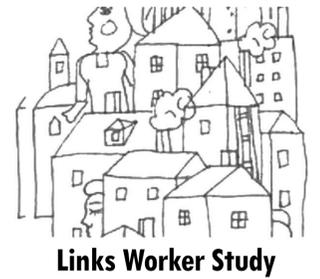


Workload Involved in the Outcome Evaluation of the Glasgow Deep End Links Worker Programme



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Engaging patients in research

Engaging patients in research, particularly those living in socially deprived areas, is challenging. For example, the response rate to the 2013/2014 Scottish Health and Social Care Experience Survey ranged from **13 per cent for patients living in the most deprived areas** to 24 per cent for patients living in the least deprived areas (<http://www.gov.scot/Publications/2015/03/8892/8>).

The Glasgow Deep End Links Worker Programme

The Links Worker Programme, funded by NHS Health Scotland, is being delivered by the Health and Social Care Alliance, Scotland. As part of this Programme, seven of the 15 Deep End GP Practices that had applied to take part in the Programme were selected to have an attached Links Worker, now known as Community Links Practitioners (CLPs). CLPs facilitate links between general practice and community organisations; encouraging patient autonomy and community development. The eight Practices that were not selected delivered care as normal, and agreed for data to be collected as comparator Practices for an evaluation of this Programme.

Independent Evaluation of the Programme

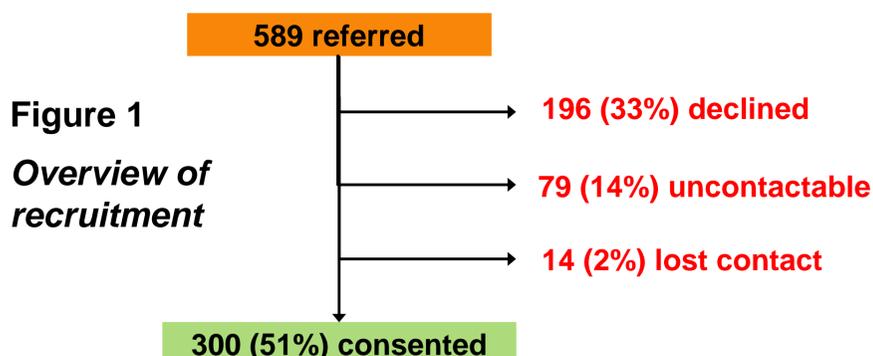
Since September 2014, University of Glasgow has been undertaking an independent evaluation of the programme. This is based on a quasi-experimental design, with embedded, theory-led process evaluation. Using mixed quantitative and qualitative methods, it is assessing the impact of the Programme on a range of short, medium and longer term outcomes at patient, practice and community levels; and to determine the robustness, feasibility and acceptability of the Programme's theories of change. **This report concerns the workload involved in engaging patients in the seven intervention practices to obtain baseline quantitative outcome measures.**

Referral of Patients to the Study Team

When potential referral to a CLP is first discussed with patients, the primary care practitioner seeks permission to pass their details to the study team to discuss potential participation in the evaluation. If this is obtained, the study team then makes a number of contacts in order to obtain informed consent and baseline questionnaire data. Reasons for these contacts include establishing first contact, sending study information and questionnaires, encouraging return of completed study documents and acknowledging receipt.

Achieved Recruited Sample

300 of 589 patients (51%) referred to the study between 1 March 2015 and 11 December 2015 consented and completed the study baseline questionnaire (Figure 1).



Workload Involved in Recruitment

Using an electronic database all attempted contacts with service providers and potential study participants are recorded. Virtually all contacts have been undertaken by the study co-ordinator (LG), the study's fulltime dedicated recruitment resource. Most contact attempts were made within usual office hours, but one hour was dedicated to this two evenings each week and two hours every Sunday afternoon. The number of contacts concerning each potential participant ranged from 1 to 41, mean 9.6, standard deviation 5.68. The number of contacts and reasons for contact are illustrated in Figures 2 and 3.

Figure 2 Number of contacts by type of contact

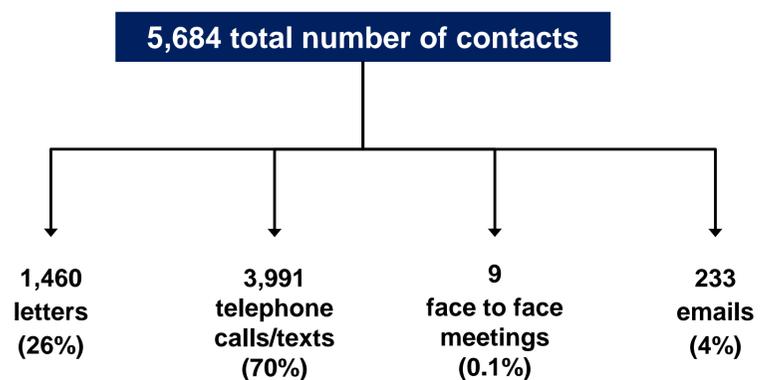
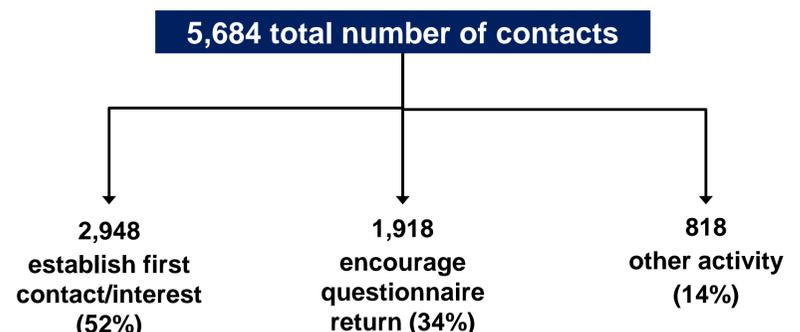


Figure 3 Number of contacts by contact reason



Conclusion

Engaging Deep End patients in research is possible but is labour intensive. In this study this required a dedicated fulltime staff member, some out-of-hours work and careful management of contacts with service providers and potential study participants.

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