

Information call: The evaluation of the Increasing Continuity of Care in General Practice Programme

Speaker Key:

CO	Coordinator
DR	Diane Redfern-Tofts
HP	Hannah Patel

CO Hello, and welcome to the Evaluation of the Increasing Continuity of Care in General Practice Programme. My name is Courtney and I'll be your coordinator for today's event. For the duration of the call, you will be on listen-only, however, at the end of the presentation, you will have the opportunity to ask questions. If you need assistance at any time, please, press star, zero on your telephone keypad and you will be connected to an operator. I will now hand you over to your host, Diane Redfern-Tofts, to begin today's conference. Thank you.

00:00:43

DR Thank you. Good morning, and welcome, everyone, to the information call for the Evaluation of the Increasing Continuity of Care in General Practice Programme. Thank you for joining us. My name is Diane Redfern-Tofts, and I am a research manager at the Health Foundation. I am responsible for the management and delivery of the ITT, and will be the day-to-day contact for the evaluation. In the room with me today is Hannah Patel, Programme Manager, and Sarah Henderson, Assistant Director of Improvement Programmes.

The purpose of this call is to provide you with an overview of the Evaluation of the Increasing Continuity of Care in General Practice Programme and to go through what we are looking for in your tender response. We'll try to address the questions that have been submitted and general points as we go through the information before opening up for some questions. Afterwards, we'll follow up with a transcript of this call, which will be posted on same page as the ITT on the Health Foundation website by the end of next week.

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This call is designed to clarify the parameters of the programme and the evaluation, and to address any common questions that you may have. Please, note that we cannot answer specific questions about your tender proposal. If you would like to discuss your own tender response, please, contact us on continuityofcare@health.org.uk and we can arrange a suitable time to discuss. Similarly, as you complete your tender response, if you have any questions, please, email us at the same address, that is continuityofcare@health.org.uk. If you experience any issues with the sound during the call, please, raise this immediately with the moderator and they'll let us know. I'll now hand you over to Hannah, who'll give you a brief overview of the programme.

HP Hi there. I'm Hannah Patel. I'm the programme manager for the Increasing Continuity of Care in General Practice Programme. Welcome to the call, everyone. The Increasing Continuity of Care in General Practice Programme is inspired by Health Foundation research, which demonstrated that patients with ambulatory care-sensitive conditions who see the same GP a greater proportion of the time have fewer unplanned hospital admissions. The research also looked at several potential opportunities for improvement that could be used to increase continuity at general practice level.

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The primary aims of this programme are to understand whether improvement approaches can be used to increase continuity of care and to explore whether increasing continuity of care can improve patient outcomes. The programme is supporting five large-scale GP practices and federations to carry out targeted improvement work to increase continuity in their practices. Further details of the individual projects can be found on the Health Foundation website, and the link is given in the evaluation ITT. Four of these projects will run from January 2019 to December 2020 and the project led by Valentine Health Partnership will run from now until June 2020. Each project has an initial setup phase of varying length with implementation of intervention starting in and around April and June of this year.

Each of these five projects varies in size, in terms of the number of practices they have engaged in the work. The maximum number of practices directly involved in one of the projects is nine, which is at Pier Health, and the minimum is one, Valentine Health Partnership. In total, the evaluator will be working with around 25 GP practices across the programme.

In addition to the support that project teams will receive from us at the Health Foundation, we'll be working with a support partner during the programme, who will support learning and dissemination within the continuity of care improvement programme. As part of their role, they'll be responsible for the design, facilitation and delivery of programme-wide workshops, which support shared learning at three points during the programme.

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We hope that these workshops would be attended by the evaluators and provide a good opportunity to observe and engage with the project teams as they reflect on their learning during the setup, implementation, and dissemination spread phases of their work. The support partner will contribute to the spread and dissemination of insights generated from the programme by codesigning, facilitating and delivering insight webinars during the programme. It would be interesting for the evaluators to attend to hear more about the projects and observe how the project teams engage with contributions and challenge from the wider community of people interested in continuity of care.

The applications for the role of support partner closed today, and we're hoping to work with them from February onwards. I hope that was helpful and I'm hear if

you want to ask any questions later on in the call. But now I'll hand you back to Diane, who will explain the evaluation for the programme.

DR Great, Thanks, Hannah. I'll now give you an outline of the timeframes for the evaluation before giving you some further detail on it. So, in terms of timeframes, the ITT that we launched on Monday 7th January is aimed specifically at recruiting a provider to undertake an independent evaluation of the programme. The tender is an open competitive process. It's available to suitably qualified and experienced evaluation teams based in the UK.

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All submissions must be received by 12 midday on Monday 4th February at the latest. Any submissions received after this time won't be accepted. Applicants must complete an online response form, available at aims.health.org.uk. If you don't have an AIMS account already, you'll need to register first before you're able to access the response forms. And please, make sure you register as an organisation, rather than an individual. We'd also ask that you familiarise yourself with the online application portal at the earliest possible stage, as we may not be able to respond in a timely fashion to any technical queries as the deadline for applications nears.

On the evaluation of the Increasing Continuity of Care in General Practice Programme's webpage, there is an applicant user guide, which explains how to register with AIMS and navigate the application form. Within the response form, you'll find that there are mandatory fields that need to be completed before a submission can be made. You may have already seen that each question has a word limit, which the system does not allow you to exceed. We're unable to accept supplementary information attached and uploaded to your response form, apart from the documents requested in the response form, so, please, ensure you answer all the questions on that form.

You will also find that declarations are required from the lead organisation before submission is possible. We don't require declarations from all partners, just the lead applicants, but it is important that you have agreement from all parties to partner on the project before submitting your response. Failure to do so may result in your application being rejected.

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You must ensure that you click Submit when you've fully completed your response. Simply saving it doesn't transfer it to our assessors and it'll automatically be considered as an incomplete and ineligible application. You will receive a confirmation email when you've successfully submitted your form. When putting together your response, we ask you also to refer to the example of our standard contract for evaluation services, which is attached to the published ITT, which will give you a flavour of what our contractual arrangements would be. Shortlisted applicants will be interviewed on Tuesday 6th March and we anticipate the successful evaluation partner will be notified that week to commence the evaluation shortly after. The evaluation will last approximately two years with final reporting in March 2021. Due to contracting delays, one of the

projects is due to complete in mid-February now, which is later than planned. We'll work with the evaluation provider to agree any effect this has on the evaluation timeline during the contracted process. And an outline of the evaluation governance can be found within Annex 1 of the ITT.

So, the primary purpose of commissioning this evaluation is to develop and share learning about the process of improvement at each of the five projects and their sites through establishing the model of improvement and approach being used, whether continuity of care has increased, patient and staff views of continuity of care, their experiences of each intervention and the impact it has had, any unintended consequences of improving continuity of care, for example, reducing access, which will enable us to contribute to the wider policy conversation around the future of general practice and GPs working at scale, and how any change in continuity of care occurred within that specific environment.

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To be able to answer these questions, we're commissioning this external mixed-method evaluation and the separate quantitative evaluation with the Improvement Analytics Unit. The IAU evaluation is currently being designed, and will explore whether increasing continuity of care can improve patient outcomes. These outcomes will be agreed with the Health Foundation, the external mixed-method evaluator that we appoint, and the five project teams. In terms of deliverables in this evaluation, over the course of the programme, the evaluation partner would be expected to provide an evaluation protocol, an interim progress report, a presentation at the advisory group and the final report and final draft report.

The tender response form provides the opportunity to demonstrate how you meet each of the assessment criteria detailed in the ITT, and it's important to ensure you demonstrate suitable knowledge, experience and expertise to deliver the evaluation. If you are unsuccessful at this stage, you'll be notified on 20th February by email. Unfortunately, at that point, details of individual feedback cannot be provided to all applicants. Those who are successful at this stage will be invited for an interview at the Health Foundation offices in Central London for the selection process, and interviews will take place on Tuesday 5th March.

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So, to summarise, the **deadline for your tender response: 12 midday on Monday 4th February**, and we won't accept applications after this time. Assessments will be carried out from 4th February and **applicants will be notified whether they've been selected for interview by 20th February**, and **interviews will take place on Tuesday 5th March**. Please, ensure that you are available for interview on this day, as we're unable to offer applicants alternative interview dates. And **final decisions will be communicated by 8th March**.

So, moving on, we've received a number of questions relating to the evaluation already, and we'll go through these now with our responses before we open out for questions, but before I go through the questions that have been asked in

advance of the call, please, note, we can't go into specific detail on your individual projects today. If we feel that further information is needed to clarify specifics on your project, we can do this outside of the call. So, **we received a question specifically about the projects, asking what GP IT systems each of them use.** *The majority of the practices are using EMIS, however one of them is using System One.*

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We've also had a question in on whether we anticipate the evaluation would require approval from a local ethics committee, and we're anticipating that the evaluation won't need ethics approval, as it will be considered service development, rather than research. However, this will be up to the evaluator.

We've had another question about Schedule 4 in the sample contract, which covers provider use of the work products: Would we consider publication of findings by the evaluation partner in peer reviewed journals allowable under this provision? *So, Clause 4.0 in Schedule 4 of the example contract details that the provider should get consent from the Health Foundation, should they wish to publish work relating to the evaluation. We're really keen for the evaluators to present and publish findings, but have included consent to ensure that this is done at an appropriate time for the programme.*

A further question we received is: At what point do you anticipate the IAU's analytical plans being produced, and will these be shared with the chosen evaluation partner? *So, the IAU are working with project teams this month to develop statistical analysis plans, and they're determining how continuity of care will be measured and defining the outcome measures to be explored. And they should deliver their initial evaluation protocol in February, and this would then be shared with the chosen evaluation partner in March.*

And then the final question we received in advance of the call was: Will there be an opportunity to work with the IAU's quantitative evaluation and gain access to data to validate the emerging findings from this evaluation? *So, the IAU will attend and contribute to the evaluation working group that we've got in April 2019, one in April 2020, and the other in December 2020. This is so the evaluators can discuss data to avoid duplicating data requests, as well as emerging findings from the two evaluations, and determine if additional collaboration is required.*

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That is the end of the questions we've been asked and our responses, and we'll now open up for some questions on the call. We want this session to be useful to all attendees, so please, try and keep your questions about general guidance and information. So, we're now ready for your questions.

CO

Okay, so if you would like to ask a question, please, press star, one on your telephone keypad. If you change your mind and wish to withdraw your question, please, press star, two, and you will be advised when to ask your question; that was star, one on your telephone keypad. Okay, we do have a question coming through. Please, go ahead.

Caller 1 **Good morning, everyone. In terms of formats of interim and final reports, it's our understanding that you're seeking to include five separate evaluative case studies with an overarching summary, which offers programme-level insights. Would this be correct?**

DR *Yes, absolutely. Thanks for the question. Yes, that's exactly what we were anticipating, so, yes, five case studies, but then also that overarching programme learning.*

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Caller 1 Perfect. Thank you.

DR *Thank you. We'd go into further detail and work with the evaluation supplier on specifics for the reports, but, yes, that's what we anticipate it looking like.*

CO We currently have no further questions coming through, so another reminder: It's star, one on your telephone keypad. Okay, we do have a question coming through. Please, go ahead.

Caller 2 **Hi, thank you. Can you repeat the answers for the first questions about the GP IT systems? I think, you mentioned that the majority of the projects have one system, but I'm not sure you mentioned about the other projects, what were their systems used. Thank you.**

HP *So, four of the projects are using EMIS for their IT systems, and then St Leonard's Research Practice is using System One. Are you familiar with those IT systems?*

Caller 2 Sorry, not me particularly because my colleague who had planned to join the call, is feeling unwell, but I have to make sure I get this information. Is there any chance, maybe, that we can get it shared by email?

HP Sure, that's fine. If you email the Continuity of Care inbox, I'll get back to you with the names of the systems.

Caller 2 Okay, thank you very much.

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DR And just to confirm as well, we will put the transcript of this call up onto the website, so if anyone's missed anything, it will go up onto the website.

Caller 2 Oh, okay, great.

DR Great. Thank you.

CO We have no further questions coming through, so another reminder: It's star, one on your telephone keypad. Okay, there are no further questions coming through, so I shall hand it back over to yourself, Diane.

DR Great, thank you. So, I think, this takes us to the end of this information call. As we said, if you've got any further questions, please, feel free to email us on the usual email address, so that's continuityofcare@health.org.uk, and we really look forward to receiving your applications by 4th February. Thanks, everyone.

CO Thank you for joining today's call. You may now disconnect your handsets.