Hyde Community Action

Evaluation Report

ESOL: Online Access to Health Records

2015 - 2016

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Introduction

Tameside ranked 41st most deprived district in England out of 326 (IMD 2015). All Hyde Community Action's (HCA) proposed delivery locations are in LSOAs, which fall within the bottom 10% for multiple deprivation (IMD 2015): Tameside 028E, 013E, 013A and 007A. HCA's base location (028E) features "one of the lowest rates of residents born in the UK" (Tameside Integrated Needs Assessment, September 2013). More than 50% of the population is of Bengali heritage.

Evidence from HCA random survey of 114 women (Hyde Market Square 4/2/15) found that among South Asian respondents there was a 100% demand for ESOL classes and 67% for computing classes. Throughout the work HCA have conducted from funded work with Pennine Care, we identified difficulties to access local GP's services, in particular, from women in the Bangladeshi community.

Tameside & Glossop CCG, Tameside Council, Care Together, Greater Manchester Devolution[1], the wider NHS[2] and the Secretary State for Health[3] are all committed to enabling patients to access their electronic health records (which includes booking appointments, ordering prescriptions, sending secure messages, checking demographics data, summary information, actual consultations, test results (including seeing trends) and viewing letters.

Haughton Thornley Medical Centres (HTMC) has been championing patients accessing their electronic health records for over 10 years starting in 2005. The practice has around 11,800 patients registered and around 1500 Bengali patients. Currently 46% of the patients at the practice have signed up for access to their records[4]. Patients need to be able to use a computer, access the internet and have an email address. They also need to be able to understand English because the explicit consent process[5] requires the patient to answer a questionnaire, either online or on paper. This demonstrates their understanding of the issues e.g. what it means to access the records, how to deal with information that may be upsetting or shocking, what if they see information that has come from a third party, whether they would like to feedback what they think of the service and whether they have any further questions about it. HTMC's feel this is an essential part of delivering a safe service based around quality. This requires active engagement of the patient and not just be a passive recipient of care. The practice is actively

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[1] *http://www.gmhealthandsocialcaredevo.org.uk/news/five-year-vision-for-better-health-and-social-care-in-greater-manchester)*

[2] *https://www.england.nhs.uk/ourwork/pe/patient-online/)*

[3] https://www.gov.uk/government/news/health-secretary-outlines-vision-for-use-of-technology-across-nhs

[4] http://www.htmc.co.uk/pages/pv.asp?p=htmc0328

[5] http://www.htmc.co.uk/GetAccessNow/

encouraging all patients to sign up for online services to deliver better healthcare for all.

The practice is also keen to ensure no groups of people are disadvantaged and that there is equity of access to services. Many of the older Bangladeshi patients have poor English communication skills. A Bengali speaking volunteer and member of Haughton Thornley Patient Participation Group (PPG) made herself available for 1 hour a week for patients to come and learn from her if they did not know how to access their records. However, take-up for her service was poor and often no patients came. The PPG then approached Hyde Community Action (HCA) to ask for support to help patients in the surgery access online health records. HCA explored collaboration to support the patients, in particular women from the local Bangladeshi community, to reduce barriers to access online tools and services that impact on their own health and wellbeing including access to online health records and gaining an understanding.

The purpose of this report is to demonstrate the impact of partnership working to the local community using an Asset Based Community Development approach, linking local individuals, community groups and statutory service providers.

This report highlights the stages and process the project has taken and looks at the contribution and outcomes on all stakeholders involved.

In order to get an accurate understanding we held one to one interviews with volunteers involved and conducted bi-lingual group evaluation to gather feedback from participants of the training course.

Executive Summary

HCA have been working collaboratively with various partners to deliver on community health development, working flexibly and creatively to benefit funders and the local community. This report highlights how asset based community development can work in communities facing multiple barriers to accessing mainstream services as a whole and how partnership working can contribute positively to community initiatives.

By the end of the report it will identify the stages and methods, which we worked, together in order to reach our desired outcome for each partner involved and that of our volunteers and service users, giving a positive framework of working with marginalised communities and individuals furthest removed from the labour market.

Background

Hyde Community Action exists to challenge inequalities in health and well-being and to help people to develop their potential and support each other. We do this partly by delivering our own services and partly through partnership with others.

We are based in the heart of a mixed English-Bangladeshi community, where many young women from rural Sylhet with little English or formal education often arrive because of an arranged marriage.

We started life in 2003 as the Asian Healthy Living Project - a partnership project funded by the New Opportunities Fund and led by Tameside & Glossop Primary Care Trust. We set out to address health inequalities in the local community, establishing a Healthy Living Centre along the way.

After the Project transformed into an independent charity (HCA) in 2007, the work continued to develop in the form of a Community Health Development Programme funded by an NHS service contract from April 2008. This contract is currently with Pennine Care NHS Foundation Trust.

With statutory organisations facing further significant cuts to budgets, and the voluntary sector increasingly finding it difficult to access funding there has been a highlighted focus on national Asset Based Community Development work. This meant we had to re-focus on sustainability and investment in the local communities.

Project Aims

Project aims agreed in advance between both lead partners, Hyde Community Action and the PPG.

1. Educate and raise awareness of access to online health records amongst local Bangladeshi community in Hyde
2. Educate and raise awareness of services provided by local pharmacies, community groups and GP practices.
3. Support with English speaking and IT literacy skills to access health records
4. Help patients to understand their healthcare needs and what is available to support them at the practice and services available at their local pharmacies, therefore, enhancing this relationship (Health literacy).

Review of Activities

July 2015

Telephone and email communication conducted with PPG and HCA. The conversation highlighted that the volunteer currently trying to support with online access to health records at the practice was bi-lingual and an ESOL tutor (English for Speakers of Other Languages) at Tameside College.

August 2015

HCA worked with PPG bi-lingual volunteer, to plan and organise a community based ESOL class focusing on increasing language skills, confidence in using IT equipment and sign up to online health records. HCA's experience showed that one of the main services the local Bangladeshi women form the community find difficult to access and communicate with was their GP surgeries. From this, we tailored the session plans and scheme of work

around the support that GP surgeries offered and other services that are available to them.

HCA jointly produced publicity and conducted door-to-door outreach as well as carrying out school outreach to promote the course, inviting people to a registration day in September. HTMC actively publicised to their clients. The volunteer liaised with HTMC and the PPG to book a room for the course.

September 2015

The PPG volunteer registered with our HCA volunteer programme. HCA held regular volunteer support meetings to help design the 6-week session plan and course materials and ensured all resources were ready for use.

Registration Day: the course was fully booked and we added further people to our waiting list. Fifteen Bangladeshi women from the local community registered onto the course to start in October 2015.

HCA completed risk assessments with the Volunteer for the indoor sessions and the outreach session to a local pharmacy and Hyde Library.

October - November 2015

Training sessions started at HTMC weekly for 6 weeks, 2.5hours per session. The Volunteer conducted outreach session.

November 2015

Certificate presented for completing the course. HCA delivered a short presentation on other training and development opportunities and signed up to volunteering, computer classes and further ESOL. HCA also carried out an end of course evaluation with the Volunteer and participants.

Review & Evaluation 2016

Review meeting held with HTMC, PPG, HCA and invited Equality and Diversity manager for NHS Tameside and Glossop Clinical Commissioning Group (CCG) in March 2016. We discussed further plans to share outcomes and circulate pilot project to the Integrated Care Organisation meetings, CCG, PPG locality meetings and other partners. We identified more opportunities for HCA and HTMC PPG to collaborate in the future through regular slots at the PPG meetings. Communications with HCA and NHS Workforce Development identified opportunity to nominate pilot project for an award as part of the Health Education England, Adult Learners week 2016.

Future Plans

HCA to design follow-up questions for women who participated to assess the long-term impact on their overall health and wellbeing and evaluate. HCA to update and complete evaluation report. HCA to identify potential funding opportunity to develop the pilot project.

Cost of Project.

As a result of the collaboration, each stakeholder provided resources in kind to support this pilot. In order for future development of the pilot, there would need to be some investment to the cost of running the programme. Below is a table estimating the social return on investment for this project:

Item	Cost
Room Hire (Training and meetings: Based on £10p/hr rate)	£250
Staffing (Co-ordinating project, report, supporting volunteer: 40hrs @ £13p/hr)	£520
Staffing (Admin to monitor and gather data: 8hrs @ £9.32p/hr)	£75
Overheads (contribution)	£1,000
Printing, stationery (est.)	£80
Volunteer Hours: Meetings, Planning & Delivery: (SRI: 50hrs @ £11p/hr)	£550
	£2,475

Review of the Results

As a result of our efforts, we have successfully:

- Used collaborative Asset Based Development Approach
- 15 ladies recruited, 13 retained on the course
- 9 women signed up with a local pharmacy
- 3 women signed up with Hyde Library.
- 9 women signed up for online access to health records although not all were patients of HTMC.
- By the end of the course, 100% of the women reported increased confidence, knowledge, awareness of online access to health records, healthy eating, exercise, pharmacy and other local services. They have shared the information with their family and friends.
- The women that attended represented patients from all four local GP practice in Hyde.
- Over 67% of the women told us that without the help from this project they would not have been able to register with the local services, understand the services and confidently access them.
- Six months on, after the end of the pilot, over 92% of the women reported increased confidence in their ability to speak everyday English language as well as making their own appointments at their GP practice.
- One woman reported that she is now confident to attend her child's parents evening meetings, whereas before, this is something she would not do.
- HCA have established base to build stronger relationship with local GP practice
- The Volunteer tutor now actively volunteers at HCA on other projects and accesses services available and is supporting other members of the community to access these services.
- The Volunteer reported increased confidence in working in her local community as it is very different to delivering training in a statutory organisation. The Volunteer has reported feeling more valued and a part of the community she lives in. The Volunteer would now like to

look at delivering further training in the community with the support and direction of HCA.

Over 40 hours of volunteer time was spent on this project from start to finish. This includes time spent on planning meetings, volunteer induction, outreach and publicity, creating resources, delivering sessions and contributing towards end evaluations.

The women that participated had varying levels of English language skills; however, the Volunteer facilitated the sessions, matched competent women with those who struggled.

Overall, the impact of this piece of work has been highly positive and welcomed by women from the local Bangladeshi community, HTMC and HCA. With each of the partners contributing towards this project by offering in kind support such as free use of the room (as this was a PPG sponsored event), IT equipment, resources, expertise, time, skills and knowledge, this pilot would not have been able to achieve its objectives.

Review of the Process: Organisational Learning

This is the first project piloted with HTMC, the PPG and HCA.

HCA have always thrived in its community led approach and have had previous experience of successful delivery of projects. This made it an ideal partner for HTMC and the PPG to engage with this work.

In an asset-based model of working it is essential to support and work according to the needs and availability of the volunteer, as they play a huge part in this process. This project has now identified a key asset in the local community with skills and expertise to share and help others, especially those furthest removed from the labour market.

The training itself aimed to reduce barriers to access by delivering training locally, within school hours and outside of half term holidays. It provided resources tailored for people with little or no English language skills and having a bi-lingual facilitator enabled the ladies to have a clear dialogue, therefore, gain as much knowledge and education out of the session as possible.

Having 13 women out of the 15 registered, retained on the full course, it is evident that our approach has worked well for them.

Strategic Evaluation

With significantly large cuts facing statutory organisations, in the last few years there has been a national and local government push on asset based community development work (ABCD). This approach is central to the work HCA does and value ourselves on ‘growing our own’.

Using the ABCD model of engagement works effectively in engaging the community for long lasting outcomes. By building in feedback from volunteers and participants in this pilot, we were able to gain an understanding on the difference it has made to individuals.

This model of working ensured all parties contributed to the development. Without investment from the Volunteer from the PPG, the project would not have happened. Without the free venue space from HTMC and the PPG, we would not be able to fit 13 women in one room together or would have been able to pay for room hire elsewhere. Without the resources, volunteer support and development time, coordinating and organising the project from HCA, the project would not have built momentum, successfully complete the project and meet its objectives.

We hope this report will contribute to the growing evidence of need for investment into communities. As we have learnt, such initiatives require investment of resources, skilled workers and funding. From our experience, working in BAME communities requires a lot more time and investment in supporting and developing skills of individuals, especially those who are socially inactive and face multiple barriers. One of the major factors that can hinder the process is the pulling of funding before the project reaches its peak where volunteers can sustain themselves. It may be at risk of losing momentum if this was to happen. HCA have been fortunate in this case, as we had a clear model of working, experience in conducting training and supporting volunteers, which overall, contributes to one of our core projects that we recently received part funding.

NHS England Business Plan for 16/17[6] consistently mentions the increase in shifting to electronic methods of communication and online services, coming away from paperless systems, to enable patients to have a control over their health and wellbeing. Subsequently, this highlights the need to be able to have Basic English literacy skills in order to be able to get online and understand their records. As part of NHS England, pilot scheme[7] 'widening digital participation' worked with those hardest to reach giving them skills and confidence to access online health information. It identified 12.6million people in the UK do not have basic digital skills[8]

Conclusions & Next Steps

The project has been well received in the local community and taken on by volunteers effectively; the results do speak for themselves. The project has built its own assets in the community. This has come with a cost of investing time and resources. The project required input at the beginning to develop the volunteer and then working with them through the different stages of the planning and delivery process. This ensured the Volunteer is equipped with the necessary skills and knowledge to conduct the tasks for the benefit of the local community and the personal development of the volunteer.

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[6] https://www.england.nhs.uk/publications/business-plan/

[7] https://www.england.nhs.uk/2016/03/doctors-online/

[8] source:www.go-on.co.uk

HCA are currently working on developing Volunteer Health Champions. This could potentially be a starting point where we can build in future work. However, this will largely depend on having the appropriately skilled staff and volunteers to support the initiative.

This project was a six weeks pilot; ideally, the course should run for at least 8 weeks; however, we were restricted to volunteer and room availability. When conducted the follow up interviews with the women on the course they told us that they would like *'more courses to help develop their everyday English language skills'* and would happily recommend this training to other people as it had such an impact on their overall health and wellbeing.

We may need to explore potential funding to help support this work further in the community as the social investment on return on this method of working is greater than any other model of working in the community, reaching to those that are furthest removed from the labour market.