

# **EVALUATION FRAMEWORK DEVELOPMENT FOR URGENT PRIMARY CARE CENTRE PATHFINDERS IN WALES.**

For National Urgent Primary Care Pathfinder Panel

Carolyn Wallace, Mark Llewellyn, Jonathan Richards, David Pontin  
Welsh Institute for Health and Social Care · University of South Wales  
Prime Centre Wales.

April 2021 updated July 2021

**FINAL REPORT**



## Contents

Acknowledgements .....	3
Introduction .....	4
The All-Wales UPC Pathfinder Evaluation Framework .....	6
The UPC Development Matrix .....	7
A Nationally Identified Dataset of 47 Items.....	8
Mapping the Development Matrix with the 47 data items .....	12
Once for Wales Patient Satisfaction Questionnaire.....	14
Conclusion and Recommendations.....	15
References .....	17
APPENDIX 1: Once for Wales Patient Satisfaction Questionnaire (data item 11) .....	18

## Acknowledgements

The evaluation team would like to thank NHS Wales for funding this evaluation framework and the Urgent Primary Care Centre Pathfinder sites for participating in all aspects of its development. This has been a challenging time which has had a great impact on individual lives and influenced the delivery of essential services across health and social care. The development of the evaluation framework was only possible thanks to the involvement and commitment of the strategic and operational staff who willingly gave their time to have honest conversations about their sites, comment on document drafts and participate in the Group Concept Mapping exercises.

We would particularly like to acknowledge the role of Michael Wilson (independent researcher commissioned by the strategic programme), the author of the original scoping review upon which we were able to build the final literature review seeking evidence of definition development for UPC and Urgent Care Centres.

Thank you to all those who contributed to this evaluation framework study.

## Introduction

### a. Background

The PRIME Centre Wales group at the University of South Wales and the Welsh Institute for Health and Social Care (WIHSC) were commissioned by NHS Wales to develop an evaluation framework for the Urgent Primary Care Pathfinder Programme which would meet both local and national requirements. This report provides information about the key outputs from the study, the updated urgent primary care (UPC) literature review and the development of the UPC National Evaluation Framework.

### b. Context

The UPC Pathfinder Programme is part of the Strategic Programme for Primary Care, and is an All-Wales collaborative approach between University Health Boards (UHBs) and Welsh Government to address the requirements of 'A Healthier Wales' (2018)<sup>1</sup>, 'Social Services and Well-being (Wales) Act 2014'<sup>2</sup> and the 'Well-being of Future Generations (Wales) Act 2015'<sup>3</sup>. Welsh Government has made up to £4million available to UHBs for 2020/21<sup>4</sup> and further recurring funding from 2021/22 onwards<sup>5</sup>, to develop local urgent (same day) primary care centre pathfinders, *'to simplify the health provision, enable better management of demand, avoiding 'hand offs' and multiple entry points.'* The aim is to create a multidisciplinary primary care offer which will be geographically consistent 24 hours a day, 7 days a week across Wales<sup>6</sup>. The Strategic Programme for Primary Care aims to bring together and develop all previous primary care strategies and reviews at an accelerated pace and scale. It will achieve this whilst also addressing the emerging priorities within *A Healthier Wales*<sup>1</sup>. The programme has six streams, *prevention and wellbeing, 24/7 model, data and digital technology, workforce and organisational development, communication and engagement, transformation and the vision for clusters.*<sup>6</sup> In addition to this the National Unscheduled Care Programme developed six goals for urgent and emergency care to help with winter preparedness within its *NHS Wales COVID-19 Operating Framework: quarter 2 2020 to 2021*<sup>7</sup>.

The UPC Centre Pathfinders sit within a whole system which includes Emergency Departments (EDs), Minor Injuries Units (MIUs), GP practices, GP Out-of-hours and phone (OOH/111) service, Advanced Nurse Practitioners (ANPs), Advanced Practice Paramedics (APPs), Pharmacy, social/community connectors etc<sup>8</sup>. In 2020, there were a total of six UHBs including eight varying pathfinder models serving a 900,000 plus population. The second

stage of the funding in 2021/22 was subject to *'evidence of successful implementation and tangible impact determined through national evaluation.'*

Previous Welsh UPC Programme reports (May 2019<sup>8</sup> and Sept. 2020<sup>9</sup>) demonstrated considerable pilot success. However, they identified barriers such as *'no common or uniform data'*, lack of common language including definition of urgent care, pilots had different aims to meet local population needs and there were issues with cross organisational working between primary care clusters using different IT platforms (Adastra-OOH, EMIS, and Vision-GP). Recommendations included the collection and use of a uniform dataset for future evaluations (May 2019<sup>8</sup>) and an overarching evaluation framework to meet local and national evaluation requirements.

### c. Methods

The team used a form of participatory action research (PAR) to develop this National Evaluation Framework. PAR helps researchers and operational staff to understand and improve the practice world around them by carrying out collective, self-reflective inquiry to understand and change their practices to improve the situations in which they find themselves<sup>10</sup>. In this study, researchers and operational staff worked collaboratively together to investigate the situation, collectively understand what action and change was needed and agree a way forward to develop a National Evaluation Framework. Our approach included two phases:

1. **Checking the local data context.** Prof. Mark Llewellyn and Prof. Jonathan Richards (Visiting Professor at WIHSC) worked with all the pathfinder sites on a one-to-one basis to build an understanding of the local situations across Wales. They completed a document/data review to understand the type of data items and processes that were involved and provided coaching and advice on the local data context. They also discussed data that was available from before the introduction of the local pathfinder pilot and data from previous years of pilot activity where this was appropriate. The stand-alone report for this phase can be found in Annex A.
2. **Developing the national consensus.** This also had two parts.
  - a) Prof. David Pontin reviewed and updated the UPC Pathfinder Programme original literature review on the concept of urgent primary care carried out by Michael

Wilson. Prof. Pontin carried out an international literature narrative review seeking evidence of definition development for UPC and Urgent Care Centres. This is presented as a separate report, see Annex B. The remaining narrative on the challenges or providing urgent and emergency care, new UPC pathfinder for Wales-UPCCs and Models of Care produced by Michael Wilson in 2020 can be found in Appendix 3-5 of Annex B. Whilst a new table outlining evidence for international models can be found in appendix 6.

- b) Prof. Carolyn Wallace used an online consensus method (Group Concept Mapping - GCM) <sup>11</sup> using Group Wisdom™ software with NHS staff and key stakeholders (e.g. Welsh Government) to identify the data items to be included in the National Evaluation Framework. The stand-alone GCM report can be found in Annex C. In addition, a 'Once for Wales Patient Satisfaction Questionnaire' was developed and agreed by UPCC staff. It was reviewed by patient representatives and considerations were given as to its usability by varying patient groups e.g. sensory loss. The Questionnaire is to be included in the National Evaluation Framework, data item 11 (Appendix 1).

Following discussions with the UPC Pathfinder Programme groups, the two-phase outputs were mapped to understand how the local and national findings were interrelated to form the All-Wales UPC Pathfinder Evaluation Framework.

During the project we also consulted with experts such as Prof. Ceri Phillips (Swansea University) on some previous work, 'NHS Direct Wales Evaluation' (2006)<sup>12</sup>, where the evaluation team conducted a survey to understand the measurement of appropriateness of care and necessities of contacts with services following the call. The patient experience survey included 38 questions about the examination, tests, treatments, recommendations, and referrals made.

### **The All-Wales UPC Pathfinder Evaluation Framework**

The Framework has been developed to enable both qualitative and quantitative assessments to be made. This will allow services to plot their own progress overtime and compare their findings and learning with other services across Wales. It consists of:

1. The UPC Development Matrix (Annex A).

2. A dataset of 47 items with 6 core data items including a 'Once for Wales Patient Satisfaction Questionnaire' reported in this document.
3. A once for Wales Patient Satisfaction Questionnaire.

### The UPC Development Matrix

Our aspiration in developing a matrix was to produce a tool that clinicians, managers, commissioners, and other key stakeholders would find helpful. It was designed to describe what is happening with 'face validity' for the key stakeholders and ultimately to enable teams to discuss amongst and for themselves how they perceive their current circumstances and agree on the next steps to be taken. It was likely that there would be different priorities for each locality and for each health board, so the study team went through a series of preliminary stages before arriving at the matrix as described in this document.

We read the documentation given to us ahead of initial meetings with the programme managers, and had follow-on conversations with project managers, clinician leads or both from six of the health board teams. The conversations were informed by other projects that we have worked on and our understanding of how the NHS has always differed from one part of Wales to another. The history and context of each project fitted neatly with this experience. We began to see how the activities and plans in each locality/cluster/health board fitted with the materials provided and what we understood to be the anticipated outcomes together with what was expected of us in producing the matrix.

The preliminary interviews programme managers and clinical leads informed the matrix development. It became clear that the Development Matrix should include a number of domains. Each domain would have a particular focus for the commissioners and stakeholders, for health boards, for cluster leads, for clinicians in primary care and for patients. We recognised that measures like the numbers of patients seen, investigations carried out, and interventions performed within each health board do not tell the whole story about the transformative opportunities provided by the new resources made available in this initiative. The quantitative measures for the core dataset needed to be complemented by a more qualitative form of impact assessment. The study team developed the matrix to address this gap. Annex A also includes an overview of matrix responses.

## A Nationally Identified Dataset of 47 Items

The format and content for the dataset has been collectively agreed across Wales as important and identified by all services as easy to collect. Table 1 identifies the data item number, its description, GCM cluster identity and data item ranking. Many of these data items are measurable pieces of information (quantitatively measured) as opposed to requiring softer descriptive or qualitative measures, for example data item no.73 *'How adverse outcomes reported'*.

All 105 data items identified in the GCM study were organised into clusters i.e. service delivery, clinical governance, service activity, patient/staff experience, referrals and contact, whole system. Not all clusters are represented in the nationally agreed list of 47 data items because some clusters are easier to collect than others or are perceived as more important than others. Interestingly, most of the whole system data items are in the blue zone i.e. not important and not easy to collect. This may reflect the level of service maturity or a need for *'a better understanding by professionals of the role of the whole primary and community care team'*<sup>13</sup>. It may be that over time and with support, the perception of some of these data items will change, and they will be considered more important in measuring wider system impact. This would be in line with evolving requirements of documents such as *'A Healthier Wales Action Review'*<sup>13</sup> and *Health and Social Care in Wales-COVID-19: Looking forward*<sup>14</sup> in ensuring *'that relevant measures are developed to capture the outcomes that matter to patients'*.

No.	Data item/Statements	Mean rating	Ranking	Cluster
89	Total contacts	4.64375	1	Service Delivery
102	Number of referrals received per day	4.4875	2	Service Delivery
91	Total contacts face to face	4.4875	3	Service Delivery
78	Number of clinical incidents	4.47915	4	Clinical Governance
60	Number of people triaged within 8 hours	4.4229	5	Service Activity
98	Number of referrals from specific GP Practices to look at trends/cluster use of UPCC	4.3646	6	Service Delivery
99	Number of referrals from GP Practices	4.3604	7	Service Delivery
61	% of people assessed within 8 hours	4.32915	8	Service Activity
59	% of people triaged within 8 hours	4.325	9	Service Activity
62	Number of people assessed within 8 hours	4.2979	10	Service Activity

No.	Data item/Statements	Mean rating	Ranking	Cluster
90	Total contacts telephone advice	4.25445	11	Service Delivery
85	Number of booked appointments by practice/OOH	4.24555	12	Service Delivery
47	Governance frameworks - number of complaints	4.2229	13	Clinical Governance
100	Number of referrals from ED	4.1646	14	Service Delivery
97	Number of referrals overlooked by UPCC (i.e. missed and not dealt with)	4.1146	15	Patient/Staff Experience
86	Patient demographic data	4.1027	16	Service Delivery
53	How many of each of the conditions on attached template seen each month	4.1021	17	Service Delivery
87	Identifying presenting need	4.06695	18	Service Activity
68	Number of patients reviewed by clinician (GP, ANP/AHP)	4.0646	19	Service Delivery
71	Clinician who did the intervention (GP, ANP/AHP)	4.04165	20	Service Delivery
103	Who made referral to UPCC	4.0375	21	Service Delivery
105	Type of referral to UPCC	4.03335	22	Service Delivery
88	Patient reason for contact	4.0229	23	Service Delivery
48	Governance frameworks - types of complaints	4.02915	24	Clinical Governance
54	How many of each of the conditions on attached template seen each week	4.01785	25	Service Delivery
8	Numbers of patients requesting contact at weekends	3.9646	26	Service Delivery
11	Patient experience of UPCC via nationally agreed questionnaire	3.95	27	Patient/Staff Experience
84	Time between making the appointment and consultation	3.9	28	Service Activity
96	Number of referrals returned due to UPCC at full capacity	3.9271	29	Referrals & contact
55	% of onward referrals e.g. ED, Practice Nurse, own GP, DN, AHP, X-ray, Diagnostics	3.89585	30	Referrals & contact
63	Number of serious events e.g. unexpected death within X period	3.88335	31	Clinical Governance
56	Type of onward referrals e.g. ED, Practice Nurse, own GP, DN, AHP, X-ray, Diagnostics	3.8646	32	Referrals & contact
45	Governance frameworks - number of compliments	3.84165	33	Clinical Governance
75	Number of adverse outcomes	3.81875	34	Clinical Governance
104	Time of referral to UPCC	3.81665	35	Service Delivery
95	Number of inappropriate referrals returned	3.8021	36	Referrals & contact
76	How clinical incidents are reported	3.7991	37	Clinical Governance
77	How clinical incidents are captured	3.7232	38	Clinical Governance
72	The impact of the UPCC on the ED/MIU in reducing the numbers self presenting	3.72085	39	whole system
70	Professional who responded to contact	3.67915	40	Service Delivery
67	Time of intervention by the different clinician (GP, ANP/AHP)	3.66875	41	Service Delivery
73	How adverse outcomes reported	3.6125	42	Clinical Governance
9	Type of advice given	3.53335	43	Service Activity
69	Service that responded to contact	3.45535	44	Referrals & contact
93	Referral uptake i.e. referrals received minus those rejected as % of available clinical capacity	3.37915	45	Service Activity

No.	Data item/Statements	Mean rating	Ranking	Cluster
94	Reason for inappropriate referral returned	3.3771	46	Referrals & contact
74	How adverse outcomes are captured	3.3269	47	Clinical Governance

**Table 1: The 47 nationally agreed data items which are most important and easy to collect.**

Table 2 provides data items (n=16) which were identified as important but not easy to collect, most of which are found in the patient/staff experience cluster (n=9). The remainder are found in the referral and contact cluster (n=3) and whole system (n=4). For some of the data items further discussion and agreement is required to identify what specifically needs to be collected and how they can be easily collected, for example no. 43 'outcomes for the patients'. Several of the data items enquire after clinician experience (no.12), workforce experience (no.49, No.50) and other service/partner satisfaction (no.10). It may be that alternative questionnaire(s) could be agreed across Wales to gather this important information.

No.	Data item/Statements	Ranking	Cluster
43	Outcomes for the patients	48	Whole system
12	Clinician (GP, ANP/AHP) experience of UPCC	49	Patient/Staff Experience
14	Practice experience of UPCC - what have they been able to do instead (qualitative data)	50	Patient/Staff Experience
49	Workforce experience of expanding knowledge through working at centre	51	Patient/Staff Experience
13	Practice reasons for not using the UPCC	52	Patient/Staff Experience
57	% of referred patients to crisis response assessed within 2 hours (std 100%)	53	Whole system
10	Other service/partners satisfaction with UPCC service (OOH, MIU, ED)	54	Patient/Staff Experience
64	Number of ANP/AHP referrals to other services that required GP sign off before they could be actioned	55	Referrals and contact
65	Number of delays in accessing diagnostics	56	Referrals and contact
50	Workforce experience of expanding skills through working at centre	57	Patient/Staff Experience
79	Is there a gap in services meeting patient needs?	58	Patient/Staff Experience
51	Skills used by different types of professionals	59	Patient/Staff Experience
44	Links with other departments across the HB	60	Patient/Staff Experience
29	Admission rate post discharge	61	Whole system

No.	Data item/Statements	Ranking	Cluster
81	Measurement of access for individuals with a disability e.g. hearing impairment	62	Referrals and contact
28	Sustainable community services available	63	Whole system

**Table 2: The 16 most important data items/statements which are not considered easy to collect.**

We also considered the top 20 data items from Table 1 to understand which data items each UHB found most important and easy to collect. Although there has been a collective agreement on the data items included in the list in Table 1, some UHBs will differ in their opinion as to how important each of the data items are for their needs and may find the exercise of capturing the data items easier than others. There are some similarities between some UHBs, for example no.102 'Number of referrals received per day' is ranked as no.2 and is identified by five out of the six UHBs as very important and easy to collect. However, for CVUHB this was considered of low importance but easy to collect.

Therefore we built individual health board 'go-zone' reports (Annex C) to understand which of the 47 data items (most important and easy to collect) found in Table 1 were individually identified by health boards as their most important and easy to collect. The common data items across all health boards form the national core dataset. These six items are presented in Table 3. Again, most of these data items are found in the service delivery cluster with only 1 from clinical governance and 1 from patient/staff experience.

No.	Data item/Statements	Mean Rating	Ranking	Cluster
89	Total contacts	4.64375	1	Service Delivery
91	Total contacts face to face	4.4875	3	Service Delivery
47	Governance frameworks - number of complaints	4.2229	13	Clinical Governance
68	Number of patients reviewed by clinician (GP, ANP/AHP)	4.0646	19	Service Delivery
103	Who made referral to UPCC	4.0375	21	Service Delivery
11	Patient experience of UPCC via nationally agreed questionnaire	3.95	27	Patient/Staff Experience

**Table 3: National core dataset.**

## Mapping the Development Matrix with the 47 data items

We mapped the development matrix domains with the 47 data items/statements to show how the qualitative and quantitative data could inform local reporting. The 6 national core data items are marked in red. Some items are mapped more than others and local evaluators should consider local relevance when reporting.

Development Matrix domain	No.	Data item/Statements
To an extent this forms part of System-wide issues (3.7 and 3.8)	102	Number of referrals received per day
<b>Service Delivery (1.2)</b>	<b>91</b>	<b>Total contacts face to face</b>
<b>To an extent this forms part of System-wide issues (3.7 and 3.8)</b>	<b>89</b>	<b>Total contacts</b>
System-wide issues (3.2)	78	Number of clinical incidents
Service Delivery (1.3)	60	Number of people triaged within 8 hours
To an extent this forms part of System-wide issues (3.7 and 3.8)	98	Number of referrals from specific GP Practices to look at trends/cluster use of UPCC
To an extent this forms part of System-wide issues (3.7 and 3.8)	99	Number of referrals from GP Practices
To an extent this forms part of System-wide issues (3.7 and 3.8)	61	% of people assessed within 8 hours
Service Delivery (1.3)	59	% of people triaged within 8 hours
To an extent this forms part of System-wide issues (3.7 and 3.8)	62	Number of people assessed within 8 hours
Service Delivery (1.2)	90	Total contacts telephone advice
To an extent this forms part of System-wide issues (3.7 and 3.8)	85	Number of booked appointments by practice/OOH
<b>System-wide issues (3.3)</b>	<b>47</b>	<b>Governance frameworks - number of complaints</b>
To an extent this forms part of System-wide issues (3.7 and 3.8)	100	Number of referrals from ED
To an extent this forms part of System-wide issues (3.7 and 3.8)	97	Number of referrals overlooked by UPCC (i.e. missed and not dealt with)

Development Matrix domain	No.	Data item/Statements
Not a component within the matrix to any meaningful extent	86	Patient demographic data
To an extent this forms part of System-wide issues (3.7 and 3.8)	53	How many of each of the conditions on attached template seen each month
To an extent this forms part of Service Delivery (1.3)	87	Identifying presenting need
Staff (2.1-2.5), and to an extent this forms part of System-wide issues (3.7 and 3.8)	68	Number of patients reviewed by clinician (GP, ANP/AHP)
Staff (2.1-2.5)	71	Clinician who did the intervention (GP, ANP/AHP)
<b>To an extent this forms part of Service Delivery (1.1-1.3)</b>	<b>103</b>	<b>Who made referral to UPCC</b>
To an extent this forms part of Service Delivery (1.1-1.3)	105	Type of referral to UPCC
To an extent this forms part of Service Delivery (1.1-1.3)	88	Patient reason for contact
System-wide issues (3.2 and 3.3)	48	Governance frameworks - types of complaints
	54	How many of each of the conditions on attached template seen each week
To an extent this forms part of System-wide issues (3.7 and 3.8)	8	Numbers of patients requesting contact at weekends
<b>System-wide issues (3.7, and to an extent 3.4)</b>	<b>11</b>	<b>Patient experience of UPCC via nationally agreed questionnaire</b>
To an extent this forms part of System-wide issues (3.5)	84	Time between making the appointment and consultation
To an extent this forms part of System-wide issues (3.7 and 3.8)	96	Number of referrals returned due to UPCC at full capacity
To an extent this forms part of System-wide issues (3.7 and 3.8) but also is implied in Staff (2.1.-2.5) where onward referrals are mentioned	55	% of onward referrals e.g. ED, Practice Nurse, own GP, DN, AHP, X-ray, Diagnostics
System-wide issues (3.2 and 3.3)	63	Number of serious events e.g. unexpected death within X period
To an extent this forms part of System-wide issues (3.7 and 3.8) but also is implied in Staff (2.1.-2.5) where onward referrals are mentioned	56	Type of onward referrals e.g., ED, Practice Nurse, own GP, DN, AHP, X-ray, Diagnostics

Development Matrix domain	No.	Data item/Statements
System-wide issues (3.2 and 3.3)	45	Governance frameworks - number of compliments
System-wide issues (3.2 and 3.3)	75	Number of adverse outcomes
To an extent this forms part of Service Delivery (1.3)	104	Time of referral to UPCC
To an extent this forms part of System-wide issues (3.7 and 3.8)	95	Number of inappropriate referrals returned
System-wide issues (3.2 and 3.3)	76	How clinical incidents are reported
	77	How clinical incidents are captured
System-wide issues (3.7 and 3.8)	72	The impact of the UPCC on the ED/MIU in reducing the numbers self-presenting
Service Delivery (1.1-1.3) and Staff (2.1-2.5)	70	Professional who responded to contact
To an extent this forms part of Service Delivery (1.3)	67	Time of intervention by the different clinician (GP, ANP/AHP)
System-wide issues (3.3)	73	How adverse outcomes reported
To an extent this forms part of Staff (2.1-2.5)	9	Type of advice given
To an extent this forms part of Staff (2.1-2.5)	69	Service that responded to contact
To an extent this forms part of System-wide issues (3.7 and 3.8)	93	Referral uptake i.e. referrals received minus those rejected as % of available clinical capacity
	94	Reason for inappropriate referral returned
System-wide issues (3.3)	74	How adverse outcomes are captured

**Table 4:** Mapping the Development Matrix to the 47 data items/statements.

## Once for Wales Patient Satisfaction Questionnaire

The questionnaire is based on ‘Your NHS Wales Experience’<sup>15</sup> and captures a patient’s perception of their Urgent Primary Care Centre (UPCC) experience. There are 9 questions addressing three broad areas, the patient’s first impression of the consultation, their understanding and involvement in the consultation, and their overall experience. The standard equality monitoring questions from the original ‘Your NHS Wales Experience’<sup>15</sup> document are also included. The wording and order of the questions were agreed after extensive consultation with UPCC staff and patient representatives.

## Conclusion and Recommendations

This project reports on the use of participant action research with pilot sites for new ways of working in primary care addressing the need for UPC delivered via UPCCs. The project demonstrates how this way of working can be used to rapidly develop a consensus for a National Evaluation Framework that will produce contextually sensitive and nuanced outcome data to evaluate the wider roll-out of the initiative throughout Wales. Despite the government restrictions on the ability to have 1-1 meetings with participants due to the COVID-19 pandemic, the use of on-line synchronous and asynchronous data collection software proved fruitful and allowed members from all of the pilot sites to participate.

Following the reporting on previous Welsh UPC Programme reports (May 2019<sup>8</sup> and Sept. 2020<sup>9</sup>), we have worked with the pilot sites and Pathfinder Group to develop the basis for common or uniform data collection, supported the development and confirmation of a common language including definition of UPC and UPCCs. We have worked with pilots to identify their different aims to meet local population needs and construct a means by which this can be honoured. We have also worked with pilots to address the issues with cross organisational working between primary care clusters using different IT platforms (Adatastra-OOH, EMIS, and Vision-GP). Finally, we have worked in partnership to produce an overarching evaluation framework that can meet local and national evaluation requirements.

We recommend that:

- 1) The UHBs review the 47-item data set and decide which ones best fit their local agenda.
- 2) The UHBs review the 16-item data set which are deemed important but not easy to collect to determine which items they wish to include in their data collection activities.
- 3) The Once for Wales Patient Questionnaire be road-tested for utility and applicability throughout Wales.
- 4) The Development Matrix becomes part of a regular 6 monthly reporting cycle as below.
- 5) There should be an alignment with the three National Evaluation Framework components (Core dataset, Development Matrix and Patient Satisfaction Questionnaire) identified in this document and the two locally developed components

i.e. the cost benefit analysis spreadsheet and the local evaluation developed by the programme managers.

- 6) Based on recommendations 1-5, that the National Evaluation Framework be used to generate data that can meet local and national evaluation requirements.
- 7) The Participatory Action Research journey is continued with two further cycles of evaluation within the next 12 months with the following activities:
  - **Cycle 3:** Month 3 - the UPCC programme managers collate the minimum core dataset, Patient Satisfaction Questionnaire and their Cost Benefit Analysis/local evaluation reports. Month 4 - they submit the reports for academic analysis. Month 5 - local appointments are scheduled for Month 6 when programme managers update their local development matrix. All findings are discussed locally with programme managers and refinements made to documents.
  - **Cycle 4:** This is a repeat of Cycle 1 process in months 9-12.
  - Alongside these cycles the academic team will build a community of learning to help identify good practice, provide coaching/mentoring, facilitate an exploration of the whole system and identify further data items for the core dataset. Additional tasks may include a professional and stakeholder satisfaction questionnaire.
  - A final report and publication to be produced in April 2022.

## References

1. Welsh Government (2018) A Healthier Wales: Long term plan for health and social care [online] <https://gov.wales/healthier-wales-long-term-plan-health-and-social-care>
2. Social Services and Well-being (Wales) Act 2014 [online] <https://www.legislation.gov.uk/anaw/2014/4/contents>
3. Well-being of Future Generations (Wales) Act 2015 [online] <https://www.legislation.gov.uk/anaw/2015/2/contents/enacted>
4. Director General Health and Social Services: Funding for Urgent Primary Care Centre Pathfinders. Letter 28<sup>th</sup> September 2020.
5. Welsh Government (24<sup>th</sup> March 2021) Written Statement: Transforming access to urgent and emergency care services in Wales [online] <https://gov.wales/written-statement-transforming-access-urgent-and-emergency-care-services-wales>
6. NHS Wales (2020-2021) Strategic Programme for Primary Care (SPPC) [online] <https://primarycareone.nhs.wales/topics1/strategic-programme/>
7. Welsh Government (2020) NHS Wales COVID-19 Operating Framework: quarter 2 2020 to 2021 [online] <https://gov.wales/nhs-wales-covid-19-operating-framework-quarter-2-2020-2021>
8. Davies, C., Esain, A., (2019) Welsh Urgent Primary Care Programme. Final Report. P44
9. Anon (2020) Primary & Community Care Winter Themes 2019/2020: 24/7 Work Stream. Urgent Primary Care Programme- Year 2. P15
10. Baum, F., MacDougall, C., Smith, D., (2006) Participatory Action Research [J Epidemiol Community Health](#). 2006 Oct; 60(10): 854–857. doi: [10.1136/jech.2004.028662](https://doi.org/10.1136/jech.2004.028662)
11. Wallace, C., Dale, F., Jones, G., O’Kane, J., Thomas, M., Williams, L., Pontin, D., (2018) 'Developing the health visitor concept of family resilience in Wales using Group Concept Mapping. *Rural and Remote Health*. <https://doi.org/10.22605/RRH4604>
12. Centre for Health Improvement Research and Evaluation (chiral) (2006) NHS Direct Wales Evaluation Final Report. University of Wales Bangor. The University of Sheffield. University of Wales Swansea.p154.
13. Welsh Government (24<sup>th</sup> March 2021) Written Statement: A Healthier Wales Action Review. [online] <https://gov.wales/written-statement-healthier-wales-action-review>
14. Welsh Government (March 2021) Health and Social Care in Wales- COVID-19: Looking forward [online] [https://gov.wales/sites/default/files/publications/2021-03/health-and-social-care-in-wales--covid-19-looking-forward\\_0.pdf](https://gov.wales/sites/default/files/publications/2021-03/health-and-social-care-in-wales--covid-19-looking-forward_0.pdf)
15. Welsh Government (2018) Your NHS Wales Experience Questionnaire. WG34394

## APPENDIX 1: Once for Wales Patient Satisfaction Questionnaire (data item 11)

Eich Profiad Canolfan Gofal Sylfaenol Brys (UPCC)/Your Urgent Primary Care Centre (UPCC) Experience

### 1. Cyflwyniad / Introduction

The consultation you have received today has been provided via a new Urgent Primary Care Centre funded by Welsh Government to look at ways we can ensure you get the right type of support at the right time to meet your needs. The service aims to give quicker access to appointments for the kind of conditions that you have been referred for today. In some cases you will have received your consultation by phone/video instead of face to face.

So that we can get a better understanding of the care you received, we would be grateful if you could spend a couple of minutes to complete this short survey.

The questions are based on the things that people have said matter most. Please help us by giving your honest opinion.

The questions mostly have 4 options, and you are asked to, tick the answer that you believe best describes how you feel about your experience of the UPCC service. Some of the questions have 'not applicable'. Please tick this if the question is not relevant to your experience.

We do not need to know your personal details but have asked some general questions at the end about who you are. This is so we can make sure we are asking all groups of people about their experience.

If there is anything we have not asked you, please use the space at the end of this survey to tell us. If you would like to discuss this survey or ask any questions about it please contact: xxxxxxxx

The survey is voluntary, anonymous and confidential. Please do not give any personal information, for example names and other personal data, in the free text answers.

The survey will be open until xxxxxx and you will be able to contact xxxxxx for a copy of the report.

### 2. Gan feddwl am eich argraffiadau cyntaf cyffredinol yr ymgynghoriad a gawsoch: / Thinking about your overall first impressions of the consultation you received :

1. A oeddech chi'n gallu siarad yn Gymraeg, os mai hon yw eich hoff iaith? / Were you able to speak in Welsh, if this is your preferred language? /

- Gan Amlaf / Mostly
- Ar adegau / Partly
- Ar unrhyw adeg / Never
- Ddim yn berthnasol / Not applicable
- Bob amser / Always

**2. Pan dderbynioch eich ymgynghoriad heddiw, a oeddech chi'n ymwybodol iddo gael ei ddarparu gan y Ganolfan Gofal Sylfaenol Brys newydd? / When you received your consultation today, were you aware that it was provided by the new Urgent Primary Care Centre?**

- Do / Yes
- Na / No
- Dydw i ddim yn gwybod / I don't know

**3. Oeddech chi'n teimlo bod rhywun wedi gwrandao arnoch chi? / Did you feel that you were listened to?**

- Bob amser / Always
- Gan amlaf / Mostly
- Ar adegau / Partly
- Ar unrhyw / Never

**4. Pa mor fodlon oeddech chi â'r amser a gymerodd i ni gysylltu â ni / gweld ni? / How satisfied were you with the time it took to be contacted / seen by us?**

- Anfodlon / Dissatisfied
- Dim barn / Neutral

Fodlon / Satisfied

Fodlon iawn / Very Satisfied

### **3. Meddwl am eich dealltwriaeth a'ch cyfranogiad yn eich ymgynghoriad: / Thinking about your understanding and involvement in your consultation : /**

**5. Oeddech chi'n teimlo eich bod chi'n deall beth oedd yn digwydd yn eich ymgynghoriad heddiw? / Did you feel you understood what was occurring in your consultation today?**

Bob amser / Always

Gan amlaf / Mostly

Ar adegau / Partly

Ar unrhyw / Never

**6. A eglurwyd pethau i chi mewn ffordd y gallech ei deall? / Were things explained to you in a way that you could understand?**

Bob amser / Always

Gan amlaf / Mostly

Ar adegau / Partly

Ar unrhyw / Never

**7. Oeddech chi wedi cymryd rhan gymaint ag yr oeddech chi eisiau bod mewn penderfyniadau amdanoch chi? / Were you involved as much as you wanted to be in decisions about you?**

Bob amser / Always

Gan amlaf / Mostly

Ar adegau / Partly

Ar unrhyw / Never

#### 4. Eich ymateb cyffredinol / Your overall response

Darparwyd yr ymgynghoriad a gawsoch heddiw gan Wasanaeth Canolfan Gofal Sylfaenol Brys (UPCC) newydd. / The consultation you received today was provided by a new Urgent Primary Care Centre (UPCC) Service

**8. Gan ddefnyddio graddfa 0 - 10, lle mae 0 yn ddrwg iawn a 10 yn rhagorol, sut fydddech chi'n graddio'ch profiad cyffredinol? / Using a scale of 0 - 10, where 0 is very bad and 10 is excellent, how would you rate your overall experience?**

0

1

2

3

4

5

6

7

8

9

10

#### 5. Meddwl am eich ymatebion / Thinking about your responses

**9. A oes unrhyw beth arall yr hoffech wneud sylwadau ar am eich profiad? / Is there anything else you would like to comment on about your experience?**

## 6. Ffurflen Monitro Cydraddoldebau / Equalities Monitoring Form

**10. Oedran / Age** Nodwch eich oedran drwy roi tic yn y blwch priodol: Please indicate your age by ticking the appropriate box:

- 0 – 15 oed / 0 -15 Years
- 16 - 24 oed /16 – 24 years
- 25 - 34 oed /25 – 34 years
- 35 - 44 oed /35 – 44 years
- 45 - 54 oed /45 – 54 years
- 55/ 64 Oed /55 – 64 years
- 65 - 74 oed /65 – 74 years
- 75 ac throsodd /75 and above

**11. Rhyw / Sex:**

- Gwryw / Male
- Benyw / Female
- Gwell gennyf beidio â dweud / Prefer Not To Say
- Arall / Other

**12. Beth yw eich grwp ethnig? Dewisiwch un opsiwn sydd yn disgrifio eich grwp a chefnidir ethnig orau / What is your ethnic group? Choose one option that best describes your ethnic group or background.**

**White**

- White
- British
- English
- Northern Irish
- Scottish
- Welsh
- Irish
- Gypsy or Irish
- Traveller
- Other

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

**Mixed/ Mixed British**

- White and Black Caribbean
- White and black African
- White and Asian
- Any other mixed background

**Black or Black British**

- Caribbean
- African
- Any other black background

**Other Ethnic Group**

- Arab
- Any other Ethnic Group
- Prefer not to say

**13. Cyfeiriadedd Rhywiol / Sexual Orientation: Pa un o'r opsiynau canlynol sy'n disgrifio orau'r ffordd rydych yn meddwl amdanoch chi eich hun? Which of the following options best describes how you think of yourself?**

- Heterorywiol / Strêt / Heterosexual/Straight
- Dyn Hoyw / Gay Man
- Merch Hoyw / Lesbiad / Gay Woman/Lesbian
- Deurywiol / Bisexual
- Gwell gennyf beidio â dweud / Gwell gennyf beidio â dweud
- Arall (nodwch os dymunwch) /Other (please specify):

**14. Crefydd neu Gred: Beth yw eich crefydd? Religion or Belief: What is your religion?**

- Cristion (pob enwad) / Christian (all denominations)
- Dim crefydd / No religion
- Bwdhydd / Buddhist
- Mwslim / Muslim

- Iddew / Jewish
- Hindŵ / Hindu
- Sikh / Sikh
- Gwell gennyf beidio â dweud / Prefer not to say
- Arall (Nodwch) /Other (please specify):

**15. Statws Priodasol / Marital Status: Ydych chi'n briod neu mewn partneriaeth sifil o'r un rhyw? Are you married or in a same-sex civil partnership?**

- Ydw / Yes
- Nac Ydw /No
- Gwell gennyf beidio â dweud /Prefer not to say

**16. Anabledd / Disabled: Mae Adran 6(1) o Ddeddf Cydraddoldeb 2010 yn datgan bod anabledd gan unigolyn os: (a) Oes gan yr unigolyn hwnnw nam corfforol neu feddyliol, a (b) Bod gan y nam effaith andwyol sylweddol a hirdymor ar allu'r unigolyn hwnnw i gyflawni gweithgareddau arferol o ddydd i ddydd. Gan ddefnyddio'r diffiniad hwn, a ydych chi'n ystyried eich hun yn anabl? Section 6(1) of the Equality Act 2010 states that a person has a disability if: (a) That person has a physical or mental impairment, and (b) The impairment has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. Using this definition do you consider yourself to be disabled?**

- Ydw / Yes
- Nac Ydw / No
- Gwell gennyf beidio â dweud /Prefer not to say

**17. Hunaniaeth o ran rhywedd / Gender Identity: A yw eich hunaniaeth rhywedd wedi newid o'r hyn a nodwyd ar eich genedigaeth? Has your gender identity changed from that assigned at birth?**

- Ydw / Yes

Nac Ydw / No

Gwell gennyf beidio â dweud /Prefer not to say

**18. Cyfrifoldebau Gofalu / Caring Responsibilities: Ydych chi'n gofalu am rywun neu'n darparu cymorth neu gefnogaeth i aelodau'r teulu, ffrindiau, cymdogion neu eraill oherwydd / Do you look after or give help or support to family members, friends, neighbours or others because of either: • Cyflwr iechyd / anabledd corfforol neu feddyliol hirdymor; neu / Long term physical or mental ill-health/disability; or • Problemau yn ymwneud â henaint / Problems related to old age**

Ydw / Yes

Nac Ydw / No

Gwell gennyf beidio â dweud /Prefer not to Say

**19. Nod BCUHB yw hyrwyddo cydraddoldeb ym mhopeth a wnawn, rhowch wybod i ni isod os oes gennych unrhyw sylwadau (cadarnhaol neu negyddol) mewn perthynas â'ch nodweddion gwarchoddedig (megis materion yn ymwneud ag oedran, anabledd, hil, beichiogrwydd, crefydd, priodas / partneriaeth sifil, rhyw, cyfeiriadedd rhywiol ac ailbennu rhywedd). BCUHB aims to promote equality in everything we do, please let us know below if you have any comments (positive or negative) in relation to your protected characteristics (such as issues relating to age, disability, race, pregnancy, religion, marriage/civil partnership, gender, sexual orientation and gender reassignment).**