2009 REVIEW OF KEEP WELL EVALUATION PRIORITIES

Keep Well Evaluation Group, February 2010

EXECUTIVE SUMMARY

Purpose of paper:

- To review the evolving policy context surrounding 'Keep Well'
- To scrutinise progress against existing evaluation framework for 'Keep Well'
- To identify evaluation priorities for informing mainstreaming and sustainability

Background:

The evaluation framework developed for Keep Well in NHS Greater Glasgow & Clyde in 2008 was designed to deliver two types of learning; a summative judgment on the extent to which the programme's primary aims were actually achieved; and to understand the mechanisms by which any positive benefits or unintended consequences were generated, broadly achieved by process level evaluation.

Methods:

Between October and November 2009 NHS Greater Glasgow & Clyde's Keep Well Evaluation Group undertook a comprehensive census of all evaluation activity taking place in each Keep Well pilot site, incorporating local and national activity. Evaluation activity was aligned with the 2008 evaluation framework.

For each project, the main research question, summary of methodology, current status and evaluation lead were documented and summarised in Appendix 1. Progress with the principal projects that were established to address the explicit evaluation gaps identified in the 2008 stocktake is described in detail on pages 9-16.

Recommendations:

Evaluation priorities for informing mainstreaming of 'Keep Well' are recommended, taking into account the current macroeconomic and policy contexts. Given these contextual factors, it is mandatory that the final phase of Keep Well evaluation delivers a clear summary evaluation. In particular, there must be a clear distillation of the programme's cost-effectiveness and equity impact. The major focus over the next six months will be completion of the work that is nearing completion, to inform preparation for sustainability and an appropriate exit strategy once the outcome of the Government's spending review is known in mid 2010. A dissemination strategy is also recommended to ensure that evolving learning from our evaluation framework is discussed, contextualised and used by defined audiences.

Purpose of this paper

1. To review the evolving policy context surrounding 'Keep Well'

2. To review progress against NHS GG&C's existing evaluation framework for 'Keep Well'

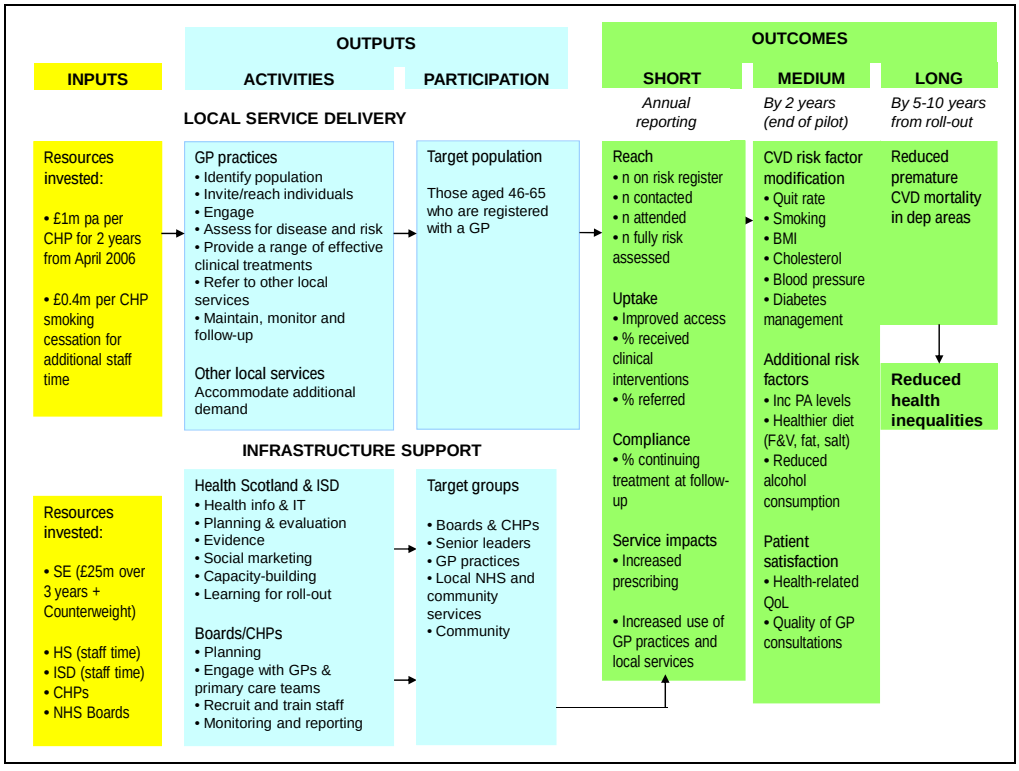
3. To identify evaluation priorities for informing mainstreaming and sustainability

1 Policy Context

1.1 Original rationale for Keep Well

Keep Well was implemented in 2006 to test the hypothesis that enhancing primary care capacity in the least advantaged localities of Scotland would reduce CVD risk factors and resultant mortality within 5-10 years. The original logic model produced by NHS Health Scotland describes this rationale in more detail (Figure 1).[1]

Figure 1: Original logic model describing rationale for Keep Well



Keep Well Wave 1 was implemented in five pilot areas with high concentrations of multiple deprivation:

- North Glasgow
- East Glasgow
- North Lanarkshire
- Dundee
- Edinburgh

Funding continuation to support delivery of Wave 1 was subsequently extended until 2010, followed by implementation of three subsequent waves of Keep Well in new areas:

- Wave 2 (2007-09): Inverclyde, West Dunbartonshire, SW Glasgow, Fife, Ayrshire & Arran, Aberdeen

- Wave 3 (2009-2011): Dumfries & Galloway, Borders & Forth Valley + Well North (2008-10)

- Wave 4 (2009-11): Extension of services in Wave 1 areas to new geographical areas and/or populations

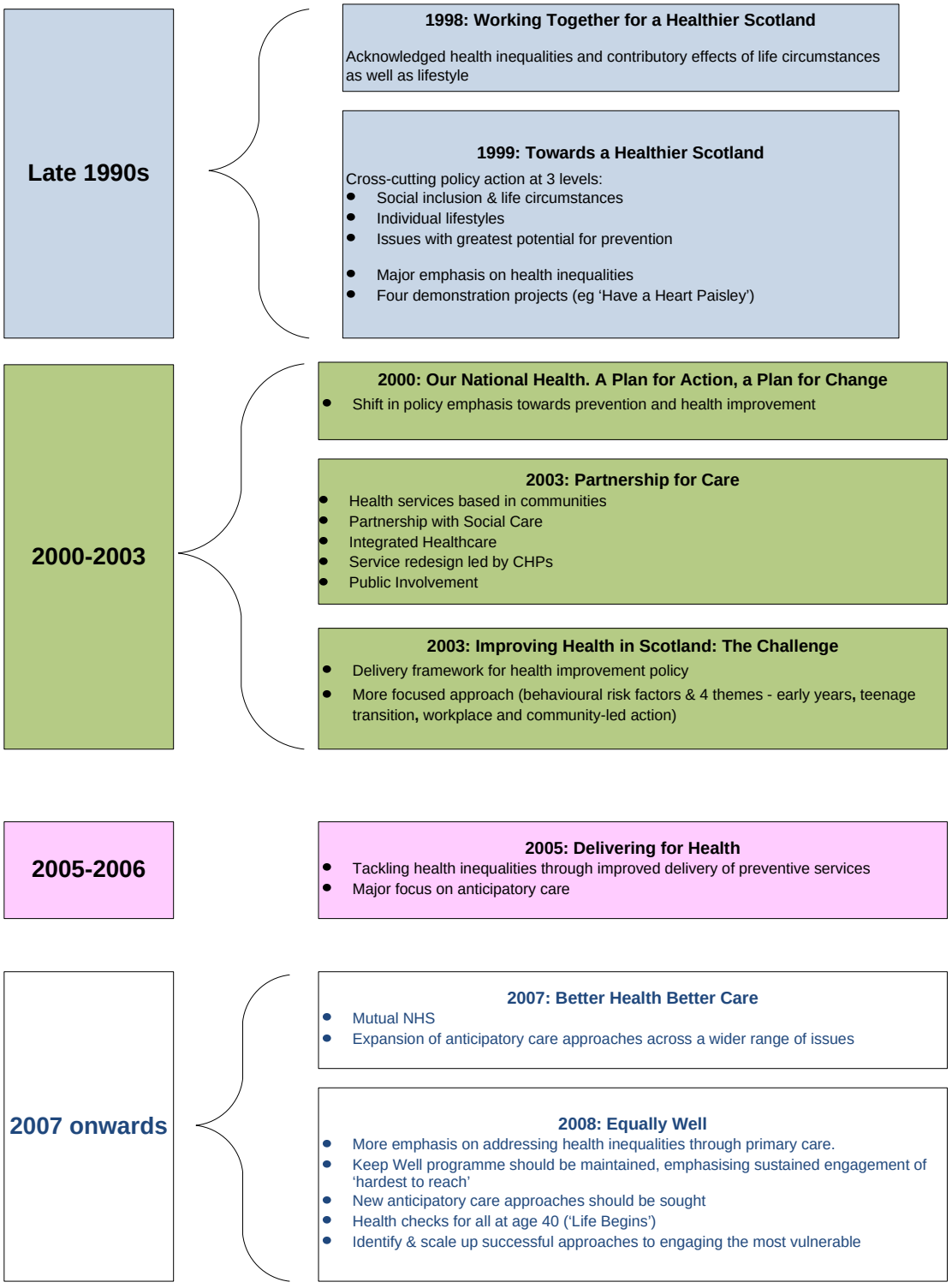
1.2 National Policy Context

The policy underpinning 'Keep Well' originated from 'Delivering for Health', the Scottish Executive's 2005 action plan for the NHS in Scotland.[2] This policy contained a strong focus on individual level health improvement, delivered primarily by health services, representing a considerable step change from the broader based social inclusion and community development approaches of the preceding eight years (Figure 2, overleaf).[3-6] Since 2005, the emphasis on individual level health improvement has intensified, with health inequalities being increasingly promoted as core business for healthcare services and anticipatory care cited as a key strategy for addressing them.[7,8] The Scottish Government also has an explicit intention to mainstream anticipatory care and a pilot programme to meet the needs of all adults aged 40 and over ('Life-begins') is currently being established.

Keep Well was not the first large scale national demonstration project to focus on CHD. In 2000, the Scottish Executive had launched 'Have a Heart Paisley' (HaHP), the primary aim of which was also to reduce CHD risk and associated health inequality in Paisley. Its multifaceted programme of 17 projects involved over 6000 participants from mainly disadvantaged areas, yet there was no evidence that the intervention achieved a shift in total CHD risk or changed behaviours at a population level, although some reduction in risk status within programme participants was measured.[9,10]

These findings concur with those of a Cochrane review published in 1999 (updated in 2006) determining evidence for the effectiveness of "Healthy Heart Programmes."[11] Drawing from 39 trials over the course of three decades, its main conclusions were that multiple risk factor interventions advocated by such programmes achieved only small reductions in blood pressure, cholesterol, salt intake, and BMI, with little or no impact on the risk of coronary heart disease incidence or death. The authors discouraged more research on the topic, recommending that national fiscal and legislative changes aimed at reducing smoking, dietary consumption of fats, "hidden" salt and calories, and increasing facilities and opportunities for exercise should have a higher priority than individual level health promotion interventions.

Figure 2: Evolution of health policy underpinning 'Keep Well'



The central element of Keep Well remains the 'Health Check', the principal focus of which is assessment and modification of cardiovascular risk in individual attendees. However, the predictive capacity of risk prediction scores is actually quite modest, with many more cardiovascular events occurring in individuals characterised as 'low risk' than those designated 'high risk'; more than 50% of CVD events in the next ten

years in the UK will occur in asymptomatic adults below the current drug treatment threshold. Furthermore, the clinical impact of cardiovascular risk scoring as an activity is nil or negligible; a systematic review published in 2008 identified eleven studies, including five randomised controlled trials (RCTs) of adequate methodological quality, evaluating the clinical benefits and harms of applying Framingham based risk scores to the care of asymptomatic people. None of the five RCTs showed a significant overall change in either clinical care or risk factors, although no harmful effects were seen.[12]

Finally, ASSIGN has recently been adopted as the cardiovascular risk score of choice within Scottish health improvement policy.[13] This departs from the original policy intention of evaluating ASSIGN within Keep Well; in August 2009, the ASSIGN website stated: "Testing of ASSIGN is taking place within the Scottish Government programme of targeted high risk primary prevention, initially established in the Keep Well initiative, for people aged 45-64 in the 15% most socially deprived areas in Scotland. Evaluation and estimation of the impact of ASSIGN in practices across Scotland will inform decisions regarding target populations for assessment (age and locality), and treatment thresholds, which could be progressive, and help thereby to optimise ASSIGN's potential for reducing inequalities in CVD when nationally implemented.....Treatment thresholds would again need to be calibrated to the estimated workload"

1.3 Local Policy Context

Keep Well currently operates in five pilot sites across NHS GG&C (Table I).

Table I: Overview of Keep Well Wave 1 & 2 in NHS GG&C

Site	Number of participating practices	Main strategic focus
Wave 1: Established 2006		
North Glasgow	9	Main focus on primary prevention of CVD, with augmentation of existing secondary prevention activities
East Glasgow	8	Main focus on primary prevention of CVD, with augmentation of existing secondary prevention activities
Wave 2: Established 2008		
South West Glasgow	7	Main focus on primary prevention of CVD, with augmentation of existing secondary prevention activities
Inverclyde	15	Secondary prevention of CVD, with opportunistic primary prevention
West Dunbartonshire	19	Secondary prevention of CVD, with opportunistic primary prevention

1.3.1 Wave 1 (North and East Glasgow)

Wave 1 was developed during 2006, in close collaboration with the North and East CHCPs. Within each area, practices with the highest percentage of the target population living in the 15% most deprived data zones were invited to participate. Initially, 18 practices (nine from North and nine from East Glasgow) began delivering the intervention in late 2006/early 2007.

A variety of patient engagement methods are used, together with enhanced primary care capacity for health assessments and lifestyle counselling and administrative time to invite patients and follow up of those who do not attend. Keep Well was intended to encourage more proactive management of patients and joint working between health improvement services and practices. Existing health improvement support services were enhanced, with additional smoking cessation capacity, stress management services, alcohol counselling, healthy eating and exercise classes, literacy support, money and employability advice.

1.3.2 Wave 2 (SW Glasgow)

Keep Well in SW Glasgow was established in April 2008, focusing on the most deprived practices within the CHCP (practices where 50% or more of total patient list reside in the 15% most deprived data zones). Seven practices are delivering Keep Well within the CHCP; within each of these practices, individual patients aged 45-64 years who reside in the bottom 15% SIMD data zones are offered Keep Well Health checks, with a focus on primary prevention of CVD, as for Wave 1.

In common with Wave 1, a very wide range of individualised health improvement interventions is on offer, including alcohol, employability, healthy eating, weight management and physical activity, literacy and learning, mental health and wellbeing and money advice. For patients with more complex needs, a health case manager provides more intensive support.

1.3.3 Wave 2 (Inverclyde and West Dunbartonshire)

Unlike the Wave 1 and SW Glasgow pilot sites, the Inverclyde and West Dunbartonshire sites focus on patients with established CHD. Virtually all practices are participating in Keep Well in both CHCPs. The modified Keep Well assessment process is supported by enhanced health improvement services in both CHCPs.

1.3.4 Wave 4 (All Keep Well sites)

In December 2008, the Scottish Government announced its decision to invest £11.8m to allow further refining and testing of targeted high risk primary prevention in Keep Well Wave 4 over a two year period ending at the next Government spending review (2009-11). NHS Greater Glasgow & Clyde was allocated £4.52m within this spending envelope and implemented Wave 4 in late 2009, considerably later than planned as a result of prioritisation of the public health and primary care response to the H1N1 pandemic. Its common primary focus is to pilot anticipatory care approaches in new geographical areas and/or populations, as summarised in Table II.

Table II: Overview of Keep Well Wave 4 in NHS GG&C

Site	Main strategic focus
North Glasgow	**New populations** Criminal Justice: Identify 35-64 year old individuals within the criminal justice network and facilitate access to Keep Well, health care and relevant community services (See Care Pathway, Appendix 2). Community Addiction Team (CAT) service users: As above Carers: As above
	New approaches to unengaged patients within Wave 1 Area-wide engagement effort to maximise the referral potential of wider community organisations (including healthy living centres, workplaces, employability services, housing associations and the third sector) Action research programme to identify & address factors associated with non-engagement
East Glasgow	**New populations** Pilot Keep Well in 35-64yr old age group in one practice
	New approaches to unengaged patients within Wave 1 Area-wide engagement effort to maximise the referral potential of wider community organisations (including healthy living centres, workplaces, employability services, housing associations and the third sector) Action research programme to identify & address factors associated with non-engagement Establish Keep Well Health Shop in Parkhead Forge
South West Glasgow	Extend primary prevention to **all** 45-64 year olds in existing Wave 2 practices
Inverclyde	Structured, systematic primary prevention in selected pilot practices
West Dunbartonshire	
Pan-GG&C	Dedicated post to lead inequalities-sensitive engagement, interaction and referral pathways
	Information and referral network

2 Progress against NHS GG&C's existing evaluation framework

2.1 Overarching aims of evaluation framework

An evaluation framework was developed for Keep Well in NHS Greater Glasgow & Clyde, which was designed to deliver two types of learning (Box 1):

Firstly, to allow formulation of a summative judgment on the extent to which the programme's primary aims were actually achieved, viewed from four principal dimensions.

Secondly, to understand the mechanisms by which any positive benefits or unintended consequences were generated, broadly achieved by process level evaluation.

Box 1

1. Summative level evaluation can be viewed in four key dimensions:

Effectiveness: what is the extent to which KW does more good than harm?
Efficiency: what is the benefit of KW for a given input of resources?
Acceptability: to what extent is KW socially, psychologically and ethically acceptable to the population intended to receive it?
Equity: to what extent does KW provide equality of opportunity, provision, uptake and outcome among groups or individuals?

2. At a process level, the principal purpose of evaluation is to generate a rich understanding about the extent, quality and nature of the intervention. This can be considered in five key dimensions:

Context: what is the organisational and community context within which KW is operating and how is KW conceptualised at local level?
Reach: to what extent does the intended target group participate in KW?
Adoption: how easily do the intended delivery settings easily adopt KW?
Implementation: how easily and consistently is KW delivered?
Maintenance: what is the potential cost & sustainability of KW in practice settings?

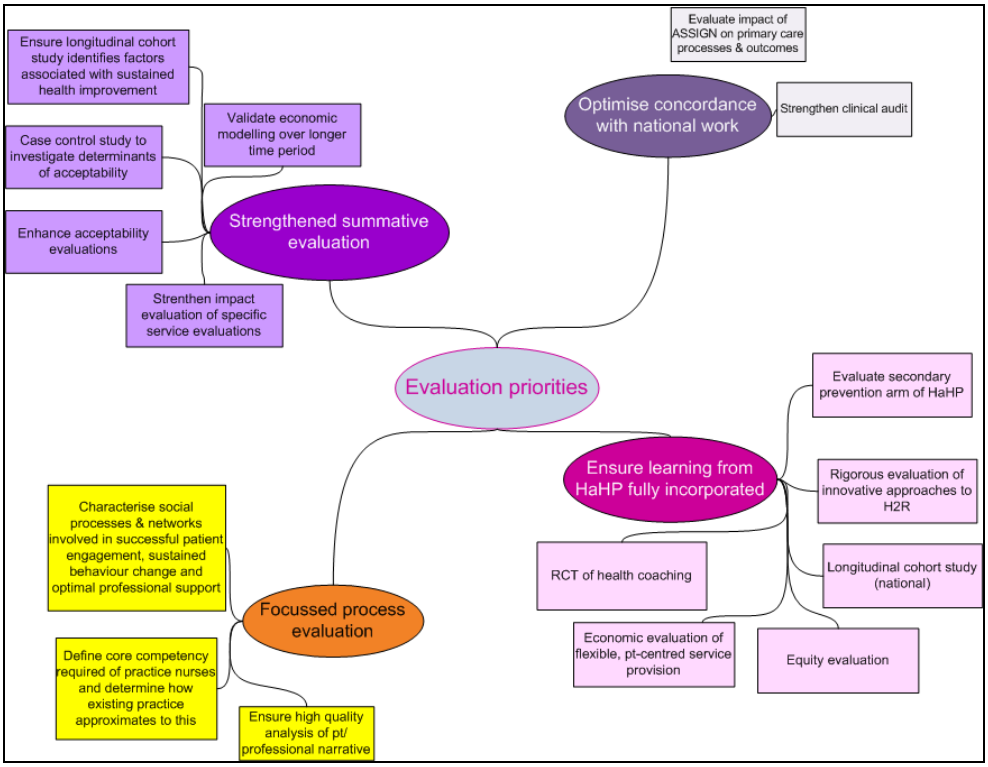
2.2 Summary of 2008 evaluation stocktake

The 2008 evaluation stocktake identified all completed and ongoing evaluation activity in NHS GG&C, incorporating both local and national evaluation programmes. All activity was categorised into summative and process evaluation activities using the criteria defined above. A gap analysis to inform evaluation priorities for delivery of anticipatory care was then conducted.

The stocktake found a wealth of evaluative effort flowing into Keep Well, however it also identified considerable potential to improve the balance, coordination and clarity of purpose of this work. Gaps were identified in evaluation of clinical effectiveness, patient acceptability and equity outcomes. Following an initial plethora of local qualitative work on engagement and consultation processes, local process evaluation was, by the time of the 2009 stocktake, confined to two main strands; monitoring of activity and referrals; and evaluation of discrete elements of the Keep Well programme, such as the pharmacy, health counsellor, community outreach worker and literacy components. Four priorities for evaluation were identified (Figure 3); build on (without replicating) learning from Have a Heart Paisley; optimised

concordance between national and local evaluation work; increased emphasis on summative evaluation; and more clearly articulated process evaluation.

Figure 3: Summary of recommendations (2008 Stocktake)



2.3 November 2009: progress against agreed evaluation priorities

2.3.1 Methodology

Between October and November 2009 NHS Greater Glasgow & Clyde's Keep Well Evaluation Group undertook a comprehensive census of all evaluation activity taking place in each Keep Well pilot site, incorporating local and national activity. Evaluation activity was aligned with the 2008 evaluation framework. For each project, the main research question, summary of methodology, current status and evaluation lead were documented (Appendix 1).

2.3.2 Summative evaluation activity

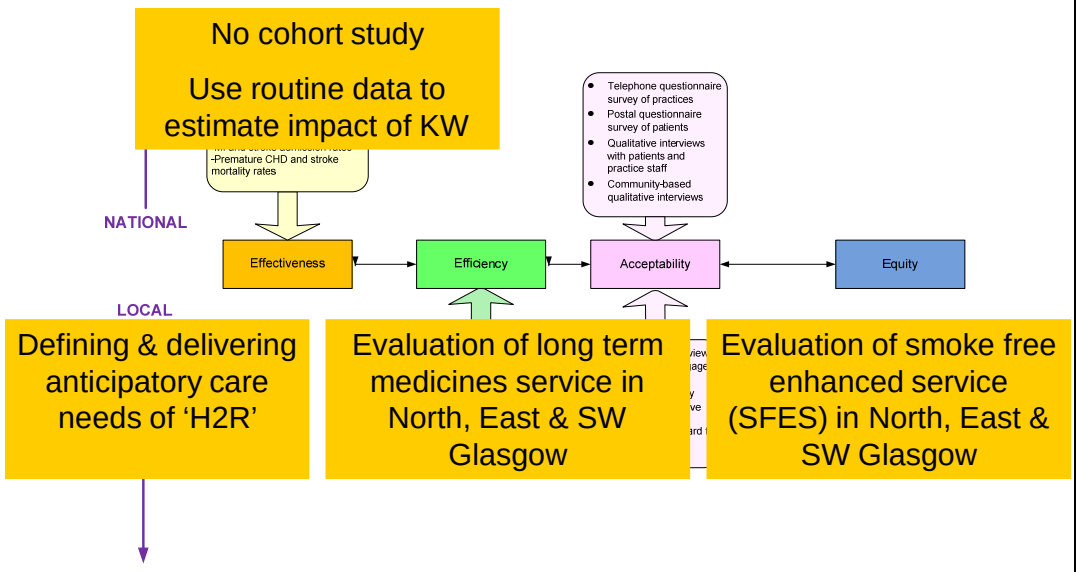
i: *Effectiveness* (Figure 4)

Impact Evaluation: The Anticipatory Care Programme Advisory Board decided at the outset that it did not intend to empirically test the effect of Keep Well on healthy life expectancy, as there was insufficient power to estimate this effect, given the rarity of cardiovascular events in the time period of the intervention. As a proxy, routine data are being used to monitor the impact of Keep Well on morbidity and mortality outcomes across Scotland. A preliminary analysis has been conducted by Dr Colin Fischbacher at ISD, who has compared mortality and hospital admissions attributable to Cardiovascular Disease in patients aged 45-64 in Keep Well practices with all Scottish practices, adjusted for deprivation. This analysis is complex due to time-dependent variables and is now undergoing time series analysis, to investigate

whether the downward trend in hospital admissions occurring across Scotland is steeper among Keep Well practices. The findings of further analysis should be available in the first half of 2010.

Figure 4: Evaluations of effectiveness

[New projects established following 2008 stocktake shown in yellow boxes]



H2R Project: This project is defining and addressing the Anticipatory Care needs of individuals who remained unengaged within Keep Well Wave One after a period of two years. Its overarching aims are:

1. To obtain a structured understanding of factors associated with failure to engage with Keep Well.

2. To increase the proportion of the outstanding unengaged subgroup who undergo a Keep Well health check.

3. To generate empirical evidence on the feasibility, effectiveness, and cost-effectiveness of a range of competing engagement strategies for hard to engage subgroups in the context of Keep Well.

The project is progressing extremely well and has completed a literature review, a synthesis of Wave 1 practice organisational approaches and identified a number of factors associated with low engagement rates. A case control study to examine the effect sizes of pre-defined patient attributes and their patterns of Health Service utilisation will be completed in early 2010. From March-July 2010 the project team will be delivering a customised approach to turn the learning derived from the initial period of the project into engagement. This will require negotiation with practices to ensure that there is adequate capacity to see these patients when they are engaged in Keep Well health checks.

The project team has taken account the findings of work in NHS Lanarkshire which sought to quantify the impact of outreach approaches to involve the hard to reach in the Keep Well health checks and also qualitative work commissioned by Health Scotland to develop a typology of the unengaged population.[14]

Evaluation of community pharmacy long-term medicine service (LTMS): The final report of the North & East LTMS will be available in late March 2010. Based on an analysis of critical control points for repeat prescribing within the Keep Well patient pathway, the report will identify and quantify the impact of actions taken to improve adherence in patients who have engaged with this service. A similar piece of work will shortly be undertaken in SW Glasgow.

Evaluation of the Smoke Free Enhanced Service (SFES): This detailed evaluation had five objectives:

(i) To characterise subpopulations eligible for SFES in NHS GG&C
(ii) To determine whether the service needs of those subgroups differ between Keep Well and non Keep Well areas.
(iii) To evaluate the effectiveness of the SFES on smoking cessation outcomes
(iv) To capture patient perspectives of how the SFES achieves its outcomes.
(v) To capture professional perspectives of how the SFES achieves its outcomes.

The characteristics of smokers eligible for SFES were similar in Keep Well and non-Keep Well CHCPs.[15] Within Keep Well CHCPs, there was evidence of considerable need for enhanced smoke free services beyond the Keep Well programme. In SIMD Quintile 1 (the most deprived) areas alone, there were more than twice as many non-Keep Well patients eligible for SFES services as Keep Well patients.

The SFES was highly effective, achieving Week 4 quit rates of 34%, compared with 14% for the basic pharmacy model. These trends were sustained to week 12, with significantly reduced relapse probability in SFES compared with the basic Starting Fresh service. Although this was not a formal economic analysis, SFES appears highly cost effective, with an estimated cost per quitter at £2008.76, compared with £2,588.64 for the standard pharmacy model.

Patients and professionals reported very positive experiences of SFES, with patients especially valuing the availability of combination therapy, enhanced personal support offered by the service and availability of weekly CO monitoring.

Pharmacy staff found delivering SFES a generally positive experience, which they attributed partly to patients successfully completing the programme and becoming non-smokers. Pharmacists were also able to apply their new motivational interviewing skills to other areas of their practice. Despite very busy working environments, SFES was viewed as relatively easy to assimilate into the current pharmacy workload.

The biggest challenge remains low referral rates. Pharmacy staff made several suggestions on how to improve this position, including proactive referral from other pharmacy services and improved awareness of SFES among GPs and wider health improvement services.

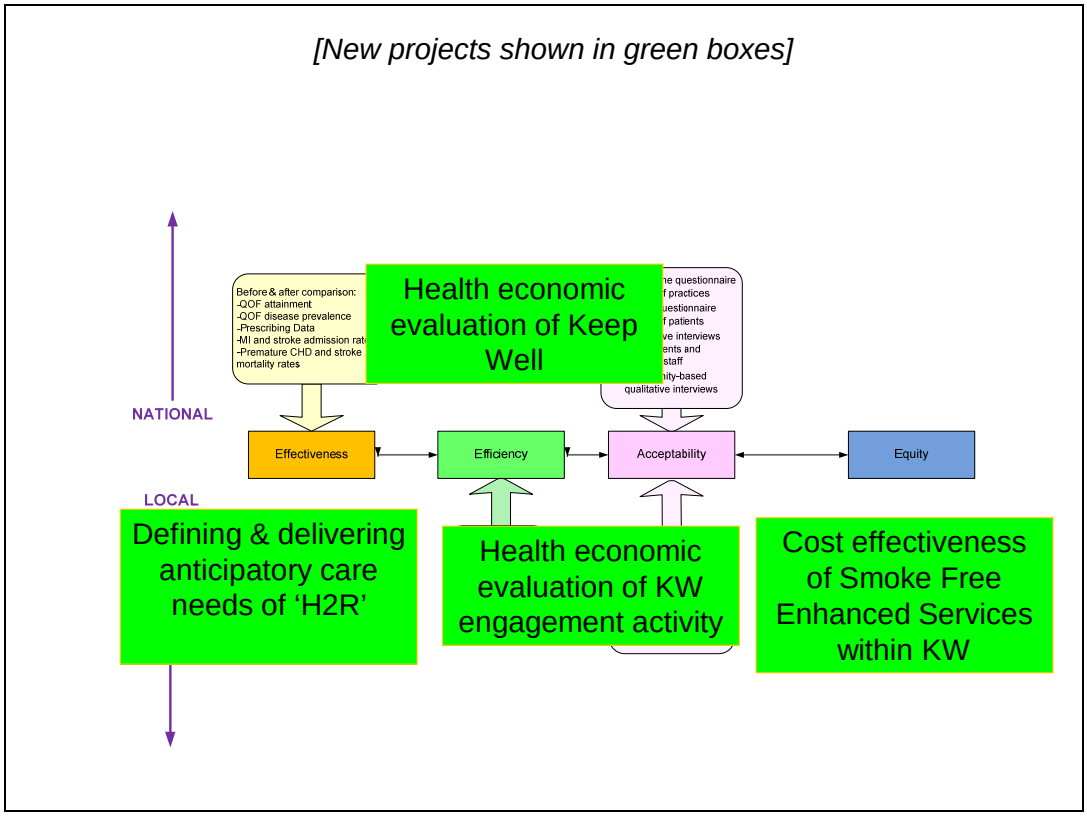
Evaluation of employability services: work is currently ongoing led by the Keep Well Evaluation Group to develop a common set of relevant outcome indicators from

the diverse employability services running across all five Keep Well pilot sites. The work incorporates two principle components, a summary tracking tool report for employability services and an ongoing synthesis of all the different outcome measures available.

ii: ***Efficiency (Figure 5)***

Two of the projects described in the preceding section include health economic evaluation components (H2R and SFES evaluations). In addition to these two projects, two discrete health economic evaluations of Keep Well fare ongoing, further described below.

Figure 5: Evaluations of efficiency



Economic modelling study: this work has been commissioned from the University of Glasgow to estimate the health impacts of the constituent interventions within Keep Well in reducing Cardiovascular Disease events and assess the resource cost of the programme. In drawing the costs and benefits together, this analysis will help to extent to which Keep Well itself is an effective and efficient intervention for a given level of patient uptake and compliance. This work will report in April 2010.

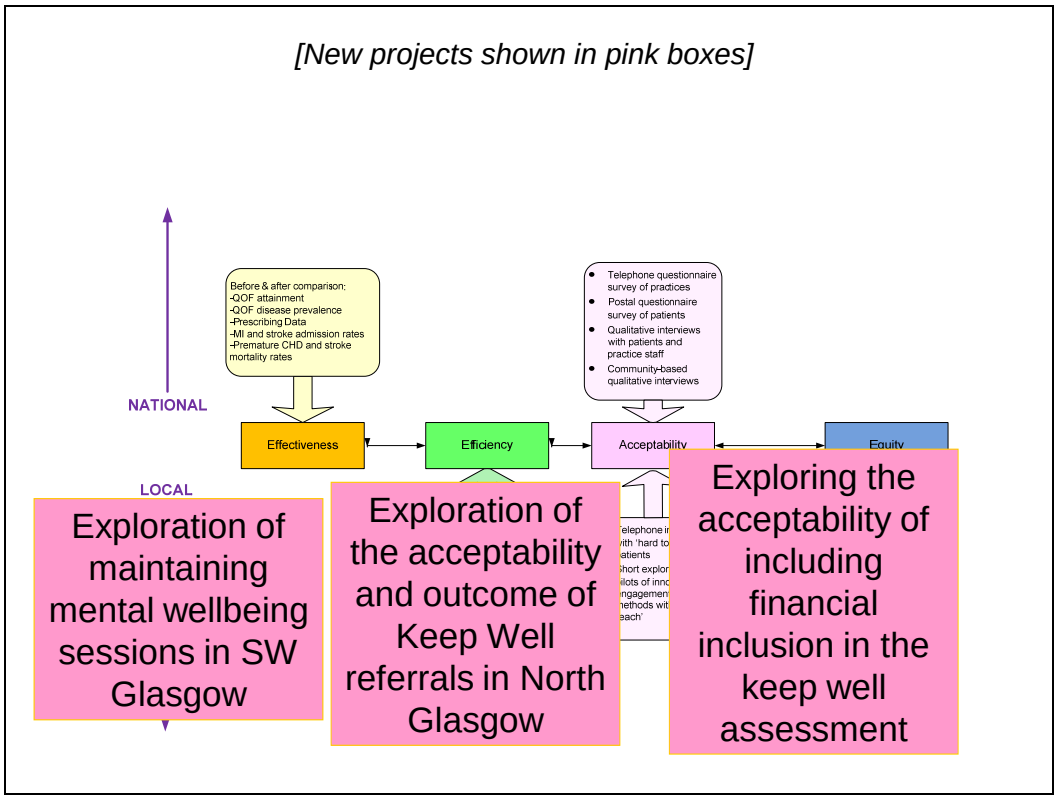
Local evaluation of the relative cost-effectiveness and organisational efficiency of Keep Well engagement efforts: this evaluation will use routine data derived from the Keep Well tracking tool to estimate the cost-effectiveness of our primary prevention pilots in the first three years of the programme.

iii: ***Acceptability (Figure 6)***

The 2008 stocktake found few evaluations of acceptability, aside from the national external evaluation of patient and professional experience. Three new pieces of work were subsequently implemented to address this deficit, described below.

Acceptability of 'maintaining mental wellbeing' sessions: this evaluation is being conducted in South-West Glasgow using a mixed method approach. It will report in early 2010.

Figure 6: Evaluations of acceptability



Acceptability and outcome of referral to health improvement services In North Glasgow: delivery of follow up consultations in the Wave One extension created the opportunity for capturing patient acceptability information in a small subset of patients. Unfortunately, due to departure of the Keep Well North Coordinator, this project did not achieve the necessary coverage, but data have been obtained from approximately 75 patients, which will be analysed in the first half of 2010. A final report is expected in mid-year.

Acceptability of financial inclusion assessment: the acceptability to health professionals of including financial inclusion questions within the Keep Well assessment is currently being evaluated in North and East Glasgow as part of a Masters of Primary Care dissertation. The final report will be available towards the end of 2010.

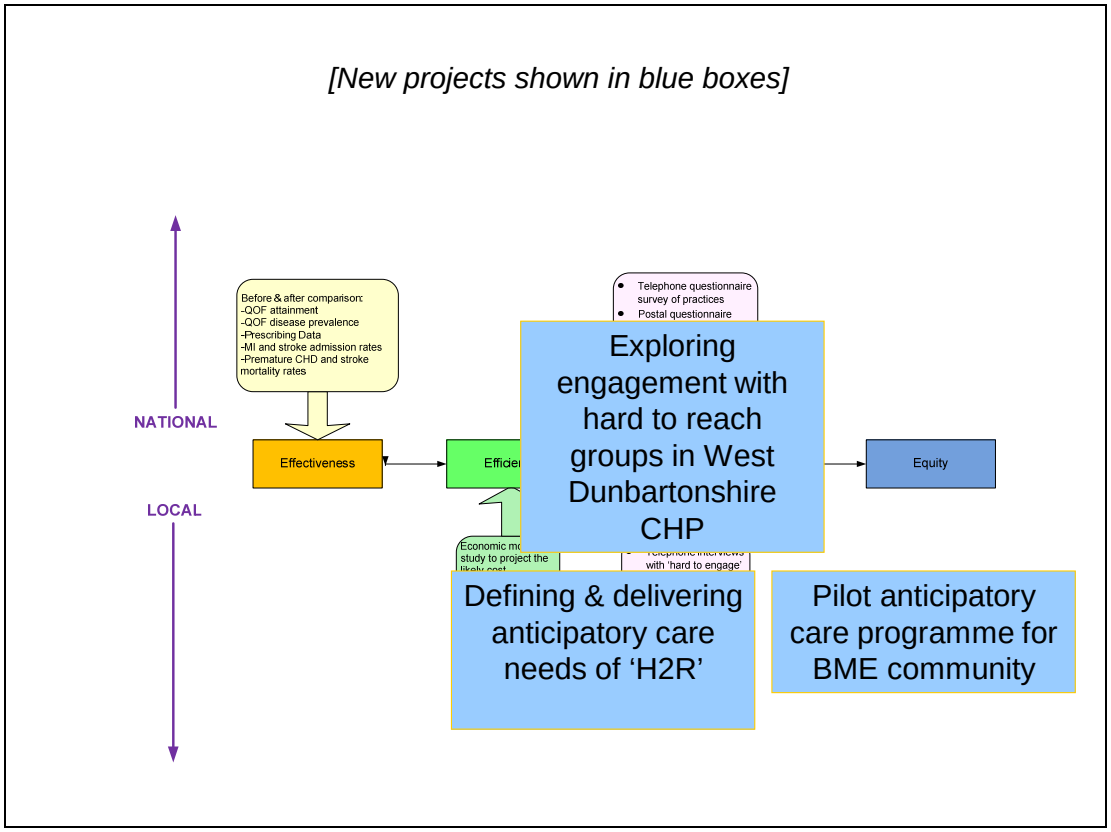
It is recognised that evaluation of patient acceptability remains a major gap. Accordingly this will be prioritised within evaluation of Wave Four in North and East Glasgow.

iv: ***Equity***

The 2008 evaluation stocktake raised concerns about the negligible evaluation of equity within the Keep Well programme. Accordingly, equity evaluation reports have been established as part of the quarterly monitoring process for Keep Well.

In addition, the H2R project in North and East Glasgow will define and deliver the Anticipatory Care needs of patients who remain unengaged. To complement this work, it is hoped to commission more detailed audit from an interested General Practitioner in North Glasgow to characterise patients who took longest to engage, but eventually did so.

Figure 7: Evaluations of equity



West Dunbartonshire CHCP is also undertaking some local audit work to define the characteristics of patients who were more difficult to reach in respect of secondary prevention.

BME: Finally the Scottish Government, following its commitment in 'Better Health Better Care' to pilot new models of anticipatory care for disadvantaged communities, invited NHS Greater Glasgow & Clyde to develop a detailed proposal for a pilot anticipatory care programme for the BME community. Accordingly, a culturally appropriate delivery programme for primary and secondary prevention of CVD to the South Asian community in Glasgow was developed, based on NHS GG&C's existing MELTS service. This programme would have been evaluated in collaboration with NHS Lothian, but unfortunately funding support was diverted after several months of planning discussions.

2.3.3 **Process evaluation**

Delivery of NHS GG&C's Evaluation Framework has included an explicit move towards higher quality outcome evaluation, complemented by appropriate process evaluation. Accordingly, the process evaluation established over the past year have been highly focused and purposeful, described below:

i) Evaluation of ASSIGN in a real world population: This work has been commissioned from Professor Graham Watt at Glasgow University's Department of General Practice and Primary Care. This descriptive study of Cardiovascular Disease risk will compare the impact of ASSIGN with JBS2 in a real world population. It will estimate the proportions of CVD risk factors that are amenable to intervention and provide an assessment of the likely impact of ASSIGN on primary care workload. The final report of this work will be published in April 2010.

ii) Exploration of health professional competencies in Keep Well consultations: This work has been commissioned from Glasgow University and will report in August 2010. Its principal aims are:

- To define the core consultation competency framework required of health professionals to deliver the objectives of Keep Well.
- To examine the 'fit' of observed practice within Keep Well consultations with this framework.
- From the perspective of individuals attending and health care professionals delivering Keep Well consultations, to explore their experience in relation to this competency framework.

A literature review has been completed and the project team are now engaged in recruitment of practice professionals delivering Keep Well within North and East Glasgow.

iii) 'Buy-in' to Keep Well by Practice Nurses: The Keep Well Coordinator in Inverclyde is currently undertaking an evaluative study for her Masters of Primary Care dissertation, to explore individual and organisational factors associated with Practice Nurses' concordance with Keep Well. Recruitment is currently underway and the project will report in the latter half of 2010.

iv) The acceptability to health professionals of financial inclusion assessment: A member of the Acute Planning health improvement team is undertaking a qualitative evaluation of health professionals' attitudes to enquiring about financial issues within the Keep Well consultation in North and East Glasgow. This is also part of a Masters dissertation and the final report will be available towards the end of 2010.

v) The organisational role of outreach workers and health case managers: This process evaluation was commissioned locally in South-West Glasgow. It comprised a qualitative description of semi-structured interviews and focus groups conducted with both professional stakeholders and with patients. Some analysis of the service database was also undertaken. The final report of this evaluation will be available in early 2010.

vi) Exploration of Primary Care responses to adult literacy issues: South-West Glasgow completed an evaluation of the literacy component of Keep Well and issued its final report in January 2009. The report described the qualitative experience of primary care staff and health improvement teams and its final recommendations have

already influenced guidelines and protocols within the wider primary care system, both in South-West Glasgow and across the organisation as a whole.

vii) General Practice systems and processes: A number of discrete areas of evaluation are currently taking place to generate a more detailed understanding of how practices approached the Keep Well programme. In addition to the work led by Richard Lowrie defining and delivering Anticipatory Care needs to the unengaged patients within Keep Well Wave One, four additional pieces of focussed process evaluation are currently underway, further described below:

- A survival analysis to determine practice characteristics that are predictive of time to engaging 50%, 75% and 90% of target populations; this work will report in April 2010 and will be subsequently complemented by qualitative work to interview practices of interest.

- A survey of practices' use of the additional capacity funded by Keep Well will develop a typology of practice systems for delivering targeted Anticipatory Care to a defined population subgroup; this work will report in April 2010.

viii) Testing the appropriateness and feasibility of pharmacy based models: Finally a proposal has been submitted to Scottish Government to provide important planning information to inform the feasibility of community pharmacies as a setting for delivery of Anticipatory Care. This work will analyse the demographic characteristics of individuals who visit pharmacies in two CHCPs hosting a fully engaged geographic model of Keep Well and obtain a structured understanding of patients and professionals attitudes towards the suitability of pharmacies for Keep Well health checks. As yet it is not certain whether this proposal has been funded.

3. Evaluation priorities for informing mainstreaming of 'Keep Well'

3.1 Contextual factors

3.1.1 Macroeconomic and political situation

The UK, in common with most industrialised countries, is currently experiencing its deepest recession for decades and there remains enormous uncertainty about the size or certainty of economic recovery. UK public finances are currently more than one trillion pounds in debt, amounting to £7,000 per capita (11% of the UK's gross domestic product). This shortfall is occurring at a time of increasing costs due to PFI repayment, demographic transition and accelerating health and social care costs for an ageing population in Scotland. It is anticipated that the next UK Treasury spending review will result in the deepest cuts in public spending for over three decades from 2011 onwards. A paper published by the King's Fund in July 2009 constructed three potential scenarios arising as a consequence of the current financial crisis on NHS financing.[17] Given that disease prevention activities, such as anticipatory care, are currently receiving only a small proportion (around 2.8%) of the overall NHS budget, a critical approach to the cost effectiveness and underpinning evidence base of any future anticipatory care models will be critical.

3.1.2 Likely policy developments

The Department of Health announced its intention to offer "NHS health checks" to all English residents from April 2009. The programme is aimed at patients aged between 40-74 years who will be invited for a free health check to identify their risks of CVD, diabetes and renal disease. The health checks will consist of:

- Questions to patients on their health, diet, exercise habits and family medical history.
- Height and weight measurements.
- Cholesterol and (in some cases) blood glucose levels.
- A follow-up assessment setting out the individual's risk score and modifiable risk factors including weight management, smoking cessation and physical activity.

Given the Scottish Government's intention to mainstream Keep Well approaches, there is a very real possibility that a similar concept of NHS health checks for all could become a policy reality in Scotland. There are a number of questions and competing options to be debated in this area, as explored in a recent seminar hosted by the public health department in NHS GG&C.[18]

3.1.3 **Organisational context**

NHS Greater Glasgow & Clyde has established a set of planning and policy frameworks for critical areas of activity, including Primary Care. These frameworks bring together service, care group disease and delivery system issues. The Primary Care planning framework has prioritised the need to develop and pilot models of inequality sensitive clinical practice and clearly it is essential that Keep Well delivers organisational learning that fits the needs of future models of Primary Care planning in our Health Board area.

3.2 Outstanding evaluative gaps

The national external evaluation of Keep Well will shortly deliver a number of discrete outputs, summarised in Appendix 3. Taking this into account, there remain a number of outstanding gaps that the Evaluation Group would recommend are addressed, outlined below.

3.2.1 Evaluation of Keep Well Wave Four delivery models: The impact of the new delivery models being piloted in Wave 4 (including the 'fully engaged' geographic model in North & East Glasgow, extension to all patients in the practice populations in SW Glasgow and the Health Shop on uptake, acceptability and equity will be evaluated. In addition, it will be important to obtain evaluation evidence about the organisational experiences of practices in Inverclyde and West Dunbartonshire when in the transition from a focus primarily on secondary prevention of CVD, to the contrasting aims, target population, consultation approaches and intended outcomes of primary prevention.

3.2.2 Summative evaluation: impact of health case managers in patients with multiple referral needs: The evaluation of health case manager role in South West Glasgow did not incorporate a control group of similar patients who did not receive the intervention. As there was a considerable waiting list of patients who were eligible for the intervention but were unable to receive it because of capacity issues, this provides the ideal opportunity to undertake a natural experiment. It is proposed to undertake this work in early 2010 using routine data.

3.2.3 Summative evaluation: patient acceptability: There is a paucity of evidence on patient experience. Although the National External Evaluation of Wave 1 is currently intending to undertake this, it is unlikely to capture a representative or detailed understanding of acceptability of the Keep Well programme to patients.

Accordingly, the Evaluation Group will, within its evaluation planning for Wave 4, place a greater degree of emphasis on evaluation of patient acceptability.

Evaluation of patient acceptability will be carefully informed by the programme learning that has already taken place; observations suggest that the apparent acceptability of group based interventions to Keep Well patients is lower than programmes delivered at individual level. A focused evaluation in will explore this question, informed by a literature review to define the current evidence base.

3.2.4 Summative evaluation: primary care clinical audit: There are a number of areas of clinical effectiveness evaluation that would be considerably strengthened by clinical audit at individual patient level. It is therefore proposed that a number of practice level audits are conducted in a specific General Practice in Wave Four which has been successful in engaging a high proportion of their target population, further described below.

i) Review of patients assessed in Year1/2/3 who were found to have a ten year CVD risk of greater than >20% (n=~140)

Evaluation question: what interventions were delivered to these patients and what do we know of the outcomes?

Question	Outcome measure
What are the characteristics of this patient group?	Demographics, comorbidity, previous utilisation of primary & secondary care
What action was taken?	Therapeutic, health improvement, other
What was the impact on primary care utilisation?	Contact rate with practice before and after KW consultation
What do we know of the outcomes?	Behavioural change? Biological indicators?
Other observations	

ii) Characterising 'hard to engage' patients in the context of Keep Well (n=~50 plus 50 controls).

Evaluation question: Does the risk profile of Keep Well patients identified by the practice as 'hard to engage' differ from other Keep Well patients?

In the context of Keep Well, it is a commonly held belief that patients who are 'hard to engage' are at higher risk of poor health than those who are easier to attract into the programme. However, there is surprisingly little empirical evidence to support this view and the information available from routine data are poorly suited to understanding the characteristics of this patient group. As the Saracen Medical Centre has attracted almost all of their target population into the Keep Well programme, this is a good opportunity to compare data on the ~50 patients who were defined at the outset as being hard to engage with a random sample of other KW patients.

Question	Outcome measure
What are the characteristics of this patient group?	Demographics, comorbidity, utilisation of primary & secondary care
How does their estimated 10 year CVD risk compare with a random sample of controls?	BP, smoking history, FH, cholesterol, global score, BMI, alcohol history
Did their primary care utilisation patterns change after attending the KW check	Contact rate with practice before and after KW consultation

iii) Review of patients assessed in Year1/2/3 who were found to have impaired glucose tolerance or diabetes (n=~21)

Evaluation question: what interventions were delivered to these patients and what do we know of the outcomes?

Question	Outcome measure
What are the characteristics of this patient group?	Demographics, biological measurements, comorbidity
What action was taken?	Therapeutic, health improvement, other
What do we know of the outcomes?	Behavioural change? Biological indicators?
Other observations	

iv) Review of patients assessed in Year1/2/3 who were newly identified as having hypertension (n=??)

Evaluation question: what interventions were delivered to these patients and what do we know of the outcomes?

Question	Outcome measure
What are the characteristics of this patient group?	Demographics, biological measurements, comorbidity
What action was taken?	Therapeutic, health improvement, other
What do we know of the outcomes?	Behavioural change? Biological indicators?
Other observations	

v) Review of patients assessed in Year1/2/3 who were newly identified as having anginal symptoms as a result of the KW health check (n=10)

Evaluation question: what proportion of these patients were diagnosed as having CHD and what do we know of the outcomes?

Question	Outcome measure
What was the final diagnosis for each of these patients?	
What are the characteristics of this patient group?	Demographics, biological measurements, comorbidity
What action was taken?	Referral, therapeutic, health improvement, other
What do we know of the outcomes?	Behavioural change? Biological indicators?
Other observations	

3.2.5 Process evaluation: primary care experience: The National External Evaluation team has evaluated practice experience across all Wave 1 sites. This work is complemented by observations about Keep Well made by primary care professionals in work by Professor Graham Watt in Scotland's most deprived practices. However, it is important that there is an opportunity to actively engage primary care teams in discussion about empirical findings of the summative evaluation of Keep Well as it enters its final phase and to systematically analyse primary care response to these findings.

3.3 Evaluation priorities 2010-11

Given the contextual factors outlined in the preceding section, it is mandatory that the final phase of Keep Well evaluation delivers a clear summary evaluation. In particular, there must be a clear distillation of the programme's cost-effectiveness and equity impact. The major focus over the next six months will be completion of the work that is nearing completion, as described in the preceding sections. This will inform preparation for sustainability and an appropriate exit strategy once the outcome of the Government's spending review is known, which is anticipated to be June 2010.

3.4 Dissemination strategy

It is essential that evolving learning from our evaluation framework is discussed, contextualised and used by defined audiences. The proposed approach to dissemination is summarised in Table III overleaf.

3.5 Next steps

After consideration and endorsement of this framework in principle by the Keep Well Project Board in NHS GG&C, it is proposed that the Evaluation & Sustainability Group develops a dissemination plan to support dialogue with all interested parties.

Table III: Proposed dissemination strategy for evaluation findings from Keep Well

Key Message Area	Audiences	Methods
(1) Underpinning evidence base • Clinical impact • MH screening • CV risk assessment (2) Choice of target population and concept of targeting - age - ethnicity - place - interest groups - methods (IT scores, Marshall's work) (3) Rationale for provider type (?Pharmacy/GP/self-assessment (eg Life Begins) (4) Feasibility of combining biomedical with social - 'Marriage made in heaven?' Effectiveness divide/whole system CHCP – HI teams Relationships with practices Evidence base -health coaching models -case managers (5) Variations in: - resource inputs - referrals - tracking referrals/systems (6) Professional views of Keep Well - PNs (Susan Kennedy) - GPs (Kate O'Donnell) (7) Current evaluation of (local and national) programme (8) Content of AC conference (9) Disseminate MELTS evaluation work	(1) POLICYMAKING • Corporate executive leads • National policy leads (2) DELIVERY SYSTEM CH(C)Ps - Clinicians Planning HI Pharmacy Frontline health professionals – Keep Well and non-Keep Well Frontline health improvement services Community planning partners (3) ACADEMIC • Health Economics • Epidemiology • Cardiovascular • GP/Primary Care	Conferences Local Programme Events Sharepoint e-Newsletters Practice Nurse Development Mentorship/Outreach (?ISPE post) Scientific Research papers

REFERENCES

1. O'Donnell K et al. National Evaluation of Keep Well Interim Report. Department of General Practice & Primary Care, University of Glasgow and Research Unit in health, behaviour and change, University of Edinburgh. May 2008. http://www.healthscotland.com/uploads/documents/7380-KW%20Interim%20report%20National%20Final%2008.pdf [accessed February 2010]

2. Scottish Executive, 2005. Delivering for Health. http://www.scotland.gov.uk/Publications/2005/11/02102635/26356 [accessed February 2010]

3. Scottish Office, 1999. Towards a Healthier Scotland - A White Paper on Health. http://www.scotland.gov.uk/library/documents-w7/tahs-00.htm [accessed February 2010]

4. Scottish Executive, 2000. Our National Health: A plan for action, a plan for change http://www.scotland.gov.uk/Publications/2000/12/7770/File-1 [accessed February 2010]

5. Scottish Executive, 2003. Partnership for care: Scotland's health white paper.http://www.scotland.gov.uk/Publications/2003/02/16476/18730 [accessed February 2010]

6. Scottish Executive, 2003. Improving Health in Scotland – The Challenge. http://www.scotland.gov.uk/Publications/2003/03/16747/19929 [accessed February 2010]

7. Scottish Government, 2007. Better Health, Better Care: Action Plan http://www.scotland.gov.uk/Publications/2007/12/11103453/0 [accessed February 2010]

8. Scottish Government, 2008. Equally Well: Report of the Ministerial Task Force on Health Inequalities. http://www.scotland.gov.uk/Publications/2008/06/25104032/0 [accessed February 2010]

9. Blamey A, Ayana M, Lawson L, Mackinnon J, Paterson I, Judge K. Final Report. Independent Evaluation of Have a Heart Paisley. Public Health and Health Policy, University of Glasgow, June 04. www.healthscotland.com/uploads/documents/4014-HaHP1-final-eval.pdf

10. Sridharan S et al. Learning from the independent evaluation of Have a Heart Paisley Phase 2. Executive summary. Research Unit in health, behaviour and change, University of Edinburgh. August 2008. http://www.healthscotland.com/uploads/documents/8200-executive_summary_HAHP2.pdf [accessed February 2010]

11. Ebrahim S, Beswick A, Burke M, Davey Smith G. Multiple risk factor interventions for primary prevention of coronary heart

disease. Cochrane Database of Systematic Reviews 2006, Issue 4.

12. Sheridan SL, Crespo E. Does the routine use of global coronary heart disease risk scores translate into clinical benefits or harms? A systematic review of the literature. BMC Health Services Research 2008, 8:60

13. ASSIGN Website. http://assign-score.com/ [accessed February 2010]

14. Report of research to explore motivators and barriers to engagement with Health Checks http://www.healthscotland.com/uploads/documents/9305-Motivators%20and%20%20Barriers%20to%20Health%20Checks.pdf [accessed February 2010]

15. Scoular A, Doogan J, Henderson K. The Benefits of a Pharmacy Led Enhanced Smoking Cessation Service in Deprived Areas of Glasgow.

16. Exploring primary care responses to adult literacy issues: a report prepared for NHS Greater Glasgow & Clyde.

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Hazards to Health\Sta

17. Appleby J, Crawford R, Emmerson C. How cold will it be?: Prospects for NHS funding 2011-17, King's Fund [Accessed February 2010].

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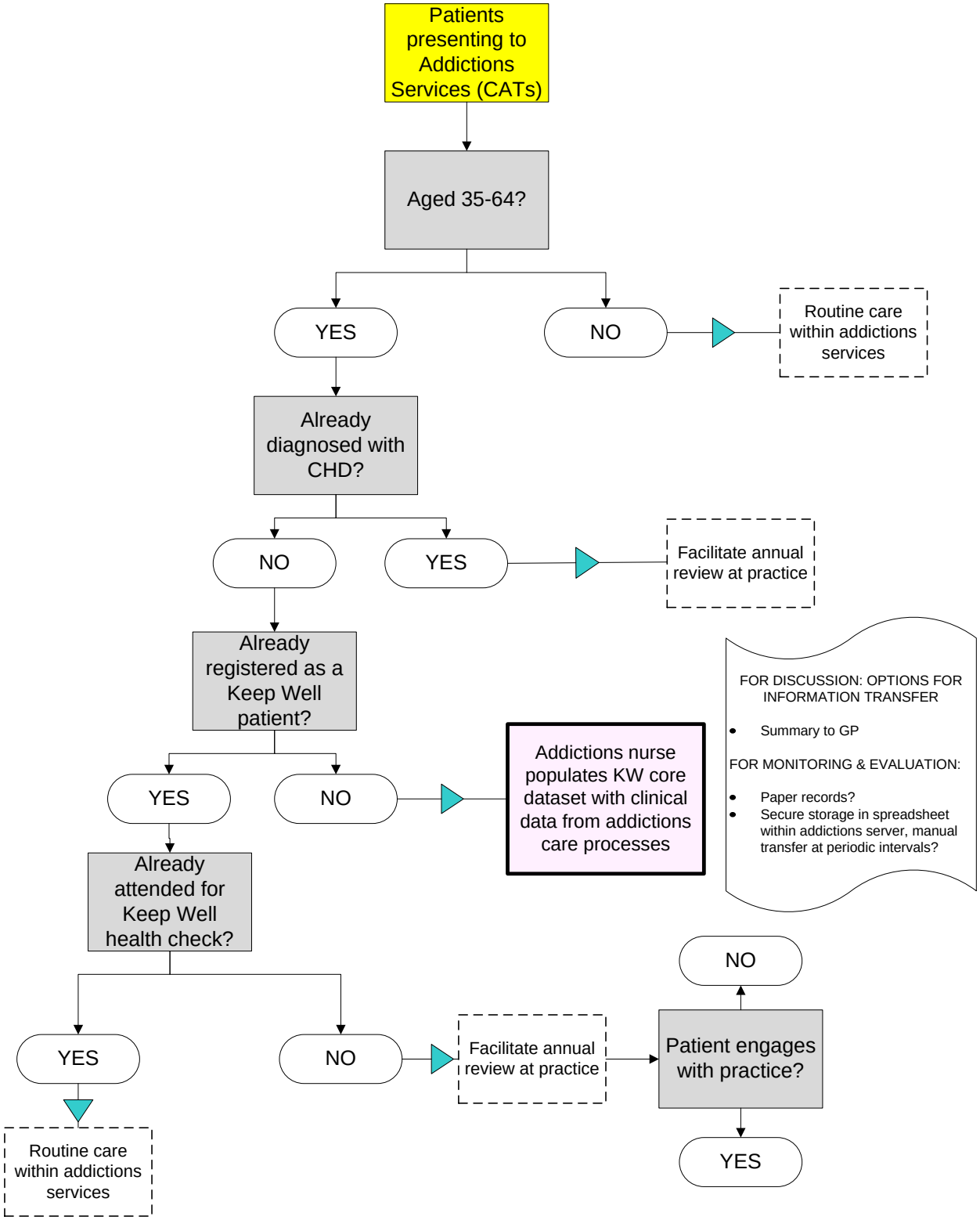
18. Public Health CPD meeting February 2010: **hyperlink to notes**

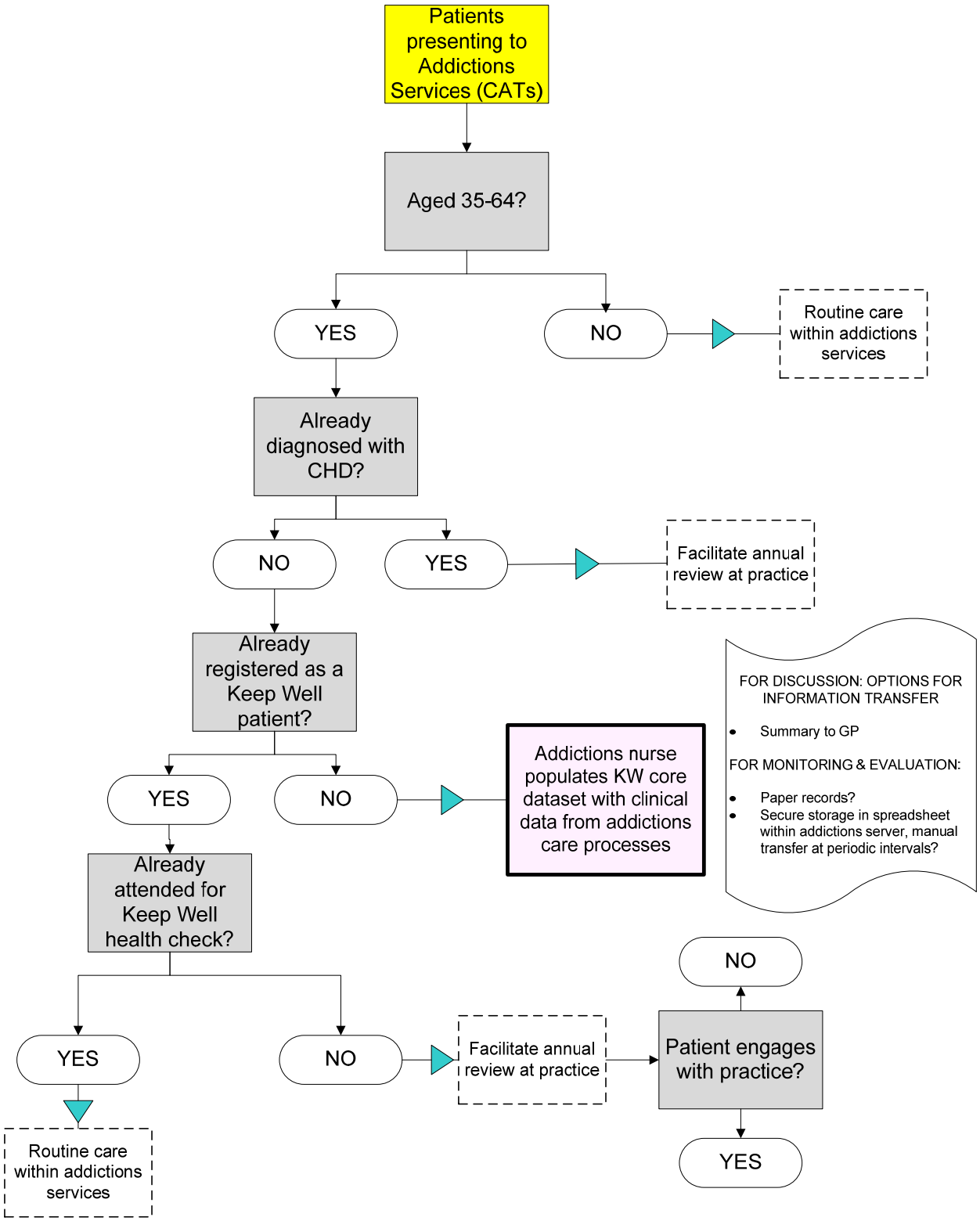
Appendix 1: Wave 4 Care Pathways, North Glasgow Keep Well

Care Pathway 1: Addictions



Appendix 1: Wave 4 Care Pathways, North Glasgow Keep Well

Care Pathway 2: Carers & Criminal Justice



Appendix 2: Current Evaluation Activity in NHS GG&C, October 2009

Intervention name	Documented in 2008 stocktake?	Completed?	Research question	Which priority area of framework? (see attached extract from 2008 stock take)	Which domains are being evaluated (tick all that apply)		Summary of methodology
Contribution to Keep Well Programme Advisory Board Evaluation Review *Key contact: Anne Scoular*	No	No	What are the anticipatory care evaluation priorities and needs in Scotland?	Optimise concordance with national work	**Outcome** Effectiveness ✓ Efficiency ✓ Acceptability ✓ Equity ✓	**Process** Context ☐ Reach ✓ Adoption ☐ Implementation ☐ Maintenance ☐	Application of Glasgow & Clyde evaluation framework to national programme
Economic estimation of the effectiveness and efficiency of Keep Well *Key contact: Kenny Lawson/Anne Scoular*	Yes	Final Report due April 2010	What are the estimated health impacts of the constituent interventions within Keep Well in reducing CVD events and what are the resource costs of the programme?	Enhanced summative evaluation	**Outcome** Effectiveness ✓ Efficiency ✓ Acceptability ☐ Equity ☐	**Process** Context ☐ Reach ☐ Adoption ☐ Implementation ☐ Maintenance ☐	Economic modelling study

Intervention name	Documented in 2008 stock take?	Completed?	Research question	Which priority area of framework? (see attached extract from 2008 stock take)	Which domains are being evaluated (tick all that apply)				Summary of methodology
Contribution to evaluation of secondary prevention and unmet needs pilot within HaHP *Key contact: Anne Scoular*	Yes	Data collection completed; writing up	What learning from HaHP can be applied to Keep Well and the wider anticipatory care policy arena?	Ensure learning from Have a Heart Paisley is fully incorporated and further developed in the evaluation of Keep Well	**Outcome**		**Process**		Descriptive epidemiology comparing risk profile of patients recruited to HaHP through social marketing and unmet needs approaches, complemented by two qualitative papers exploring perceptions of risk among patients receiving 2y prevention & process of implementing unmet needs project
					Effectiveness	☐	Context	✓	
					Efficiency	☐	Reach	✓	
					Acceptability	✓	Adoption	✓	
					Equity	✓	Implementation	✓	
							Maintenance	☐	
Evaluation of ASSIGN risk score in a 'real world' population *Key contact: Anne Scoular*	Yes	Commencing September 2009	What is the impact of ASSIGN on primary care processes and patient management outcomes?	Optimise concordance with national work	**Outcome**		**Process**		A cross sectional descriptive study of CVD risk estimates using ASSIGN in men and women of different age and deprivation strata, evaluate their constituent risk components and the proportions of risk factors that are amenable to intervention.
					Effectiveness	✓	Context	☐	
					Efficiency	☐	Reach	☐	
					Acceptability	☐	Adoption	☐	
					Equity	✓	Implementation	☐	
							Maintenance	☐	

Intervention name	Documented in 2008 stock take?	Completed?	Research question	Which priority area of framework? (see attached extract from 2008 stock take)	Which domains are being evaluated (tick all that apply)				Summary of methodology
Exploring Health Professional Competencies in Keep Well Planned Consultations (North & North East Glasgow) *Key contact: Anne Scoular*	Yes	Commenced March 2010	What are the core consultation competencies required of health professionals to deliver the objectives of Keep Well?	More focused and purposeful process evaluation	**Outcome**		**Process**		Qualitative analysis using two principal data sources: 1) Direct observation of consultation dynamics, using validated measures 2) Semi-structured interviews with patients and professionals following Keep Well consultations
					Effectiveness	☐	Context	☐	
					Efficiency	☐	Reach	☐	
					Acceptability	✓	Adoption	✓	
					Equity	✓	Implementation	☐	
							Maintenance	✓	
Defining and delivering the anticipatory care needs of 'hard to engage' subpopulations in Glasgow's Keep Well Primary Prevention pilots *Key contact Anne Scoular*	Yes	Commenced in August 2009	What are the characteristics and service utilisation patterns of 'hard to engage' subpopulations in Glasgow's Keep Well primary prevention pilots and what is the effectiveness, efficiency and acceptability of the anticipatory care models that successfully engage them?	More focused and purposeful process evaluation	**Outcome**		**Process**		Combined quantitative and qualitative methodology with the following elements: 1)Literature Review 2) Preliminary case note review 3) Case control study to estimate risk factors for engagement failure 4) Action research to evaluate a range of needs-based engagement methods
					Effectiveness	✓	Context	✓	
					Efficiency	✓	Reach	✓	
					Acceptability	✓	Adoption	✓	
					Equity	✓	Implementation	✓	
							Maintenance	✓	

Intervention name	Documented in 2008 stock take?	Completed?	Research question	Which priority area of framework? (see attached extract from 2008 stock take)	Which domains are being evaluated (tick all that apply)		Summary of methodology
Intervention name	**Documented in 2008 stock take?**	**Completed?**	**Research question**	**Which priority area of framework? (see attached extract from 2008 stock take)**	**Which domains are being evaluated (tick all that apply)**		**Summary of methodology**
Evaluation of smoke free enhanced service (SFES) in North, East & SW Glasgow *Key contact: Anne Scoular*	No	Yes	1) What are the characteristics of the subpopulation eligible for SFES in NHS GG&C ? 2) Do the service needs of this subgroup differ between Keep Well and non Keep Well areas? 3) What is the effectiveness of the SFES on smoking cessation outcomes? 4) What are the patient and professional perspectives of how the SFES achieves these outcomes?	Enhanced summative evaluation	Outcome Effectiveness ✓ Efficiency ✓ Acceptability ✓ Equity ☐	**Process** Context ☐ Reach ☐ Adoption ☐ Implementation ☐ Maintenance ✓	Combined quantitative and qualitative methodology with the following elements: 1) Epidemiological analysis of two pharmacy smokefree services databases 2) semi-structured interviews with patients who received SFES 3) semi-structured interviews with pharmacy staff delivering SFES 4) questionnaires distributed to pharmacy staff delivering SFES

Intervention name	Documented in 2008 stock take?	Completed?	Research question	Which priority area of framework? (see attached extract from 2008 stock take)	Which domains are being evaluated (tick all that apply)				Summary of methodology
Evaluation of long term medicines service in North, East & SW Glasgow *Key contact: Anne Scoular*	Yes	Yes	Where are the critical control points within the repeat prescribing/ adherence cycle for adherence to medicines used in cardiovascular disease prevention?	More focused and purposeful process evaluation	**Outcome**		**Process**		Use of HACCP methods to systematically analyse the repeat prescribing cycle and patient adherence to identify, implement and evaluate preventive action
					Effectiveness	✓	Context	☐	
					Efficiency	☐	Reach	✓	
					Acceptability	✓	Adoption	✓	
					Equity	☐	Implementation	☐	
							Maintenance	☐	
Evaluation of the relative cost effectiveness and organisational efficiency of Keep Well engagement methods in NHSGG&C, 2006-8 *Key contact: Anne Scoular*	Aspiration – no detailed plan or proposal	No - underway	What was the cost effectiveness of our total engagement effort in GG&C's Keep Well Primary Prevention pilots?	Enhanced summative evaluation	**Outcome**		**Process**		Epidemiological analysis of tracking tool data
					Effectiveness	✓	Context	☐	
					Efficiency	✓	Reach	☐	
					Acceptability	☐	Adoption	☐	
					Equity	✓	Implementation	☐	
							Maintenance	☐	

Intervention name	Documented in 2008 stock take?	Completed?	Research question	Which priority area of framework? (see attached extract from 2008 stock take)	Which domains are being evaluated (tick all that apply)				Summary of methodology
Evaluation of the added value of a 'fully engaged' geographic model of anticipatory care delivery *Key contact: Anne Scoular*	No	No	Does saturation of GP involvement across an entire geographic area allow us to maximise the referral potential of wider community organisations?	Ensure learning from Have a Heart Paisley is fully incorporated and further developed in the evaluation of Keep Well	**Outcome**		**Process**		Combined quantitative and qualitative methodology with the following elements: 1) Epidemiological analysis of factors associated with Keep Well uptake in two geographic areas in N/E Glasgow 2) Semi-structured interviews and focus group discussions with relevant stakeholders
					Effectiveness	✓	Context	✓	
					Efficiency	✓	Reach	✓	
					Acceptability	✓	Adoption	✓	
					Equity	✓	Implementation	✓	
							Maintenance	✓	
Impact evaluation of employability services in Keep Well *Key contact: Anne Scoular*	No	No	What outcomes were achieved as a result of commissioning employability services within the Keep Well primary and secondary prevention pilots in NHS GG&C?	Enhanced summative evaluation	**Outcome**		**Process**		To be finalised, but likely to include mixed methodology, including analysis of uptake & outcome data from tracking tool, additional data received from services, semi-structured interviews and/or focus group discussions with relevant stakeholders & potentially case studies.
					Effectiveness	✓	Context	✓	
					Efficiency	✓	Reach	✓	
					Acceptability	☐	Adoption	✓	
					Equity	✓	Implementation	✓	
							Maintenance	✓	

Intervention name	Documented in 2008 stock take?	Completed?	Research question	Which priority area of framework? (see attached extract from 2008 stock take)	Which domains are being evaluated (tick all that apply)		Summary of methodology
Impact evaluation of Health Case Manager *Key contact: Anne Scoular*	Yes	No	What is the impact of a health case manager in achieving and sustaining health behaviour change in patients with multiple referral needs?	Enhanced summative evaluation	**Outcome** Effectiveness ✓ Efficiency ✓ Acceptability ✓ Equity ✓	**Process** Context ✓ Reach ✓ Adoption ✓ Implementation ✓ Maintenance ✓	Combined quantitative and qualitative methodology with the following elements: 1) Comparison of behaviour change outcomes in patients with multiple referral needs in two geographic areas (N/E Glasgow and SW Glasgow) and 2) Semi-structured interviews with health case manager and a sample of patients
Outreach Worker/Health Case Manager *Key contact: Marion O'Neill*	No	Due to complete Oct 09	Exploration of the Community Health Outreach Worker and Health Case Manager roles	Process and acceptability	**Outcome** Effectiveness ☐ Efficiency ☐ Acceptability ✓ Equity ☐	**Process** Context ✓ Reach ✓ Adoption ✓ Implementation ✓ Maintenance ☐	Semi structured interviews and focus groups with professional stakeholders and patients. Analysis of service database.

Intervention name	Documented in 2008 stock take?	Completed?	Research question	Which priority area of framework? (see attached extract from 2008 stock take)	Which domains are being evaluated (tick all that apply)		Summary of methodology
Exploring the acceptability of including financial inclusion in the keep well assessment *Key contact Yvonne Neilson*	NO	NO	To explore primary care staff experiences and views of delivering a financial inclusion intervention within an anticipatory care model.	Process and Acceptability	**Outcome**	**Process**	Qualitative semi-structured interviews with primary care staff from Wave 1 delivering KW Health Checks.
					Effectiveness ☐	Context ✓	
					Efficiency ☐	Reach ☐	
					Acceptability ✓	Adoption ✓	
					Equity ☐	Implementation ✓	
						Maintenance ☐	
Exploration of the acceptability and outcome of Keep Well referrals in the North *Key contact Kevin Hutchison*	No	Due Spring 2010	Exploring reasons why patients do / do not engage with health and wellbeing services	Outcome	**Outcome**	**Process**	Survey of patients using survey monkey. To be administered during follow-up keep well assessments
					Effectiveness ✓	Context ☐	
					Efficiency ☐	Reach ☐	
					Acceptability ✓	Adoption ✓	
					Equity ☐	Implementation ✓	
						Maintenance ☐	

Intervention name	Documented in 2008 stock take?	Completed?	Research question	Which priority area of framework? (see attached extract from 2008 stock take)	Which domains are being evaluated (tick all that apply)		Summary of methodology
Exploring engagement with hard to reach groups in West Dunbartonshire CHP *Key contact:* *Lauren McCormick*	NO	Due Dec 2009	To explore existing data by practice and profile of patient age, gender, ethnicity, disability, comparing bottom 15% SIMD vs the remaining population, to identify equity issues within Keep Well in West Dunbartonshire.	Outcome equity	**Outcome** Effectiveness ☐ Efficiency ☐ Acceptability ☐ Equity ✓	**Process** Context ☐ Reach ✓ Adoption ☐ Implementation ✓ Maintenance ☐	Secondary quantitative data analysis
Exploration of the maintaining mental wellbeing sessions *Key contact* *Marion O'Neill*	No	Some service evaluation undertaken but require data analyst input and external commission	Exploration of the added value that the maintaining mental wellbeing sessions has offered all stakeholders	Process and summative	**Outcome** Effectiveness ✓ Efficiency ☐ Acceptability ✓ Equity ☐	**Process** Context ✓ Reach ✓ Adoption ☐ Implementation ✓	Mixed method approach based on three components: - Data analysis of HADS - Comparative service data analysis - interviews stakeholders (patients, practices, MU staff)

Intervention name	Documented in 2008 stock take?	Completed?	Research question	Which priority area of framework? (see attached extract from 2008 stock take)	Which domains are being evaluated (tick all that apply)				Summary of methodology
Literacy and health *Key contact* *Marion O'Neill*	Completed January 2009	Yes. Some follow up work has started	Exploration of Primary Care responses to adult literacy issues	Links to GMS working group Process	**Outcome**		**Process**		Qualitative interviews with key stakeholders including: -primary care staff -health improvement teams
					Effectiveness	☐	Context	✓	
					Efficiency	☐	Reach	☐	
					Acceptability	✓	Adoption	☐	
					Equity	✓	Implementation	✓	
Exploring the acceptability; benefits and disadvantages of the health counsellor role *Key contact* *Chris Kelly*	No	No	Exploring the acceptability; benefits and disadvantages of the health counsellor role	Process	**Outcome**		**Process**		Qualitative interviews with a range of stakeholders including participants and key workers. Quantitative exploration of the project database
					Effectiveness	☐	Context	☐	
					Efficiency	☐	Reach	✓	
					Acceptability	✓	Adoption	☐	
					Equity	☐	Implementation	✓	
To explore the buy-in to the Keep well project from a	Yes	No	Explore the buy-in to the Keep well project from a practice nurse perspective	Process/Focus: ensure high quality analysis of	**Outcome**		**Process**		Conduct semi structured one-one interviews with 10- 12 practice nurses

Intervention name	Documented in 2008 stock take?	Completed?	Research question	Which priority area of framework? (see attached extract from 2008 stock take)	Which domains are being evaluated (tick all that apply)				Summary of methodology
practice nurse perspective in Inverclyde *Key contact Sandra Moore*			in Inverclyde Explore positive and negative attitude/beliefs of the practice nurse regarding Keep well Did the training and information equip the practice nurse to understand the importance of social determinants to health?	professional narrative	Effectiveness	✓	Context	✓	
					Efficiency	✓	Reach	☐	
					Acceptability	✓	Adoption	✓	
					Equity	✓	Implementation	✓	

Appendix 3: Anticipated National External Evaluation Outputs

Overview of final reporting Keep well national evaluation 2010					
No.	***Key areas***	***Broad Title***	***Description***	***Data sources***	***Date***
1	Definitions	**Definitions of anticipatory care within Keep Well**	**How is A/C defined and perceived by key players (This report will builds on work undertaken by Sanjeev Sridharan /Graham Watt)**	**Theory of change interviews**	**Mar 2010**
2	**Reach and engagement**	**Reaching the hard-to-reach: definitions and dilemmas**	**How the target group is defined and what are challenges in definition. Overview of approaches towards reaching the 'hard to reach'**	**Theory of change interviews**	**Mar 2010**
3	**Reach and engagement**	**Who were reached by Keep Well**	Understanding who has been reached by Keep Well e.g. targeted practice population contacted and attending KW health checks, demographics and risk factors	**Reach and clinical data**	**Mar 2010**
4	**Reach and engagement**	**Is there evidence across Keep Well of engagement over time**	Research will seek to explore the 'outcomes' of engagement beyond the initial Keep Well health check. This will investigate the extent to which Keep Well is associated with change in treatment patterns and clinical and lifestyle risk factors at the local population level. It is noted that the ability of the evaluation to answer such questions will be dependent on quality and consistency of routine data gathered	Reach and clinical data and secondary data	Jun 2010
5	**Practice experience case study**	**How Keep Well is implemented and perceived by primary care practitioners**	Research to explore the impact of KW at a practice level. For example, what approaches to reach and engagement are taken; impact on workload; impact on service delivery / partnerships. The research will explore views of staff of KW as a means of addressing inequalities and improving health	Practitioner interviews / focus groups / survey	Jun 2010

6	**Patient experience case study**	**How Keep Well is perceived by recipients of the programme**	Research to explore experiences of target population recruited through KW practices, e.g. why / why not engaged with KW; to what extent has KW 'made a difference' to them	Patient interviews and survey	Jun 2010
7	Community views	**How salient is Keep Well to a community population sample**[1]	Research to explore experiences of respondents recruited through a community based approach	Interviews (Glasgow site)	Jun 2010
8	Case study	**How target population size impacts on practice approach and its success**	Research to explore impact in practices of having a large or small proportion of the practice population eligible for Keep Well (as opposed to a smaller proportion). For example, do practices organise themselves differently; Is Keep Well "easier" or more salient to implement dependent on size and are there variations in the use of other services?	**Combining routine data analysis with practice level interviews**	**Jun 2010**
9	Case study	**Role of outreach approach in anticipatory care**	Research to explore role of outreach. What is the rationale and drivers of outreach work; what contribution can outreach work make to anticipatory care; how that role has developed over time; what is its impact on engagement; sustainability of such an approach	**Combining routine data analysis with practice level interviews**	**Jun 2010**

[1] This will also report on the usefulness of piloting a Respondent Driven Sampling technique as an approach to seeking the views of the target population