

The PRISMATIC study. Predicting people's risk of needing emergency hospital treatment

December 2012

Information sheet version 5

This information sheet is about a study being carried out by Swansea University. It explains:

- why the study is being conducted
- the nature of your contribution
- the benefits/consequences of your participation
- why you have been invited to take part.

If there is anything which is not clear, please ask and we will be happy to discuss it with you. Our contact details are provided overleaf. It is entirely your choice whether or not you take part in the study. If you decide to take part we will ask you to complete a questionnaire which will be sent to you up to three times over the next two years.

If you are willing to help, please sign the enclosed consent form and return this with the completed questionnaire in the envelope provided.

Background

Our population contains increasing numbers of older people and people who have one or more long term conditions. This places greater demands on health and social care services. It is recognised that patients with long term conditions are not always managed and treated effectively. Too many are admitted to hospital as emergencies. Also, community services are not always available or don't work well together.

To help improve services, GPs in Wales are starting to use a scoring system to predict people's risk of having an emergency hospital admission in the coming year. The system will provide GPs with risk scores for all patients in their practice, with scores ranging from 1 to 100 (very low to very high risk).

Why is this study being undertaken?

We don't know how a scoring system which predicts people's risk of needing emergency treatment will be used in Wales – and if it will help patient care. This study aims to find out whether GPs and other health professionals use it and how it affects the way people are cared for.

This information may help improve the way scoring systems are used in the future to benefit patients.

The study has a number of different parts, including discussion groups with health professionals and collecting information about the cost of using the system.

Who is conducting the research?

The research is being undertaken by a team from the College of Medicine, Swansea University. It is funded by the Department of Health.

This information sheet has been sent to you from your GP practice. Your name will not be passed to the researchers unless you consent to take part by completing the enclosed form.

Why have I been asked to take part in this study?

Within the Abertawe Bro Morgannwg NHS Health Board area, patients from GP practices who will receive the scoring system are being contacted. Your practice is taking part in the study, and will receive the scoring system within the next 18 months. Your name has been selected at random from your practice's patient list. The researchers want to find out patients' experience of health and care services over the next two years. This will allow us to see if anything changes once practices start using the scoring system. Patients with long term conditions and those without any diagnosis are being included, so we can gather information about different experiences.

What we are asking you to do?

If you choose to take part, you will be sent a questionnaire to complete on up to three different occasions. The first questionnaire is enclosed with this information sheet. Subsequent questionnaires may be sent in 9 and 18 months time. If you need help reading anything or filling in the questionnaire it will be perfectly acceptable for you to get help from a friend, family member or carer.

Do I have to take part?

No, it is your choice whether or not you take part. If you decide to take part you may withdraw at any time without the need to give an explanation.

Who will see the information and results about this study?

The information collected will be securely stored and analysed on computers based at Swansea University. Your name will not be used in the study or disclosed to anyone by the research team. There will be a report and other publications following from this study but they will not identify you personally. Questionnaire data will be stored securely for five years after the study before being destroyed.

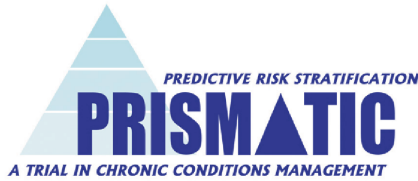
As part of the study, Swansea University will link the information from your questionnaires with your routinely collected health data (e.g. information about hospital visits). This will help us recognise any changes in the use of services over time. The University will remove identifiable information to ensure that no one will be able to identify you from the file.

What if there is a problem?

We do not believe there will be any problems arising from your taking part in this study. However, if there is anything you are not happy with please contact the study team (details below) who will do their best to answer your questions.

If you remain unhappy and wish to complain formally, the research team can provide details of the ABMU Health Board complaints procedure.

[contact details for research team were supplied here]



Predicting people's risk of needing emergency hospital treatment.

Consent form for people taking part in the study

Please *initial* each box:

I confirm that I have read the information sheet version 5, understand it and have had an opportunity to ask questions.

 initial

The information sheet has explained why the study is being undertaken and how it is being undertaken.

 initial

I understand that my participation is voluntary and that I may withdraw at any time without giving reason and this will not affect the future care I receive.

 initial

I agree to take part in the study and that the research team will send me questionnaires to complete over the next two years

 initial

.....
.....

Name

.....
.....

Signature

Date



Swansea University
Prifysgol Abertawe



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Dear Patient,

The PRISMATIC study. Predicting people's risk of needing emergency hospital treatment

I am writing to ask for your help with a study about health services in Wales.

A team from the College of Medicine, Swansea University is studying the effect of a new scoring system (Prism) which is being introduced in GP practices in Wales. The system provides GPs with a score which predicts people's risk of needing emergency hospital treatment in the following year. The study aims to find out whether GPs and other health professionals use the system and how it affects the way people are treated and cared for.

Our practice is taking part in the study known as PRISMATIC. Your name has been selected at random from our patient list. As part of the study we would like to send you up to three questionnaires for this study. We hope the findings will help improve health services.

An information sheet is enclosed with more information. Please read this and if you are willing to take part, please complete the consent form and questionnaire and return them to the research team at Swansea University in the FREEPOST envelope provided.

This letter has come from your GP practice. **Your details have not been seen by the research team and they will not be given your name unless you agree to take part.** If you would like further information please visit the study website [website details] or contact the research team at Swansea University on [number provided]

Thank you very much for your help, and we hope you will support this research.

Yours sincerely,

[lead GP]

Encl: Information Sheet
Consent form
Pre paid envelope
Questionnaire



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Study Number:



QUESTIONNAIRE

CONFIDENTIAL

Version 2.3

PLEASE READ THESE INSTRUCTIONS CAREFULLY

- ▶ Please read the accompanying Participant Information Sheet (v5)
- ▶ Please use a blue or black pen, not a pencil
- ▶ Please mark your answers with an X clearly inside the box, unless otherwise stated, e.g.
- ▶ Please answer every question, if you find it hard to answer a question, do the best you can
- ▶ If you find the questionnaire difficult to complete, you can ask someone to help to complete it on your behalf
- ▶ Please return the completed questionnaire in the FREEPOST envelope provided
- ▶ If you have any questions about the PRISMATIC study, please contact us on

THANK YOU





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x1: Date of questionnaire completion d d m m y y y y
 / /

x2: Are you completing this survey on behalf of someone else?

Yes ➔ Go to question x3

No ➔ Go to Section A

x3: If yes, which of the following best describes your relationship to the questionnaire recipient?

- Family member
- Friend/neighbour
- Health/social care professional
- Other

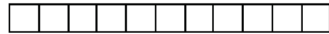
SECTION A: General Health

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

For this section exploring health-related quality of life we used version 2 of the Short Form questionnaire-12 items (SF-12).



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A12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the Time

Most of the Time

Some of the Time

A Little of the Time

None of the Time

SECTION B: Service Use

This section asks about health and social care services used in **the last 9 months**.

B1: Have you visited any hospital in relation to your own health (i.e. as a patient)?

Yes

➡ Go to question B2

No

➡ Go to question B5

B2: Have you attended Accident and Emergency (A&E) in relation to your own health?

Yes

➡ Go to question B2a

No

➡ Go to question B3

B2a: If yes, how many times have you attended A&E in relation to your own health?

Please write in an estimate of the number of separate visits.

No. of A&E visits

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B2b: How many of these A&E visits resulted in an admission to hospital immediately after your A&E visit - i.e. an emergency admission?

No. of emergency admissions

Please write in an estimate of the number of separate admissions

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B3: Have you stayed in hospital overnight (i.e. as an inpatient)?

Yes

➡ Go to question B3a

No

➡ Go to question B4

B3a: If yes, how many nights have you stayed in hospital?

Please write in an estimate of the number of nights you have spent in hospital

No. of nights

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□ □ □ □ □ □ □ □ □ □

This section continues to ask about health and social care services used in the last 9 months.

B4: Have you had a hospital outpatient or day surgery appointment?

Yes → Go to question B4a No → Go to question B5

B4a: If yes, how many how many outpatient/day surgery appointments have you had?

Please write in an estimate of the No. of OP/day surgery appointments
number of appointments.

□ □

B5: Have you attended hospital day care in relation to your own care?

(Examples of hospital day care in the area include Cam Cyntaf (First Steps) Day Centre at Glan Rhyd, the elderly day unit at NPT hospital, Y Bwthyn Newydd at Princess of Wales Hospital, and Y Rhosyn, the cancer and supportive palliative day care unit at NPT Hospital).

Yes → Go to question B5a No → Go to question B6

B5a: If yes, how many how many separate day care visits have you made?

Please write in an estimate of the number of visits No. of day care visits

□ □

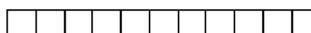
B6: Please provide details of the GP services that you have used in relation to your own care.

For each service please cross the appropriate box for used or not used. For those you have used please write in the approximate number of times you have used the service.

Service	Used		Approximate number of contacts, visits or appointments
a) GP consultation - in person	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	□ □
b) GP consultation - by telephone	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	□ □
c) GP consultation - home visit	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	□ □
d) Practice nurse appointment	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	□ □
e) Clinic provided in GP practice (e.g. diabetes, asthma, ante-natal)	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	□ □
f) GP Out of Hours Service	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	□ □



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B7: Please provide details of other services that you have used in relation to your own care.

For each service please cross the appropriate box for used or not used. For those you have used please write in the approximate number of times you have used the service.

Service	Used		Approximate number of contacts, visits or appointments
a) NHS Direct	No <input type="checkbox"/>	Yes <input type="checkbox"/>	➔ <input type="text"/> <input type="text"/>
b) District Nurse	No <input type="checkbox"/>	Yes <input type="checkbox"/>	➔ <input type="text"/> <input type="text"/>
c) Health Visitor	No <input type="checkbox"/>	Yes <input type="checkbox"/>	➔ <input type="text"/> <input type="text"/>
d) Counsellor	No <input type="checkbox"/>	Yes <input type="checkbox"/>	➔ <input type="text"/> <input type="text"/>
e) Community Nurse / case manager (e.g. respiratory, mental health, chronic conditions)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	➔ <input type="text"/> <input type="text"/>
f) Physiotherapist	No <input type="checkbox"/>	Yes <input type="checkbox"/>	➔ <input type="text"/> <input type="text"/>
g) Psychologist	No <input type="checkbox"/>	Yes <input type="checkbox"/>	➔ <input type="text"/> <input type="text"/>
h) Occupational therapist	No <input type="checkbox"/>	Yes <input type="checkbox"/>	➔ <input type="text"/> <input type="text"/>
i) Speech therapist	No <input type="checkbox"/>	Yes <input type="checkbox"/>	➔ <input type="text"/> <input type="text"/>
j) Other therapist	No <input type="checkbox"/>	Yes <input type="checkbox"/>	➔ <input type="text"/> <input type="text"/>
k) Alternative medicine provider e.g. acupuncturist, herbalist, reflexologist	No <input type="checkbox"/>	Yes <input type="checkbox"/>	➔ <input type="text"/> <input type="text"/>

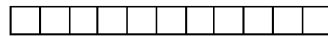
B8: Please provide details of any of the following additional services that you have used in relation to your own care.

For each service please cross the appropriate box for used or not used. For those you have used write in the approximate number of times you have used the service.

Service	Used		Approximate number of contacts, visits or appointments
a) Home help/home care worker	No <input type="checkbox"/>	Yes <input type="checkbox"/>	➔ <input type="text"/> <input type="text"/>
b) Community support worker	No <input type="checkbox"/>	Yes <input type="checkbox"/>	➔ <input type="text"/> <input type="text"/>
c) Social worker	No <input type="checkbox"/>	Yes <input type="checkbox"/>	➔ <input type="text"/> <input type="text"/>
d) Self help/support group/luncheon club	No <input type="checkbox"/>	Yes <input type="checkbox"/>	➔ <input type="text"/> <input type="text"/>
e) Day care (non hospital based)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	➔ <input type="text"/> <input type="text"/>



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SECTION C: Quality of Care

C1: How would you rate the overall care you have received from NHS services over the last 9 months?

- Very Poor
 Poor
 Fair
 Good
 Excellent

C2: When did you last have an appointment to see or speak with a GP from your registered GP surgery in relation to your own care?

- Within the last 9 months ➡ Go to question C3
 Longer than 9 months ago or never ➡ Questionnaire End - thank you

C3: What type of appointment did you have?

- Appointment to see a GP at the surgery
 Appointment to speak to a GP on the phone
 Appointment for a GP to visit me in my home

C4: How serious do you feel the medical condition/issue that you presented was?

- Extremely serious
 Very serious
 Moderately serious
 Slightly serious
 Not serious

C5: How would you rate the following factors about your most recent GP surgery visit?

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
a) Waiting time for an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Helpfulness of reception staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Time spent with the GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Extent you felt the GP was concerned about you as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Answers to your questions from your GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Advice to support your management of your condition/illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Outcome of your medical treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Overall quality of care from your GP surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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SECTION D: About you

All information is confidential

D1: Gender?

Male Female

D2: What is your date of birth?

d	d			m	m			y	y	y	y
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D3: What is your postcode?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Thank you for completing this questionnaire.
Please return in the FREEPOST envelope provided**