven years and the YoC has made no difference. The only thing that may have changed is that patients may be slightly more willing to tell the truth and may be able to get people to talk about their priorities but I think this is more to do with knowing them a long time than the YoC approach. The Year of Care has brought about a fantastic one stop shop clinic but beyond that it is just a box we tick at the end of our session. Patients don't know what their goals are when they come back for their next session.'*

1.21.5 The practice manager in a YoC clinic in a one stop shop practice that has YoC and non YoC patients *'doesn't look different to a normal diabetic clinic other than people have a piece of paper with care record plan for the next 12 months.'*

1.22 Questionnaires

Burdensome

1.22.1 This appears to be a major problem for patients and has discouraged patients from agreeing to be part of it to withdrawing from people involved. In fact, it has contributed to one practice (Practice B) considering withdrawing from the project.

1.22.2 It works best where receptionists or administrators offer help to those who wish it. In one practice (Practice B) the PN is the one who offers help and, quite understandably is the one complaining most vociferously about the extra amount of work that YoC entails. However in other practices the administrators spent a while helping patients complete their questionnaires.

Questionnaire B

- 1.22.3 Most patients seem to complete their Questionnaire B during a clinic rather than at the end. Commenting on the consultation before they have had it has an impact on the quality of the data. In one practice, patients who had difficulty with the questionnaires were allowed to take Questionnaire B home on the strict understanding that they would bring it back the following day.
- 1.22.4 In the One Stop Shop clinics, patients sit around attending and waiting for consultations for up to two hours. They often spend some of this time completing the questionnaire, rather than after the consultation as required.

Nature of the Respondents

- 1.22.5 One GP issued a caution when including the questionnaires from her practice in the data analysis. *'It's a highly selected group of people who have returned their forms. People will think it's fantastic (Tribal) but it's nonsense. We chase them up but people don't want to know.'*
- 1.22.6 It appears that people with English language challenges were more likely not to be offered the opportunity of completing the questionnaires.

Contradictory Data

- 1.22.7 In one practice, feedback from the questionnaires is contrary to what occurs. *'They say they haven't received blood results and a care plan. They say we didn't do that'*. In this practice, both processes are apparently undertaken rigorously.
- 1.22.8 The podiatrist in a one stop shop practice pointed out that one question is 'Did anyone examine your bare feet?' Although many answered that they had not, she stated that all patients have their feet examined whilst bare foot.
- 1.22.9 In a one stop shop, many patients had stated in the questionnaires that they had not received a care plan. However, they all receive a 'consequence care plan' and perhaps do not realise that this is a care plan.

1.23 Key Headlines

- 1.23.1 There is a lack of recognition of what Year of Care means, not only amongst patients but those in practice who see themselves as peripheral to care planning, such as the podiatric assistant, eye scanner and some administrators. The practices do not appear to explain or include all staff in organisational changes. The lack of clarity of YoC is mostly endemic throughout the organisations apart from the key and senior clinicians. People are confusing it with 'regular MOT checks'. They do not identify changes that have take place as relating to Year of Care.
- 1.23.2 The training for healthcare professionals was only on psychology and behavioural change. Some felt the need for more training that was appropriate to care planning and specific to Year of Care. There was no training for administrators, receptionists, healthcare assistants, podiatric assistants or eye scanners and none felt that they had had any training cascaded down by those who had attended courses.
- 1.23.3 Training is very minimal for patients, not only YoC awareness but also Desmond.
- 1.23.4 All practices send out blood results, apart from one which sends them out to a selected group of patients. However, many patients do not register that they have received them.

All practices have said they sent out information about Year of Care, but few patients registered receiving this either.

- 1.23.5 Most patients agreed it is good to get results beforehand even one patient who had received a mistake in her results.
- 1.23.6 One practice treats patients differently depending on whether they have been recruited into YoC or not, i.e. whether they have agreed to complete the evaluation questionnaires.
- 1.23.7 One practice is threatening to withdraw. A major problem they have found which has influenced their reaction is the burdensome nature of helping patients to complete questionnaires. However, the practice nurse is the one who does this rather than an administrator.
- 1.23.8 The lack of a usable YoC template for IT systems is considered by many as a major problem in the project. They do not feel they are able to undertake care planning as effectively as possible without the template. It is causing a great deal of frustration and bad will towards the project.
- 1.23.9 Most people do not recognise a major difference in the culture of the organisation but a second year may have a greater impact on people's perceptions.
- 1.23.10 There appears to be a commitment to the notion of partnership working but less of a consensus as to what it actually means.

Appendix 1: Interview Schedules

Year of Care Case Study - Questions for Patient Interviews

Introduction to include:

How we will use the data

Anonymity

Confidentiality within the group

Informed consent

Length of group/interview

1. What is your understanding of the Year of Care? What does it mean to for you as a patient?
2. What information, if any, have you received about what to expect from the Year of Care? What do you think about this information? (Probes: Was it presented to you in a way you could understand? What did you think about the format? What did you think about the content? What was good about it? What could have been improved?)
3. What did you think about your care planning approach? (Probes: Did it cover the right things? Was there enough time? What was good about it? How could it be improved?)
4. What did you think of the skills and knowledge of the professional who carried out your care planning session? (Probes: Did they listen to you? Did they explain things to you? Did they seem to have the right information? Did you feel your views were taken into account?) Is there consistency of staff?
5. At the end of the session/s have you been clear about:
 - What you have decided to do?
 - What the professional is going to do?
 - What would happen next?
6. Is there anything that could have been done differently to make things clearer?
7. Were you given a written plan? If so did you find this helpful?
8. What, if anything, to you feel you achieved in this/these session/s?
9. Did you find the process helped to identify your needs? If so has it helped to meet your needs?
10. Do you feel you were offered options in the process? If so how? Could this have been improved on?
11. How do you think this process compares to how things happened before you started on the Year of Care programme?
12. Has your involvement in the Year of Care made a difference to you? If so can you say how?

Year of Care Case Study – Staff Interviews

Introduction to include:

How we will use the data

Anonymity

Informed consent

Length of interview

1. What is your understanding of Year of Care?
2. What has your involvement been? (Length of time, roles)
3. How is Year of Care run here? (What does it look like? Do they involve the patients in setting the goals? How are they implemented in practice? How are they recorded in practice? Do the patients have options? What is offered? Is it outside of normal offering? How far are they going down that route? Are they given options in the care planning approach? Do they send test results beforehand?)
4. How has your role changed since being involved with Year of Care? (What do you do that is different? How have your attitudes changed to your work, to the patients, to colleagues?)
5. How has patient recruitment worked? (Have there been difficulties recruiting? How do patients respond? Are patients able to say no? What would the difficulties be in them saying no?)
6. What are your views on training – the training you have received? (How effective, in what way? How did it support or prepare you? What was lacking or deficient? Has the learning helped? In what way? Was the timing right? Should there be more? If so when and to cover what?)
7. What are your views on IT? (What should the systems do and do they do it? Is there an IT clinical record of care planning? What systems do they use? What is the history of their use? Do they support it? Can the systems feed data into commissioning? Are there IT templates? Do they get in the way of the consultation – the computer being the focus rather than the patient? What happens when things go wrong with it? How has it made things easier/more difficult?)
8. Do you think there has been a change in culture in the organisation since Year of Care? (How would they describe the culture of their organisation? What are the changes – how was it before and now? How can you infer that it is because of YoC or that it would have happened anyway? In what ways are these better/worse? How have they coped with organisational change? What are the staff's attitudes to workload? What are the staff's attitudes to YoC? Is there senior buy in to support culture change? Is there a resourced local champion to support / enthuse / role model?)
9. What word would you use for your relationship with patients? Do you feel that you work in partnership? (With whom and how? Is this something that comes naturally or have you had to work at it? What has it been like for you? Is it sufficient, or tokenistic, or could it be more collaborative? How? What is preventing it? Is the patient 'prepared' for consultation? Have

they received Information/ structured education? Do they receive motivational psychological support? Are they aware of process and options? Can they access their own records? Have they received pre-consultation results? Do they feel they have personally relevant information?)

10. What is your experience of dealing with patients who are more engaged? (Is it comfortable for you? Why/why not? How different is it now from the beginning of YoC? What happened? Stories, narratives).

Year of Care Case Study – Questions for Commissioners

Introduction to include:

How we will use the data

Anonymity

Informed consent

Length of interview

1. What is your understanding of Year of Care?
2. What is your role with this project? (get a sense of their relationships with the project – professional, how well they work or don't).
3. Are you working with the project teams to understand what people want? (How? How far do they take it – do they accept what they are told? What are the processes?)
4. Are you able to identify and fulfil the needs of patients? (what do they mean by this? How is this achieved?)
5. Do you establish and publicise menu of care? (What do they understand by this? How do they do it?)
6. Can you transfer the micro to the macro? (How is this done?)
7. Do you undertake population needs assessments? (What do they understand by this in relation to YoC? How do they relate the individual to the population should needs not match assessments?)
8. Do you develop markets to meet current and future needs? (How do they assess current and future needs)
9. Do you procure time for consultation, training and IT?
10. Do you quality assure and measure? (How?)
11. Do you record options / service use? (When? What happens to this? How is it then used?)
12. Do you produce money contracts?
13. Is there leadership/ cross section buy in? (How do they define buy in? What is the effect of buy in?)
14. Is there senior buy in / local champions? (What is the effect of this?)

Year of Care Case Study – Focus Group Questions with Patients

Introduction to include:

How we will use the data

Anonymity

Informed consent

Length of interview

Areas to cover:

1. What is your understanding of Year of Care? What does it mean to you as a patient?
2. What changes in practice have you noticed? What differences has it made for you? (if any). (Particularly, receiving test results, greater collaboration during the consultation and what that means, menu of options. Managing their diabetes now compared to previously.)
3. Are there new services available to support you that weren't available before? (What are they? Are there any they would like but aren't available.)
4. How has the training and education been in the past year? (Useful, what was helpful, what could be better, lacking.)

Year of Care Case Study – Questions for Focus Group Interviews with Staff

Introduction to include:

How we will use the data

Anonymity

Informed consent

Length of interview

1. What have been the changes that you've noticed since Year of Care began, if any.
2. Do you think there has been a change in culture in the organisation? (How, what, why.)
3. What has been the impact of partnership working and the engaged/informed patient?
4. How effective is the training for staff? What are your views on the training and education programme for patients? Do you see the results of this training? How?
5. What do you see are the barriers and constraints to effective implementation of Year of Care?
6. What works well?