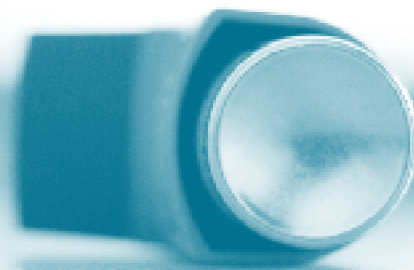
Managing long-term conditions

Report supplement: Results of the GP and practice nurse surveys



Prepared for the Auditor General for Scotland and the Accounts Commission
August 2007

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Part 1. Introduction

1. Audit Scotland published its national report, *Managing long-term conditions*, on 16 August 2007. This supplement accompanies that report and summarises the main findings from our surveys with GPs and practice nurses.

2. As part of our review of the management of long-term conditions, we commissioned a market research organisation, BMRB, to carry out telephone surveys amongst GPs and practice nurses, with reference to *Delivering for Health*[1] to find out:

   - their current ways of working
   - how these ways of working are changing
   - attitudes towards proposed new models of care for people with long-term conditions.

3. The survey was carried out in the same six NHS board areas in which we carried out fieldwork: Ayrshire and Arran, Borders, Forth Valley, Greater Glasgow and Clyde, Highland and Tayside.

4. A copy of the GP questionnaire is in **Appendix 1** and a copy of the practice nurse questionnaire is in **Appendix 2**.

5. Some of the findings from the survey are included in the full report. This supplementary report contains a fuller description of the findings.

6. The questionnaire and means of approaching practices were piloted in July 2006 in NHS Lothian and some refinements were made. The pilot data were not included in our final analyses.

7. For the survey, a letter was sent to each GP, practice nurse and practice manager in every practice in the six sample board areas, introducing and explaining the survey and informing them that an interviewer from BMRB would telephone. The telephone survey of GPs and practice nurses took place over a period of five weeks between 22 August and 26 September 2006. Attempts were made to interview one practice nurse in each practice, one GP in practices with less than five GPs and two GPs if there were five or more GPs in the practice. The data were weighted to reflect the known profile of practices.[2]

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[1] *Delivering for Health*, the Scottish Executive's national framework for service change in the NHS in Scotland (2005), sets out a programme of action for the NHS in Scotland to further improve health care services and increase community care based on the recommendations made in *Building a Health Service Fit for the Future* (also known as the *Kerr Report*).

[2] For practice nurses, the data were weighted to the population information held for NHS board area and the size of the practice (based on the number of practice nurses). For GPs, the data were weighted to population information we have for gender, the number of years GPs had been practicing, the size of the practice (based on number of GPs) and the NHS board area.

8. **Part 2** provides details of the number of interviews achieved and the profile of respondents.

9. **Part 3** contains a summary of the main results from the survey.

Part 2. Information about the respondents

We achieved a 33 per cent response rate with GPs and a 36 per cent response rate with practice nurses

10. At the time of our survey there were 562 general practices in the six board areas. We surveyed 258 GPs of the 793 GPs which represents 33 per cent of all GPs. We could not obtain a reliable source for the number of practice nurses working in Scotland, therefore we aimed to interview one practice nurse at each practice in the six areas. We interviewed a practice nurse in 200 general practices which represents 36 per cent of all practices.

11. Healthcare professionals can be difficult to interview as they are kept busy throughout the day and they frequently receive requests to take part in surveys, so the refusal rate tends to be high. We employed a number of techniques to maximise the response rate including: targeting named individuals; contacting the practice manager, GP and practice nurse by letter to give advance warning of the survey; calling several times and at different times of the day to obtain an interview; and offering to call back at a time suitable to the respondent.

12. We obtained a good spread of GPs responding to our survey across the six board areas:

Age	17% of GPs were under 40 years old, 40% were between 41 and 50, and 43% were aged 50 and over.
Gender	52% of GPs were male and 48% female.
Experience	17% of GPs had been practicing for up to ten years, 31% had been practicing for 11-20 years, and 52% had been practicing for 21 or more years.
Practice size	3% of GPs were from single-handed practices, 22% were from practices with two or three GPs, and 74% were from practices with four or more GPs.
Level of deprivation	19% of GPs worked in practices in quartile 1 (most deprived), 31% in quartile 2, 22% in quartile 3 and 28% in quartile 4 (least deprived).

Exhibit 1.

Response rate among GPs

There was a reasonably even response rate across the six sample NHS boards, with an average of 33 per cent overall.

NHS board	No. of practices	No. of practices with 5 or more GPs	Total no. of GPs available for GP sample[3]	Number of GPs interviewed	Response rate
Ayrshire & Arran	57	35	92	34	37%
Borders	24	13	37	12	32%
Forth Valley	57	22	79	26	33%
Greater Glasgow & Clyde	256	86	342	106	31%
Highland	101	33	134	42	31%
Tayside	67	42	109	38	35%
Total	**562**	**231**	**793**	**258**	**33%**

Exhibit 2.

Response rate among practice nurses

Practice nurses in just over a third of practices took part in our survey, although the response rate varied by NHS board area.

NHS board	No. of practices	Number of practice nurses interviewed (one per practice)	Response rate
Ayrshire & Arran	57	27	47%
Borders	24	9	38%
Forth Valley	57	22	39%
Greater Glasgow & Clyde	256	76	30%
Highland	101	19	19%
Tayside	67	47	70%
Total	**562**	**200**	**36%**

[3] The total number of GPs available for the GP sample is the sum of the previous two columns: BMRB attempted to interview one GP in practices with less than five GPs and two in practices with five GPs or more.

13. We obtained a good spread of practice nurses responding to our survey across the six board areas:

Age	17% of practice nurses were under 40 years old, 58% were between 41 and 50, and 26% were aged 50 and over.
Gender	2% of practice nurses were male and 98% female.
Experience	42% of practice nurses had been practicing for up to ten years, 50% had been practicing for 11-20 years, and 9% had been practicing for 21 or more years.
Practice size	11% of practice nurses were from single-handed practices, 41% were from practices with two or three GPs, and 49% were from practices with four or more GPs.
Level of deprivation	19% of practice nurses worked in practices in quartile 1 (most deprived), 23% in quartile 2, 22% in quartile 3 and 32% in quartile 4 (least deprived), with 5% working in practices where this information was unknown.

Part 3. Survey results

Not all staff are aware of the current policy for shifting the balance of care

14. A fifth of GPs and a tenth of practice nurses were unaware of either the *Kerr Report* or *Delivering for Health*. Less than half of GPs had read one of the documents compared to two-thirds of practice nurses.

Exhibit 3.

Awareness and readership by GPs and practice nurses of the *Kerr Report* and *Delivering for Health*

Eighteen per cent of GPs and 11 per cent of practice nurses were unaware of either the *Kerr Report* or *Delivering for Health*. Only 43 per cent of GPs had read one of the documents.

	GPs	Practice nurses
Base	258	200
Aware of at least one document	82%	89%
Read at least one document	43%	62%
Aware of at least one document but not read either	39%	27%
Not aware of either document	18%	11%

15. For GPs, those more likely to have read the *Kerr Report* or *Delivering for Health* are:
    - GPs with a special interest (53 per cent)
    - aged over 50 (49 per cent).

16. With regards to awareness about the documents:
    - Those not interested in becoming a GP with a special interest were more likely to be aware of one or other of the policies but not read either (50 per cent).
    - Awareness was low in practices in large urban areas (27 per cent) and the documents were less likely to have been read in these areas (43 per cent of GPs in these practices had not read either).
    - Among practices with only one GP only 25 per cent had read either the *Kerr Report* or *Delivering for Health*.

17. **Exhibit 4** shows the majority of respondents said they are treating more patients with long-term conditions in the community; providing early intervention to avoid hospital admissions; and encouraging health promotion among patients with long-term conditions.

Exhibit 4.

Shifting the balance of care

Shifting the balance of care is being implemented to varying degrees.

	GPs	Practice nurses
Base	258	200
Treating more patients with long-term conditions outside hospital	99%	97%
Pursuing health promotion among patients with long-term conditions	98%	99%
Early intervention to avoid hospital admission	80%	90%
Actively identifying patients most at risk of hospitalisation	50%	77%
Referring fewer patients into hospital in general	42%	75%
Referring more patients into intermediate care facilities	33%	36%

Note – Intermediate care facilities are those such as community hospitals.

18. Practices actively identifying at-risk patients were more likely to:

- be in large urban areas
- be in the least deprived areas
- have less than four GPs.

19. Those referring fewer patients to hospital were most likely to be based in:

- large urban areas
- the least deprived areas.

20. Those referring more patients to intermediate care were more likely to be based outside urban areas.

Two-thirds of GPs said they had alternatives to secondary care referrals

21. Sixty-six per cent of GPs said they had alternatives to secondary care referrals, for example specialist nurses or intermediate care services such as community hospitals. Those that said they had alternatives were more likely to be GPs who had been practising for over 20 years (73 per cent).

22. GPs who said they did not have alternatives to secondary care referrals were more likely to be in the most deprived areas (56 per cent).

23. Practices with GPs that said they had alternatives to secondary care were more likely to:

    - have a GP with a special interest (71 per cent)
    - be based in a smaller urban area (73 per cent)
    - have four or more GPs (71 per cent).

24. Where respondents said that they had alternatives to hospitalisation, about 50 per cent said these were open to the majority of patients.

25. Almost 40 per cent of practices had GPs that said they had sufficient alternative care referral options open to them.

There is general support for the existence and increase in GPs and practice nurses with a special interest

26. GPs with a special interest role were seen as complementing the generalist role, being important for shifting the balance of care, and reducing the number of outpatient referrals rather than the number of hospital admissions (**Exhibit 5**).

Exhibit 5

GPs' attitudes to developing GP roles in special interest areas

There was general support for increasing the numbers of GPs with special interests and a number of benefits of this role were identified.

	Agree	Disagree
Having GPs with special interests defeats the purpose of having general practitioners	34%	61%
Moving care from hospitals into the community makes it necessary to have GPs with special interests	52%	40%
The NHS should increase the number of GPs with special interests	55%	33%
Having more GPs with special interests will improve the quality of patient care	53%	31%
Having GPs with special interests will reduce the number of hospital admissions	36%	50%
Having GPs with special interests will reduce the number of outpatient referrals	70%	26%

27. Over half of GPs thought that the NHS should increase the number of GPs with a special interest. This was particularly true of those who:

- have read *Delivering for Health*
- are aged over 50
- are already a GP with a special interest
- have a GP with a special interest within their practice.

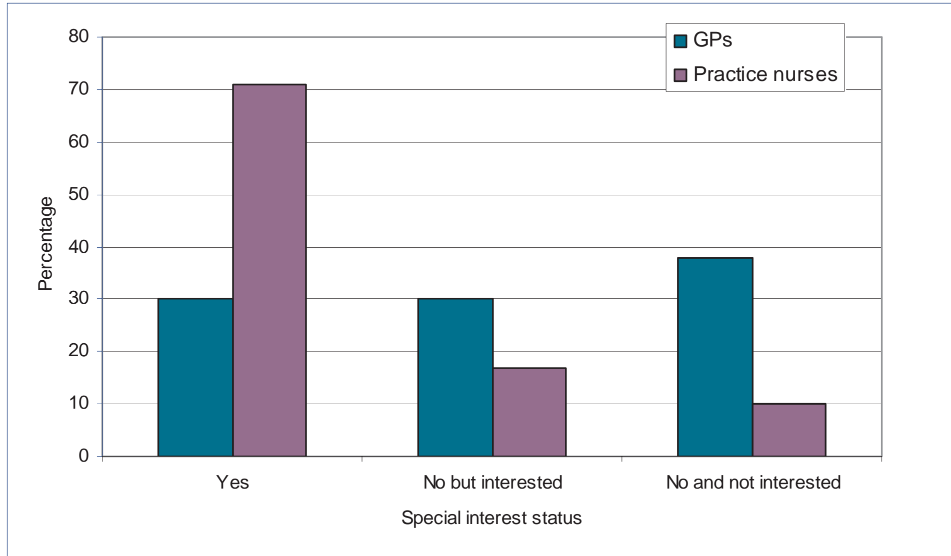
28. **Exhibit 6** shows:

- 30 per cent of GPs said they were already a GP with a special interest and a further 30 per cent were interested in becoming one
- 71 per cent of practice nurses had a special interest and a further 17 per cent were interested in becoming a specialist.

Exhibit 6.

Percentage of GPs and practice nurses with a special interest or interested in becoming a practitioner with a special interest

A much larger percentage of practice nurses have a special interest.



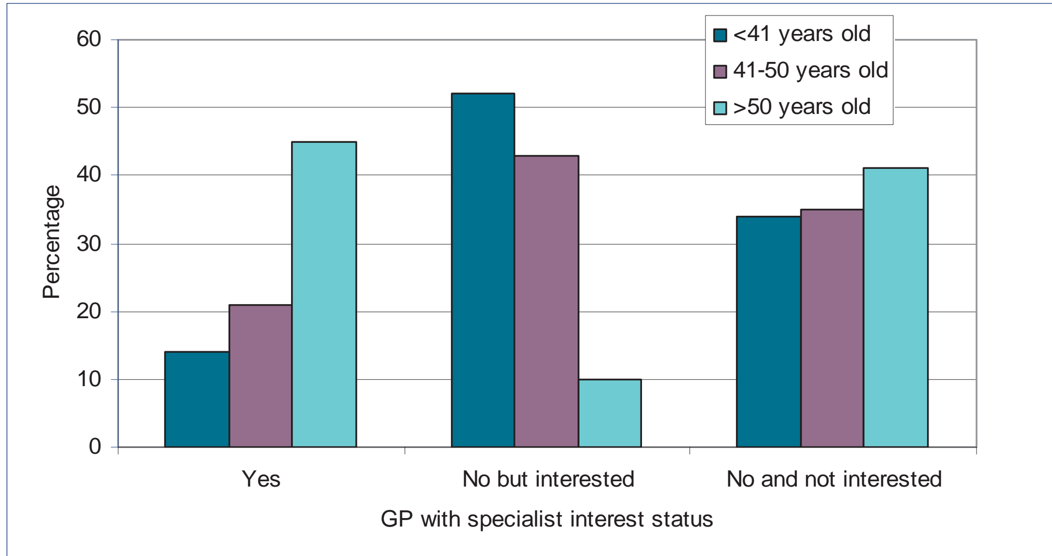
29. Thirty-six per cent of GPs with a special interest specialise only within their practice and the rest work across a number of practices or in clinics in hospitals. Whereas most practice nurses with a special interest said they specialised only within their practice (91 per cent).

30. Older GPs (aged over 50) are more likely to have made up their minds about being a GP with a special interest and acted. Younger GPs (aged 50 or under) are more likely to be open to the idea of being a GP with a special interest, although less likely to have acted (**Exhibit 7**).

Exhibit 7.

Age groups of GPs with special interests and those interested in becoming one

GPs with a special interest were often older. Those interested in gaining special interest status were often younger.



31. A relatively high proportion of practices in:

- small towns and in larger practices had one or more GPs with a special interest
- rural areas had GPs who are interested in becoming a GP with a special interest
- large urban areas and smaller practices had GPs who are not interested in becoming a specialist.

Exhibit 8.

Reasons for not being interested in becoming a GP with a special interest

There were a number of reasons given by GPs not interested in becoming a specialist with the main reasons being the enjoyment of and need for a generalist role.

	GPs
Base	**98**
Enjoy being a generalist	31%
Being a generalist is a strength or NHS needs generalist role	22%
Not enough time	20%
Not interested/ no desire	19%
Too old	18%

Exhibit 9.

Incentives for becoming a GP with a special interest

The main incentives for becoming a GP with a special interest were time to study and learn, sufficient funding or resources, and adequate or extra training and courses.

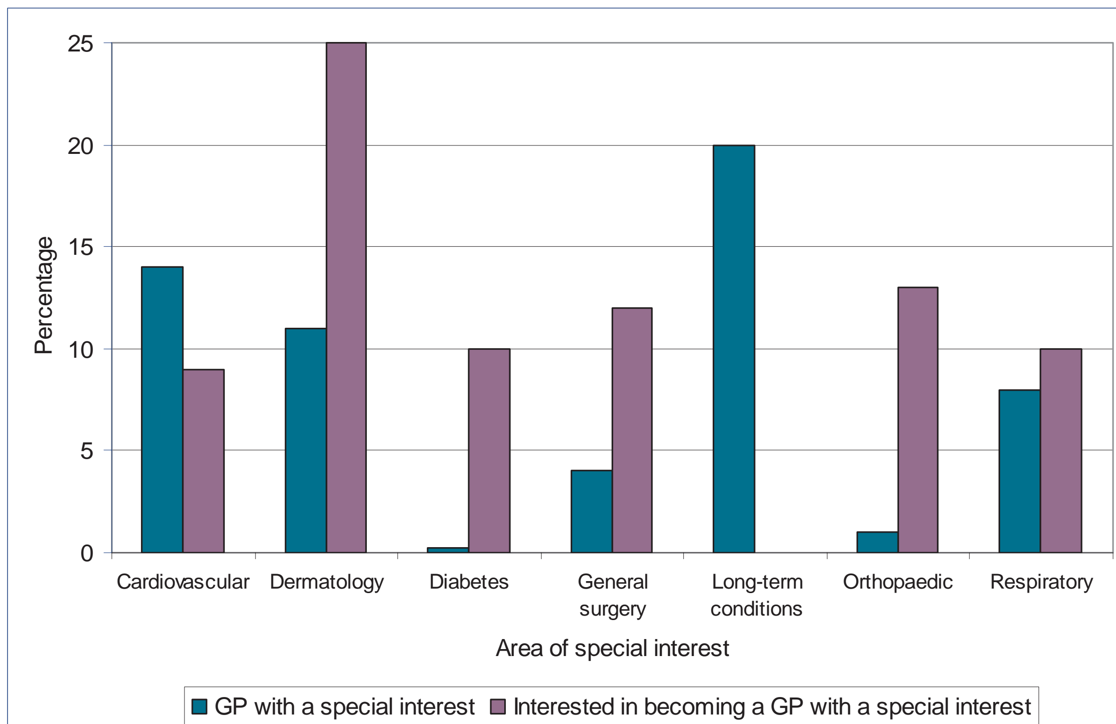
	GPs
Base	**78**
Time to study and learn	35%
Funding or resources	32%
Adequate or extra training/ courses	26%
Adequate remuneration	19%
Support of practice partners or clinical support	13%
If demand arose from patients in the area	12%
If there were proven benefits to patient care	10%

32. The main areas that GPs specialise in, or would like to specialise in, are dermatology, diabetes, and Coronary Heart Disease (CHD); for practice nurses they are diabetes, respiratory conditions and CHD (**Exhibit 10**).

Exhibit 10.

Areas of special interest for GPs

The most popular areas that GPs specialise in, or would like to specialise in, are dermatology, diabetes and CHD.



Practices are starting to manage patients with long-term conditions in a more systematic way

33. We looked at the extent to which intensive care management (sometimes known as case management) is being implemented including:

- having a single point of contact for those with long-term conditions
- providing patients with personalised care plans
- providing personalised care plans for those with more than one condition.

Exhibit 11.

Profile of practices implementing intensive care management

Smaller practices were more likely to provide patients with long-term conditions with a single point of contact and larger practices were more likely to provide personalised care plans, although not so much for those with more than one condition.

		Size of practice (Number of GPs)		
	All GPs	1	2-3	4+
Base	258	26	95	137
Single point of contact for long-term conditions	54%	70%	60%	51%
Personalised care plans	70%	72%	68%	71%
Personalised care plans for those with more than one condition	50%	58%	61%	46%

Patients are being encouraged to take more responsibility for their own care

34. GPs from 40 per cent of practices said their patients wanted to manage their own conditions, 32 per cent said some of their patients did, and 23 per cent said their patients did not want to manage their own conditions. GPs in practices implementing aspects of intensive care management were more likely to say their patients wanted to self care.

Most GPs and practice nurses support shifting the balance of care

35. Most GPs and practice nurses feel that shifting the balance of care will lead to better quality of care. However, they believe that there will not be an increase in resources to accompany the increased workload this will produce and that this will put pressure on practice staff (**Exhibit 12**).

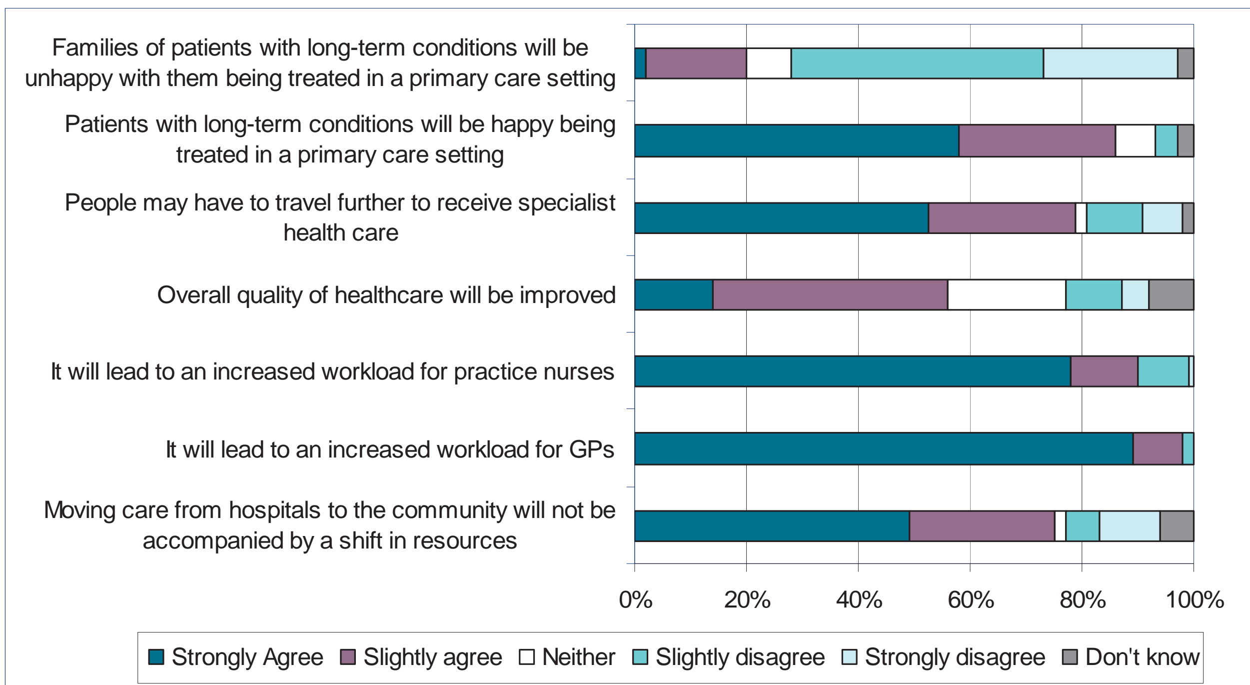
36. The vast majority of respondents said they are:

- treating more patients with long-term conditions in the community
- providing early intervention to avoid hospital admissions
- pursuing health promotion among patients with long-term conditions.

Exhibit 12.

The implications of shifting the balance of care perceived by GPs and practice nurses

GPs and practice nurses feel shifting the balance of care will improve the quality of care for patients but it will increase their workload and not be accompanied by a shift in resources.



37. With regards to shifting the balance of care, it was noted that:

- most GPs said there will be some unfavourable implications (eg, increased work and not enough resources) but, as **Exhibit 12** shows, most accept the change will improve the quality of care
- those in rural areas were less concerned about patients and their families having to travel further for care
- surgeries with GPs with a special interest and in less deprived areas were more positive about quality of care being improved
- larger practices felt more strongly that it would lead to an increased workload and would not be resourced.

Practice nurses are generally more positive than GPs about the impact of the Quality and Outcomes Framework

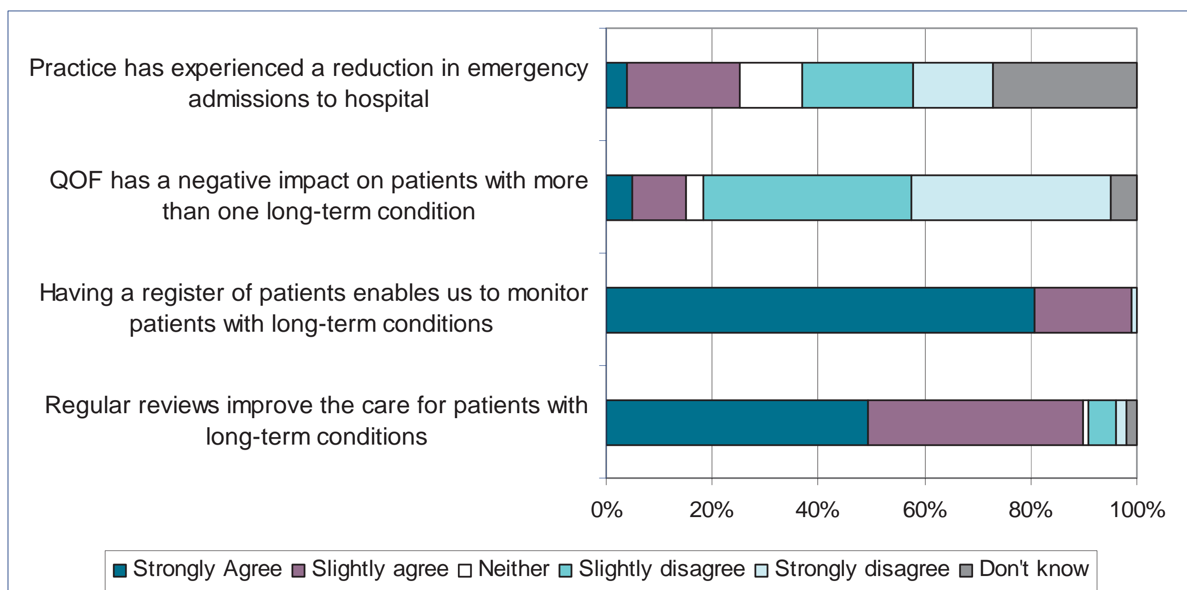
38. Overall practice nurses are more positive than GPs about how the Quality and Outcomes Framework (QOF) had affected the management of people with long-term conditions.[4]

39. GPs who have been practicing longer were more positive about the impact of the QOF on people with long-term conditions, and GPs in smaller practices were more negative.

Exhibit 13.

Improvements noticed by GPs since implementing the QOF

The main advantages of the QOF for GPs were carrying out regular reviews and having a register of patients with long-term conditions.



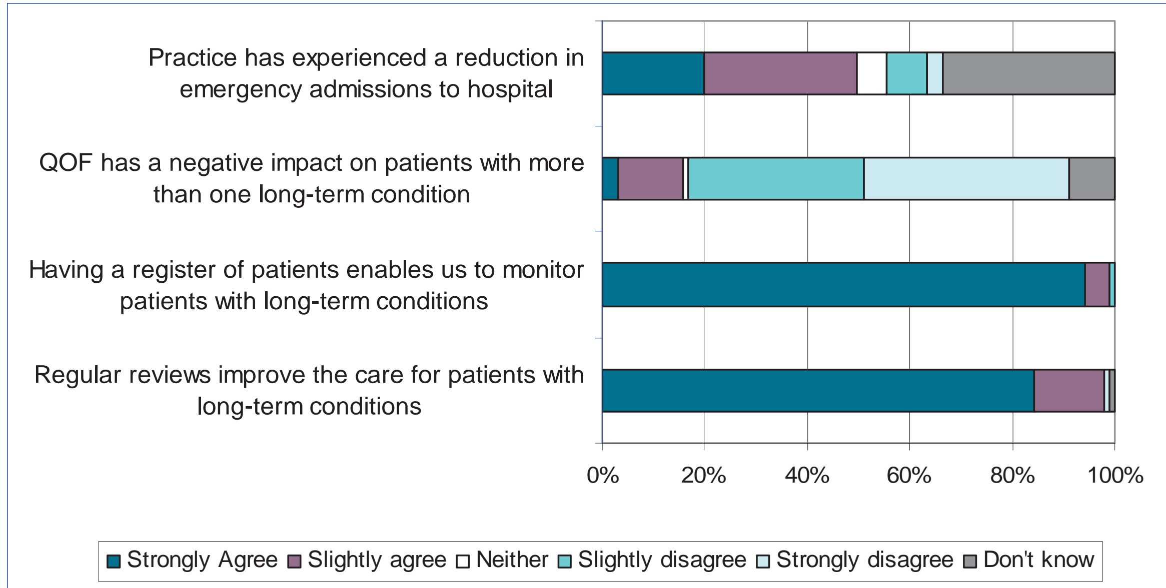
40. **Exhibit 14** shows that practice nurses are more positive than GPs about the impact of the QOF on people with long-term conditions.

[4] The QOF is part of the new General Medical Services contract and is a system for paying general practices for the care provided to patients relating to particular long-term conditions and for funding quality improvements.

Exhibit 14.

Improvements noticed by practice nurses since implementing the QOF

As with GPs, having a register of patients with long-term conditions and regular reviews were both seen to be positive.



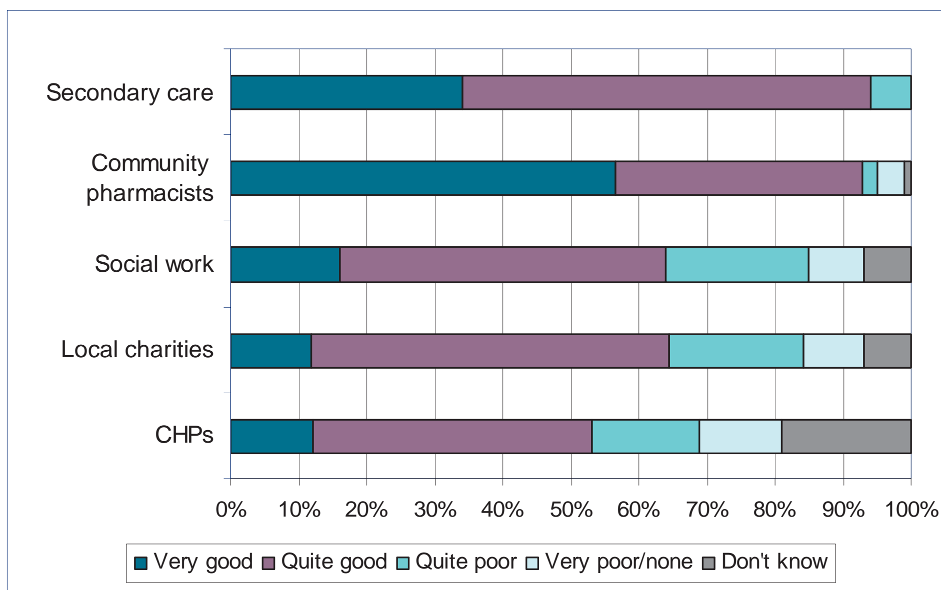
Partnership working could be improved

41. Most GPs reported good working relationships with secondary care and community pharmacists. Relationships with social work and local charities were not as strong, and the least positive working relationships were reported with Community Health Partnerships (CHPs) (**Exhibit 15**). Relationships between practices and CHPs were better in some board areas than others, with the best relationships reported in Ayrshire and Arran.

Exhibit 15.

Working relationships between general practice and partner organisations

GPs reported the best working relationships with secondary care and community pharmacists.



Appendix 1.

GP questionnaire

1. What do you think will be the main challenges facing primary care in Scotland in the next ten years?

   OPEN

2. Are you aware of the following policy documents about the NHS in Scotland?

   READ OUT EACH SEPARATELY
   The *Kerr Report*
   Delivering for Health

3. **If aware**, have you read <text substitute from above>?

   INTERVIEWER CODE YES IF ONLY READ PART OF REPORT
   Yes
   No

Implementation of shifting the balance of care

4. I am now going to read out some objectives from *Delivering for Health* which may have an impact on the care of those with long-term conditions. For each one can you tell me if your practice is currently doing this or not? (rotate list)

   - Treating more patients with long-term conditions outside hospital
   - Referring fewer patients into hospital in general
   - Referring more patients into intermediate care facilities, for example into Community Hospitals
   - Actively identifying patients most at risk of hospitalisation
   - Early intervention to avoid hospital admission
   - Pursuing health promotion among patients with long-term conditions.

Practice is currently doing this
Practice is not doing this

(If no to above, this is asked immediately, for each objective:)

5. And is your practice planning to do this in the next 12 months?

   Yes
   No

Implications of the shift in balance of healthcare

6. I am going to read you some statements about moving care from hospitals into the community. For each one, please can you tell me whether you agree or disagree? (rotate list)

   - Moving care from hospitals to the community will not be accompanied by a shift in resources
   - It will lead to an increased workload for GPs
   - It will lead to an increased workload for practice nurses
   - Overall quality of healthcare will be improved
   - People may have to travel further to receive specialist healthcare
   - Patients with long-term conditions will be happy being treated in a primary care setting
   - Families of patients with long-term conditions will be unhappy with them being treated in a primary care setting.

Strongly agree
Slightly agree
Neither agree nor disagree (DO NOT READ OUT)
Slightly disagree
Strongly disagree

GPs with special interests

7. One objective in *Delivering for Health* is to develop the role of GPs with special interests. I am going to read you a number of statements about this, please can you tell me whether you agree or disagree with each one? (rotate list)

   - Having GPs with special interests defeats the purpose of having general practitioners.
   - Moving care from hospitals into the community makes it necessary to have GPs with special interests
   - The NHS should increase the number of GPs with special interests
   - Having more GPs with special interests will improve the quality of patient care
   - Having GPs with special interests will reduce the number of hospital admissions
   - Having GPs with special interests will reduce the number of outpatient referrals.

Strongly agree
Slightly agree
Neither agree nor disagree (DO NOT READ OUT)
Slightly disagree
Strongly disagree

8. How many GPs with special interests are there in your practice?

   Numeric
   Don't know

9. If one or more, how many GPs do you have who specialise **only** within the practice?

   Numeric

10. If one or more, how many GPs do you have who specialise **only** outside of the practice, such as working in clinics in the acute sector?

    Numeric

10b. Can I just check that there are X (number to be automatically filled in) GPs who specialise **both** within and outside the practice?

IF INCORRECT, RETURN AND CORRECT Q9 AND Q10.

11. Which of the following describes your situation…(READ OUT LIST)

- I am already, or am about to become, a GP with a special interest
- I may be interested in becoming a GP with a special interest depending on circumstances
- I would not like to become a GP with a special interest
- Don't know.

(For those saying "I am already, or am about to become, a GP with a special interest" ask:)

12. Are you: (READ OUT – MULTICODE IF BOTH)

- already (or about to become) a GP with a special interest who specialises only within your practice? or
- a GP with a special interest who specialises outside of the practice, such as working in clinics in the acute sector.

(For those saying "I may be interested in becoming a GP with a special interest depending on circumstances")

13. Are you interested in becoming…(READ OUT – MULTICODE IF BOTH)

- a GP with a special interest who specialises only within your practice? or
- a GP with a special interest who specialises outside of the practice, such as working in clinics in the acute sector.

(For those saying "I would not like to become a GP with a special interest" ask:)

14. Can I just check are you not interested in becoming…(READ OUT – MULTICODE IF BOTH)

- a GP with a special interest who specialises only within your practice? or not interested in becoming..
- a GP with a special interest who specialises outside of the practice, such as working in clinics in the acute sector.

(If said “I may be interested in becoming a GP with a special interest depending on circumstances”:)

15. What would encourage you to become a GP with a special interest?
    OPEN

(If said “I would not like to become a GP with a special interest”:)

16. Why would you not like to become a GP with a special interest?
    OPEN

(Unless would not want to become a GP with a special interest)

17. Which area would you like to specialise in/ do you specialise in?
    OPEN; PROBE - CAN YOU SPELL OUT ANY ACRONYMS AND EXPLAIN MEDICAL TERMS IN PLAIN ENGLISH

Relationships between primary care and other health providers

18. Thinking about the care of those with long-term conditions, how would you rate the working relationship between your practice and…? (rotate list)
    - Social work services at the local council
    - Secondary care
    - Community Health Partnerships or CHPs (brief interviewers to code this if answer is ‘CHIPS’)
    - Community pharmacists
    - Local voluntary and charitable organisations in general.

Very good
Quite good
Quite poor
Very poor
N/A

IF NO RELATIONSHIP IN THE FIRST PLACE CODE AS N/A

19. Does your practice have alternatives to secondary care referrals such as specialist nurses or intermediate care services like Community Hospitals?

    Yes
    No

If yes:

20. Thinking about these alternatives to secondary care referrals, such as specialist nurses or intermediate care, how much do you agree or disagree with the following statements about your practice? (rotate list)

- These alternatives are open to the majority of our patients
- Overall I would rate the quality of these referrals as lower than secondary care referrals
- They offer a viable service that helps to keep patients out of hospital
- The alternative referrals we have are normally condition specific
- I have sufficient intermediate care referral options open to me.

Agree strongly
Agree slightly
Neither agree nor disagree (do not read out)
Disagree slightly
Disagree strongly
Don't know
Not applicable

QOF

21. Thinking about the quality and outcomes framework, how much do you agree or disagree with the following statements about your practice? (rotate list)

INTERVIEWER: IF NECESSARY REMIND RESPONDENT THEY CAN SELECT 'DON'T KNOW'

- The regular reviews improve the care for patients with long-term conditions
- Having a register of patients enables us to monitor patients with long-term conditions
- QOF has a negative impact on patients with co-morbidities
- Our practice has experienced a reduction in the number of emergency admissions to hospital for patients with long-term conditions as a result of the Quality and Outcomes Framework.

Strongly agree
Slightly agree
Neither agree nor disagree (DO NOT READ OUT)
Slightly disagree
Strongly disagree
Don't know

Case management

22. I am now going to read out a list of policies, thinking about those with long-term conditions, could you tell me whether your practice is currently doing this or not? (rotate list)

    - Having a single point of contact to arrange care for patients with long-term conditions
    - Providing condition specific personalised care plans
    - Providing condition-specific personalised care plans for those with co-morbidities. (*Always place this one last as is a bit different from just thinking about those with long-term conditions.*)

Practice is currently doing this
Practice is not doing this

(If no to above, this is asked immediately, for each objective:)

23. And is your practice planning to do this in the next 12 months?

    Yes
    No

Self care

24. Do you find that your patients with long-term conditions want to manage their own conditions where possible?

    Yes
    No
    Some of them/ it varies
    Don't know

25. What are the barriers to these patients managing their own conditions?

    OPEN
    NONE CODE
    PROBE IF GIVEN A SHORT ANSWER: "WHY DO YOU SAY THAT?" or "CAN YOU ELABORATE ON THAT?"

26. To what extent does your practice already actively promote self care?

    Great extent
    Some extent
    A small extent
    Not at all

Demographics

"As you are probably aware we have to interview a cross section of GPs. These last questions are about you, just so that we know we have interviewed a balanced selection of GPs."

27. How many years have you been practicing as a GP?
    Numeric

28. What is your age?
    Numeric

29. If refused then ask: "can you state which band your age falls into?"

    Under 30
    31 to 40
    41 to 50
    51 to 60
    aged 61 or over

30. Interviewer code gender

    Male
    Female

(As a check:)

31. How many permanently employed GPs work at this surgery?
    Numeric

Appendix 2.

Practice nurse questionnaire

1. What do you think will be the main challenges facing primary care in Scotland in the next ten years?
   OPEN

2. Are you aware of the following policy documents about the NHS in Scotland?

   READ OUT EACH SEPARATELY
   The *Kerr Report*
   Delivering for Health

3. **If aware**, have you read <text substitute from above>?

   INTERVIEWER CODE YES IF ONLY READ PART OF REPORT
   Yes
   No

Implementation of shifting the balance of care

4. I am now going to read out some objectives from *Delivering for Health* which may have an impact on the care of those with long-term conditions. For each one can you tell me if your practice is currently doing this or not? (rotate list)

   - Treating more patients with long-term conditions outside hospital
   - Referring fewer patients into hospital in general
   - Referring more patients into intermediate care facilities, for example into Community Hospitals
   - Actively identifying patients most at risk of hospitalisation
   - Early intervention to avoid hospital admission
   - Pursuing health promotion among patients with long-term conditions.

Practice is currently doing this
Practice is not doing this

(If no to above, this is asked immediately, for each objective:)

5. And is your practice planning to do this in the next 12 months?

   Yes
   No

Implications of the shift in balance of healthcare

6. I am going to read you some statements about moving care from hospitals into the community. For each one, please can you tell me whether you agree or disagree? (rotate list)

    - Moving care from hospitals to the community will not be accompanied by a shift in resources
    - It will lead to an increased workload for GPs
    - It will lead to an increased workload for practice nurses
    - Overall quality of healthcare will be improved
    - People may have to travel further to receive specialist healthcare
    - Patients with long-term conditions will be happy being treated in a primary care setting
    - Families of patients with long-term conditions will be unhappy with them being treated in a primary care setting.

Strongly agree
Slightly agree
Neither agree nor disagree (DO NOT READ OUT)
Slightly disagree
Strongly disagree

Practitioners with special interests

7. One objective in *Delivering for Health* is to develop the role of practitioners with special interests. I am going to read you a number of statements about this, please can you tell me whether you agree or disagree with each one? (rotate list)

    - Having practice nurses with special interests defeats the purpose of having generalist practice nurses
    - Moving care from hospitals into the community makes it necessary to have practice nurses with special interests
    - The NHS should increase the number of practice nurses with special interests
    - Having more practice nurses with special interests will improve the quality of patient care
    - Having practice nurses with special interests will reduce the number of hospital admissions
    - Having practice nurses with special interests will reduce the number of outpatient referrals.

Strongly agree
Slightly agree
Neither agree nor disagree (DO NOT READ OUT)
Slightly disagree
Strongly disagree

8. How many practice nurses with special interests are there in your practice?

    Numeric
    Don't know

9. If 1 or more, how many practice nurses do you have who specialise **only** within the practice?

   Numeric

10. If one or more, how many practice nurses do you have who specialise **only** outside of the practice, such as working in clinics in the acute sector?

   Numeric

10b. Can I just check that there are X (number to be automatically filled in) practice nurses who specialise **both** within and outside the practice?

IF INCORRECT, RETURN AND CORRECT Q9 AND Q10

11. Which of the following describes your situation… (READ OUT LIST)

   - I am already, or am about to become, a practice nurse with a special interest
   - I may be interested in becoming a practice nurse with a special interest depending on circumstances
   - I would not like to become a practice nurse with a special interest
   - Don't know.

(For those saying "I am already, or am about to become, a practice nurse with a special interest" ask:)

12. Are you: (READ OUT – MULTICODE IF BOTH)

   - already (or about to become) a practice nurse with a special interest who specialises only within your practice? or
   - a practice nurse with a special interest who specialises outside of the practice, such as working in clinics in the acute sector.

(For those saying "I may be interested in becoming a practice nurse with a special interest depending on circumstances" ask:)

13. Are you interested in becoming …(READ OUT – MULTICODE IF BOTH)

   - a practice nurse with a special interest who specialises only within your practice? or
   - a practice nurse with a special interest who specialises outside of the practice, such as working in clinics in the acute sector.

(For those saying "I would not like to become a practice nurse with a special interest" ask:)

14. Can I just check are you not interested in becoming… (READ OUT – MULTICODE IF BOTH)

   - a practice nurse with a special interest who specialises only within your practice? Or not interested in becoming..
   - a practice nurse with a special interest who specialises outside of the practice, such as working in clinics in the acute sector.

(If said “I may be interested in becoming a practice nurse with a special interest depending on circumstances”:)

15. What would encourage you to become a practice nurse with a special interest?

    OPEN

(If said “I would not like to become a practice nurse with a special interest”:)

16. Why would you not like to become a practice nurse with a special interest?

    OPEN

(Unless would not want to become a practice nurse with a special interest)

17. Which area would you like to specialise in/ do you specialise in?

    OPEN; PROBE - CAN YOU SPELL OUT ANY ACRONYMS AND EXPLAIN MEDICAL TERMS IN PLAIN ENGLISH

Relationships between primary care and other health providers

18. Thinking about the care of those with long-term conditions, how would you rate the working relationship between your practice and…? (rotate list)

    - Social work services at the local council
    - Secondary care
    - Community Health Partnerships or CHPs (brief interviewers to code this if answer is ‘CHIPS’)
    - Community pharmacists
    - Local voluntary and charitable organisations in general.

Very good
Quite good
Quite poor
Very poor
N/A

IF NO RELATIONSHIP IN THE FIRST PLACE CODE AS N/A

19. Does your practice have alternatives to secondary care referrals such as specialist nurses or intermediate care services like Community Hospitals?

    Yes
    No

If yes:

20. Thinking about these alternatives to secondary care referrals, such as specialist nurses or intermediate care, how much do you agree or disagree with the following statements about your practice? (rotate list)

    - These alternatives are open to the majority of our patients
    - Overall I would rate the quality of these referrals as lower than secondary care referrals
    - They offer a viable service that helps to keep patients out of hospital
    - The alternative referrals we have are normally condition specific
    - I have sufficient intermediate care referral options open to me.

Agree strongly
Agree slightly
Neither agree nor disagree (do not read out)
Disagree slightly
Disagree strongly
Don't know
Not applicable

QOF

21. Thinking about the quality and outcomes framework, how much do you agree or disagree with the following statements about your practice? (rotate list)

INTERVIEWER: IF NECESSARY REMIND RESPONDENT THEY CAN SELECT 'DON'T KNOW'

- The regular reviews improve the care for patients with long-term conditions
- Having a register of patients enables us to monitor patients with long-term conditions
- QOF has a negative impact on patients with co-morbidities
- Our practice has experienced a reduction in the number of emergency admissions to hospital for patients with long-term conditions as a result of the Quality and Outcomes Framework.

Strongly agree
Slightly agree
Neither agree nor disagree (DO NOT READ OUT)
Slightly disagree
Strongly disagree
Don't know

Case management

22. I am now going to read out a list of policies, thinking about those with long-term conditions, could you tell me whether your practice is currently doing this or not? (rotate list)
    - Having a single point of contact to arrange care for patients with long-term conditions
    - Providing condition specific personalised care plans
    - Providing condition specific personalised care plans for those with co-morbidities. (*Always place this one last as is a bit different from just thinking about those with long-term conditions.*)

Practice is currently doing this
Practice is not doing this

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23. And is your practice planning to do this in the next 12 months?

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Self care

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Managing long-term conditions

Report supplement: Results of the GP and practice nurse surveys

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