



UNIVERSITY OF LEEDS

Supporting Carers in General Practice: an evaluation

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September 2012



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Acknowledgements

The authors of this report would like to thank Dr Christina Buse and Dr Gary Fry, CIRCLE researchers, and Professor Ian Kirkpatrick, Leeds University Business School, who made valuable contributions to the evaluation. We would also like to thank: Michael Shann, Carers UK; Kristi Adams and Nick Patterson, Royal College of General Practitioners (RCGP;) and Julia Ellis, Carers Trust, who liaised with the evaluation team throughout the project, provided appropriate data and information, and generously gave their time to be interviewed. The authors are also grateful to the Carer Ambassadors, GP Champions and Expert Practitioners who completed questionnaires and agreed to be interviewed. We would also like to thank Elaine Edgar, Department of Health, for her support and guidance throughout the evaluation.

Executive Summary

Introduction

The estimated six million (and growing in number) carers in the UK are an increasing important resource as the population continues to age, and as growing numbers of people are living longer with long-term health conditions and disabilities. Central government recognition of the important role that carers undertake has been reflected in a series of policy developments and legislation directly affecting carers, alongside the publication of three National Carers Strategies (HMG, 1999, 2008, 2010). It is widely recognised, both in research and policy documents, that carers are difficult to identify (and often do not identify themselves as carers) and that general practices are an effective mechanism for identifying carers and providing them with subsequent support.

The Supporting Carers in General Practice programme was funded by the Department of Health for an initial six month period from October 2011 to March 2012, and comprised three projects run by three separate organisations working in collaboration (the Royal College of General Practitioners (RCGP); Carers UK; and Carers' Trust (an amalgamation of Princess Royal Trust for Carers (PRTC) and Crossroads Care). The programme aimed to increase the awareness and understanding of carers' health needs and specifically aimed to: identify carers at an early stage; involve carers in the design, planning and provision of local care and individual care packages; improve the quality of care and support carers receive within their general practice; and improve the sharing of good practice across general practices and other health and community based organisations (Carers UK 2011b).

CIRCLE (Centre for International Research on Care, Labour and Equalities), University of Leeds, was commissioned to carry out an evaluation of the Supporting Carers in General Practice programme and the three projects within it. The initial remit for the evaluation was considered over-ambitious within the timescale and as a result the evaluation focussed on examining three key areas: the extent to which *targets* had been met; the *effectiveness* and / or impact of the programme activities; and learning from the initial stage of the programme which could lead to improvements in management of the programme during 2012 / 13. Attempts were also made to examine the *efficiency* of the programme, looking at (where possible) the costs of the activities, their cost effectiveness, and any potential cost savings, however challenges were encountered in this aspect of the evaluation.

Methods

Three main research methods were used for collecting evaluative data: desk research (including documentary analysis and the collection of management information data); a survey of Carers Ambassadors, Expert Practitioners and GP

Champions; and 15 in-depth telephone interviews with a cross-section of those involved in the programme. Challenges were encountered in the data collection phase, primarily around gaining access to data and interviews from general practices.

Supporting Carers in General Practice: meeting targets

The overall programme, and the three specific projects within it, had a fairly ambitious series of quantifiable and measurable outputs and targets which were to be achieved within a relatively short time period and which were designed to promote the identification and support of carers through general practice. Much success was achieved through all three strands of the programme. Carers Trust were particularly successful in: identifying, developing and disseminating examples of good practice of collaborations between carers' organisations and general practices; identifying the training and resource needs of GP Liaison staff; and recruiting and training Expert Practitioners. The recruitment and training of Carer Ambassadors and the accompanying on-line forum were particularly successful elements of the Carers UK part of the programme. RCGP made much progress in terms of developing the GP Curriculum and continuing professional development activities (including running workshops and a national conference, the production of a training DVD, and commissioning guidance). The recruitment of GP Champions gained momentum towards the end of the programme.

The tight timeframe for the programme was a challenge for all three organisations and as a result not all anticipated targets were fully met, although Carers Trust, Carers UK, and RCGP have been working hard to make further progress in these areas. Difficulties in accurately measuring some of the outcomes of the programme and the causal affects of those outcomes were recognised, particularly relating to carer identification and referral and these evaluative issues will need further consideration if the programme continues.

Building capacity: training and raising awareness

The programme successfully developed a network of 54 individuals across the country comprising Expert Practitioners, Carers Ambassadors and GP Champions who were trained (through professional development seminars, briefing days and workshops respectively). The network contributed to the building and strengthening of existing capacity and provided a source of expertise on carers' issues for use within both the statutory and voluntary sectors including general practices, PCTs, CCGs, patients groups, local authorities, carers' centres and schemes and community organisations. Some close partnership working between members of the network took place and where this was evident it was largely successful. In order to build on the success of the network further, a more coordinated approach to training Expert Practitioners, Carer Ambassadors and GP Champions, and the activities that they carry out is recommended.

Working in partnership: improving collaboration between the Carers Trust, Carers UK and RCGP

The three organisations formed an innovative partnership to deliver the programme which presented some challenges to all three organisations particularly around the physical distance between the three roles (Carers Ambassadors, Expert Practitioner, and GP Champions), perceived competition between the three organisations, and tensions between professional and voluntary roles. Nevertheless throughout the duration of the programme the partnership has undoubtedly strengthened. On the ground there have been examples where individuals within the network of Carers Ambassadors, Expert Practitioners and GP Champions have worked together and this has led to positive outcomes in relation to accessing general practices and disseminating understanding of carers' issues. It is recommended that this collaborative working is built on further, particularly in terms of the specific localities within which Carer Ambassadors, Expert Practitioners and GP Champions are recruited to, and the activities that they carry out.

At an organisational level improvements in partnership working have also taken place, and by working closely together on this programme, the three organisations have been able to develop a clearer overall strategic focus in relation to supporting carers through general practice. Progress has also been made in terms of understanding the strengths of the three different roles of Carer Ambassador, Expert Practitioner and GP Champion. For example, it has become clear that the GP Champions are perhaps more effective working at CCG level, whilst assisting access to individual general practices for both Carer Ambassadors and Expert Practitioners.

Disseminating and sharing good practice

A number of examples of good practice were identified through the programme. Carers Trust developed and disseminated examples of good practice of collaborations between general practice and carers' centres and schemes from various localities around the country and disseminated them through their intranet. At a national conference, delegates were involved in a number of activities devoted to providing and discussing examples of good practice. Some examples of good practice within general practice were also identified by the GP Champions and the Carer Ambassadors, something which is expected to increase as individuals become more embedded within their roles. Further progress in this direction is recommended, with all three organisations encouraged to collect and disseminate good practice in a coordinated and consistent way.

Identifying, referring and supporting carers

Collecting evidence relating to the identification, referral and support of carers was a challenge, particularly within the short time frame of the project. Although there have been some indications of progress in this area through reports from GP Champions following general practice visits and from general practitioners who attended RCGP

workshops, robust statistical evidence is lacking and agreed methods of consistent data collection focussing on capturing these outcomes need to be developed.

Changing GP attitudes

Changing GP attitudes towards carers through the interventions of the programme was clearly an over-ambitious target, particularly given that attitudinal change is a slow process and that the programme was only six months in duration. This coupled with difficulties in accessing data from general practices indicates that further, more rigorous, data needs to be collected in relation to this outcome, although some early (albeit sporadic) baseline data has been collected to date.

Delivering cost effective support

It has been difficult to make comparisons relating to the costs of the initiatives that have been put in place as appropriate data relating to both project inputs and outputs are not available. Activities run by voluntary organisations are relatively low cost in comparison to those offered by a professional body such as the RCGP, but conclusions about the cost effectiveness of the very different approaches of utilising paid workers and volunteers cannot be made without further detail relating to the measurable outputs of each approach.

Conclusions and recommendations

Overall the programme has made some very positive contributions to the identification and support of carers through general practice: it has demonstrated the potential for carers to be identified and supported through a network of trained volunteers and health professionals; it has brought together three very different organisations across the voluntary and statutory sector, facilitating partnership working between organisations and individuals who were previously working in similar areas, but were not always working together; it has highlighted the many examples of good practice in relation to collaboration between carers' centres (and schemes) and general practice, and the value of bringing those examples together through dissemination; and it has demonstrated the challenges and difficulties of identifying and supporting carers, of collecting robust supporting evidence, of identifying and mapping change in terms of identification, referral and attitudes. A number of recommendations for the future development of the programme overall and the individual projects within it have been identified which, if taken on board, will help to build on the progress that has already been achieved by the three organisations, in such a short period of time.

Introduction

1.1 Background and Policy Context

It is well documented that the population of the UK is ageing. Alongside this, people are living longer with long-term health conditions and disabilities and the number of working-age adults with learning disabilities is set to rise over the next two decades (Carers UK, 2012). The result is growing numbers of people in need of care and much of this care is provided by carers¹. There are an estimated six million carers in the UK, and this number is growing. It has been estimated that if the care that these carers provide was replaced by paid help, their care would cost £119 billion per annum (Buckner and Yeandle, 2011). Carers therefore represent an important resource to the UK economy and there is widespread recognition (including across all political parties) that there is a need to support carers in the valuable activities that they undertake.

The publication of the first National Strategy for Carers in 1999 signalled central government's recognition that carers need greater support than had previously been available to them (HMG, 1999). A new range of policy developments and legislation directly affecting carers followed, as did a revised National Carers Strategy in 2008 and a 'refreshed' National Carers Strategy in 2010 (HMG, 2008; 2010). Two large central government funded programmes tasked with exploring different methods of supporting carers were launched around the same time: the Caring with Confidence programme in 2008, which represented a £15.2 million investment in providing training and support to carers; and the National Carers Strategy Demonstrator Sites programme in 2009 where 25 sites around England received central government funding to pilot three broad kinds of support for carers: breaks; health and well-being checks; and support through the NHS.

One of the key issues emerging from the evaluations of the Caring with Confidence and Demonstrator Sites programmes (Yeandle and Wigfield, 2011a, 2011b) and from other previous research (for example Keeley and Clarke, 2003) is that carers are difficult to identify (and often do not identify themselves as carers) and that general practices are an effective mechanism for identifying carers and providing them with subsequent support. Indeed, the recently published white paper 'Caring for our Future: reforming care and support' states that '*early identification of carers is critical to ensuring access to timely information, advice and support*' and refers to the Supporting Carers in General Practice programme as an example of that kind of activity (HMG, 2012: 34).

¹ A carer is a person of any age, adult or child, who provides unpaid support to a partner, child, relative, or friend who could not manage to live independently or whose health or well-being would deteriorate without this help. This could be due to frailty, disability or serious health condition, mental ill health or substance misuse (Carers Trust, 2012).

1.2 Supporting Carers in General Practice: programme overview

The Supporting Carers in General Practice programme was funded initially by the Department of Health for a six month period from October 2011 to March 2012, and comprises three projects run by three separate organisations working in collaboration: the Royal College of General Practitioners (RCGP); Carers UK; and Carers Trust (an amalgamation of Princess Royal Trust for Carers (PRTC) and Crossroads Care). The programme aimed to increase the awareness and understanding of carers' health needs and its overall objectives were to:

- Identify carers at an early stage.
- Involve carers in the design, planning and provision of local care and individual care packages.
- Improve the quality of care and support carers receive within their general practice.
- Improve the sharing of good practice across general practices and other health and community based organisations (Carers UK, 2011b).

1.3 Aims and objectives of the evaluation

Carers UK commissioned CIRCLE (Centre for International Research on Care, Labour and Equalities), University of Leeds, to carry out an evaluation of the Supporting Carers in General Practice programme and the three projects within it. This report outlines the interim findings of the first stage of that evaluation.

The evaluation brief from Carers UK had four main aims (Carers UK, 2011b):

- To assess the cost effectiveness of the GP Champion and Carer Ambassador model as a means of identifying new carers and changing GP attitudes and behaviour towards carers, thereby improving the outcomes and quality of care for carers, which can then be used elsewhere in the health and social care system.
- To analyse the cost effectiveness of the network of Expert Practitioners and partnerships with professionals and organisations as a model of providing peer support, sharing expertise / good practice, and raising awareness of carer issues.
- To examine the knowledge emerging from each project that can inform improvements in the ways that the three organisations involved engage with GPs, carers and other health professionals and organisations in the future.
- To provide evidence of the cost effectiveness of each activity and an outline of activities which provide best value for money and which would justify further investment.

Upon commencement of the evaluation study it soon became clear that these four aims were overambitious due to a combination of factors which included: the short timeframe of both the programme and the evaluation exercise; initial difficulties in obtaining agreement from all three partner organisations about the approach to the

evaluation and the research tools to be used; and difficulties in calculating the cost-effectiveness of these kinds of initiatives which are well documented elsewhere (see for example, Yeandle and Wigfield, 2011b). It was subsequently decided to explore: the extent to which *targets* had been met; the *effectiveness* and / or impact of the programme activities; learning from the initial stage of the programme which could lead to improvements in management of the programme during 2012/13; the *efficiency* of the programme, looking at (where possible) the costs of the activities, their cost effectiveness, and any potential cost savings.

1.4 Research Methods

As a result of the short time period within which the programme was operating, but also due to difficulties in collecting appropriate data, this interim evaluation focuses on the first three of the above measures: the extent to which targets have been met; measuring the effectiveness of the programme; and identifying learning. Attempts were made to obtain baseline data to measure cost effectiveness and cost savings, and further work in this direction is likely to be required if the programme is to continue.

Three main research methods were used for collecting evaluative data for this study: desk research (including the collection of management information data); a survey of Carer Ambassadors, Expert Practitioners and GP Champions; and in-depth telephone interviews with those involved in the programme. The initial intention was to also survey a range of general practice staff, collect management information from general practices, and to carry out focus groups with those involved in the project. However, these proved difficult to implement in the short time period within which the programme was operating and in light of the time it took for the three partner organisations to agree the research tools to be used.

Desk Research

Documentary analysis and interrogation of management information data was undertaken to produce a greater understanding of the nature of the programme and the three individual projects, their aims and objectives, how these aims were being implemented, and how well the projects have performed against their individual targets as well as against the overall targets of the programme.

Survey of GP and other Health Professionals

An electronic on-line survey (see Appendix A) of all individuals involved in working on the programme, either in a paid or voluntary capacity (including Carer Ambassadors; GP Champions; and Expert Practitioners) was carried out. All individuals recruited for the three roles (54 in total) were invited to participate in the survey, leading to 20 responses (almost half). In order to assess the impact of the programme on general practices the research team also initially aimed to survey general practice staff who had both been involved in the programme's activities and those who had not (as a control group) but this proved difficult as we were unable to ascertain which general practices had been engaged with until a very late stage in

the programme's evaluation. The research team still intend, however, to forward a link to the questionnaire via RCGP's mail-out of a training DVD to general practices, and it is hoped that some responses from general practice staff through this mechanism will emerge.

The main aim of the survey was to establish baseline data which would enable the research team, at a later stage, to assess the effectiveness of the projects on GPs and health professionals, and its perceived impact on carers, particularly in terms of 'soft' outcomes such as changes in GP attitudes, greater awareness of carer issues and information sharing. Our plan is to assess this by measuring distance travelled based on a number of criteria.

In-depth interviews with stakeholders

15 in-depth face-to-face semi-structured telephone interviews were carried out with a cross-section of those who completed the on-line questionnaire, as well as with representatives of each of the three leading organisations (Carers Trust, Carers UK, and RCGP. These interviews enabled us to gain a more in-depth understanding of the effectiveness and impact of the programme's activities and to explore the differences and / or similarities between their perceptions. Again it was originally anticipated that general practice staff / healthcare professionals involved in the activities would be interviewed but as previously mentioned this was not possible at this stage.

Data analysis

All data gathered through the above stages were anonymised, recorded on appropriate software packages and analysed. The survey was administered and analysed through Bristol On-line Survey (BOS²). The qualitative material was analysed in terms of *themes* and *issues*, with recurring items and issues of especial significance identified.

² BOS is a service which enables the development of web based surveys <http://www.survey.bris.ac.uk>

2. Supporting Carers in General Practice: meeting targets

2.1 Introduction

The overall programme, and the three specific projects within it, had a series of quantifiable and measureable outputs and targets which were to be achieved by the end of the programme. This section of the report looks at the targets set by each of the three projects in turn and explores the extent to which they have been met. A series of recommendations for future activity are proposed throughout this section, where appropriate.

2.2 Maximising expertise and partnerships to identify and support carers: Carers Trust

The Carers Trust element of the programme aimed to address two key priorities identified in the National Carers Strategy (HMG, 2010). The first priority was to support those with caring responsibilities to identify themselves as carers at an early stage, to recognise the value of their contribution, and to involve them from the outset in designing local care provision and in planning individual care packages. Priority number two was to support carers to remain mentally and physically well.

The Carers Trust project had three main strands which are outlined in Table 1 and can be summarised as: scoping, reviewing and disseminating good practice of collaborations between general practices and local carers' services / organisations; selecting and training of a network of Expert Practitioners working in the field of GP liaison; and building effective partnerships with professionals and organisations to raise carers' awareness amongst them (PRTC/Crossroads Care, 2011:2).

As can be seen from Table 1, Carers Trust has largely been successful in its activities, having achieved most of the targets that it set out to achieve across the three strands of work. In terms of strand (i) much progress has been made in the discovery of good practice in effective collaborations between general practices and local carers' organisations, and the expertise of carers' centres and schemes has been drawn upon to achieve this. A scoping exercise was carried out through an on-line survey with staff in carers' centres and schemes around the country to identify examples of good practice. Telephone interviews were subsequently carried out with those reporting successful strategies, and good practice templates were completed by the interviewees. The survey also identified some of the challenges facing those working in GP liaison and highlighted the kinds of support that might be useful. Those working in carers' centres and schemes were additionally encouraged to share information about successful activities, and / or to provide tips and advice through electronic feedback forms. This scoping exercise led to the development of eight good practice examples of successful engagement between general practices and local carers' organisations (two more than originally envisaged), which have been disseminated via the Carers Trust intranet. An Expert Practitioner network has

Table 1: Maximising expertise and partnerships to identify and support carers, Carers Trust: Achievement of targets

Strand (i): Scoping, reviewing and disseminating good practice		
Scoping, reviewing and disseminating good practice in collaborations between general practices and local carers services / organisations, through visits to local practices and gathering information about successful activities of GP liaison workers.		
<i>Target</i>	<i>Description of activity</i>	<i>Level of achievement</i>
1. Production and dissemination of scoping exercise report.	Scoping exercise carried out through on-line survey of staff in 110 carers' centres and schemes throughout the UK to identify examples of good practice of effective collaborations between general practices and local carers' organisations. The survey also identified the main barriers to success in this field and the resources GP liaison staff felt would be most useful to increase their effectiveness.	Fully achieved.
2. Dissemination of six good practice examples of successful engagement between general practices and local carers' organisations.	Eight good practice examples provided on the Carers Trust website. Network members are currently reviewing and contributing to examples of good practice and other on-line resources.	Fully achieved.
3. Measure positive impact on carers' well-being where baseline data are available and wherever possible using the Adult Carers Quality of Life Outcomes tool for carers.	This was not possible to achieve within the short timescale of the project.	Not achieved.
Strand (ii) Selection and training of Expert Practitioners to create a network which provides peer support and shares expertise with others		
Selecting and training Expert Practitioners working in the field of GP liaison and creating a network of Expert Practitioners who a) provide professional peer support to each other and b) share their expertise about working with general practices to support and identify carers amongst local carers organisations.		
1. Identification and up-skilling of 20 carers' services staff to become Expert Practitioners.	20 expert practitioners recruited, and attended a professional development seminar.	Fully achieved.
2. Two national events and six regional workshops organised for the selected expert practitioners.	One national event and eight regional workshops held.	Fully achieved.

<i>Target</i>	<i>Description of activity</i>	<i>Level of achievement</i>
3. Develop a plan, co-produced with the Expert Practitioners, for use as a national resource.	This has not taken place yet as it requires centralised support by Carers Trust, as well as funding to compensate carers' centres for the time Expert Practitioners spend on the programme. Carers Trust were awaiting confirmation of further funding to facilitate this.	Not Achieved.
4. Involve Expert Practitioners in the co-production of the resource pack and other materials for staff of local carers' organisations.	Expert Practitioners, along with GP liaison workers are currently involved in contributing to and developing resources.	Fully achieved.
Strand (iii) Partnerships with other organisations		
Building effective partnerships with professionals and organisations which are ideally placed to identify carers, involving raising awareness, capacity and knowledge amongst healthcare professionals, and working with organisations from the voluntary, statutory and private sector to increase carer awareness.		
1. Work with at least five health professional organisations to increase carer awareness and facilitate access to services by carers.	Worked with two: Queen's Nursing Institute (QNI) and the Royal College of Nursing (RCN) to disseminate good practice in supporting and identifying carers. A survey and discussion forum of QNI members carried out to help understand how nurses can best be supported to identify and support carers.	Partly achieved.
2. Work with five organisations (voluntary, statutory or private) with significant geographic reach and local presence to enhance carer awareness and support the identification of carers, and promote partnership between these organisations and local carers' organisations.	Worked with several branches of the supermarket chain Sainsbury's, with several other potential partners identified. Along with three different network partners, Carers Trust launched a pilot 'Hidden Carers' event in North Cheam, Surrey, supported by MP Paul Burstow and Sutton Carers' Centre. Recently six other Sainsbury's stores across west and north west London have hosted an event in partnership with their local carers' centres: Hillingdon Carers' Centre; and Harrow Carers' Centre. These events are reported by Carers Trust to have been a huge success and will be evaluated over the coming months.	Partly achieved.
3. Better carer identification and support.	Some progress achieved sharing information of good practice about carer identification and support with partner organisations.	Partly achieved.

Sources: Documentary analysis; MI data; telephone interviews.

been set up (described later), members of which are currently reviewing these examples of good practice to assist in identifying and evaluating key success factors.

The only aspect of strand (i) which Carers Trust had difficulties achieving was in measuring the positive impact on carers' well-being and utilising the Adult Carers Quality of Life Outcomes tool for carers. It was felt by those within the Carers Trust that this element of the project required more time than was available to be developed fully.

Recommendations

- Carry out further work to identify key success factors for good practice in identifying and supporting carers.
- Identify ways of measuring the impact of good practice in supporting and identifying carers on carers' well-being.
- Encourage general practices to participate in measuring good practice and work with them to collect supporting data.

The second and a central part of the Carers Trust project was to develop a network of Expert Practitioners. As Table 1 shows, three of the four key activities that formed part of this strand were fully achieved. Eight regional workshops for existing GP liaison workers were held in different areas of England. These workshops were attended by 94 GP liaison workers from different carers' centres and schemes and subsequently 30 people applied to become Expert Practitioners from which 20 were recruited, meeting the anticipated target. The majority of the Expert Practitioners recruited were women (17 / 20), which reflects the gender make up of the existing GP liaison workers around the country. Four of the seven Expert Practitioners were aged 40-49 and all were White British. The Expert Practitioners were fairly well spread geographically, with a slight over-representation from the North East and South East regions (Appendix B). The 20 successful Expert Practitioners were selected on the basis of a number of factors including their: experience, particularly in their GP Liaison role; willingness to network / share information and support their peers; ability to overcome barriers; commitment to the role; and interest in developing their own practice.

All 20 Expert Practitioners were trained through a two-day professional development seminar in a range of issues, including: supporting young carers in general practice; communication and influencing skills; carers and confidentiality; the role of GP Champions in relation to the RCGP strategy; navigating the NHS: keys and levers; the role of Carer Ambassadors; relationship marketing and personal selling. The content of the professional development seminar was informed by the information gathered in the on-line survey which had identified key training and resource needs. The inclusion of sessions relating to both the Carer Ambassadors and the GP Champions (operated by Carers UK and RCGP respectively and described in more detail later) demonstrates the commitment of Carers Trust to: a) ensure that the Expert Practitioners were aware of the roles of their counterparts who were volunteering and working for Carers UK and RCGP; b) to integrate the three roles.

Over half of the Expert Practitioners (13 / 20) also attended an additional stakeholder event run by RCGP (see Section 2.4). The Expert Practitioners were involved in the development of resources (which includes the examples of good practice mentioned previously) and other resources available on-line. Along with other GP liaison staff, the Expert Practitioners are currently involved in reviewing and contributing to existing resources. The only element of this second strand which Carers Trust were unable to achieve within the project's timescale related to developing a plan, co-produced with the Expert Practitioners, which would outline how the Expert Practitioners could be used as a national resource. Carers Trust felt that this aspect of the programme would require confirmation of ongoing funding before being able to go ahead, including funding to compensate carers' centres for the time that Expert Practitioners devote to the programme, which takes them away from their daily job roles. Consultations with network staff, including CEOs of carers' centres, yielded additional feedback which suggested that Carers Trust should provide a centralised hub of support for the Expert Practitioners' local GP liaison activities.

The third and final element of the Carers Trust project was to build effective partnerships with other organisations to help increase carer awareness amongst those organisations. Carers Trust had most difficulty achieving their targets in this strand of the work, which probably reflects the time that it takes to develop and strengthen effective partnerships with other organisations. Despite these challenges some progress was made and Carers Trust partially achieved all three of their targets in this area. As Table 1 shows, Carers Trust worked with two of the planned five health professional organisations, the Royal College of Nursing (RCN) and the Queen's Nursing Institute (QNI). Good practice in supporting and identifying carers has been disseminated and promoted to these organisations through their in-house publications (such as magazines and newsletters), and on-line through their websites and social media.

Carers Trust additionally carried out a questionnaire based survey (gaining 338 responses) with QNI members to gain insight into how best to support nurses in identifying and supporting carers. The survey results showed that respondents would value information across a range of areas, including: understanding more about the challenges facing carers; general information about carers; policy specific information; and knowledge about local support services and how to develop links with these services. According to documents provided by Carers Trust the survey findings will be used to produce *'relevant, accurate and practical information to help healthcare professionals identify, refer and support carers'*. Engagement with the RCN has also taken place but progress was reported to be slower than with the QNI which can, in part, be explained by the fact that the RCN, like many organisations representing the healthcare sector, have focussed much of their attention in recent months on the impact of the NHS reforms. The relatively large size of the organisation has also meant that progressing partnership working has taken longer than with the much smaller QNI.

An additional element of this third strand was to build partnerships with other - non-healthcare - organisations and again this has been partially achieved. There is evidence of ongoing collaboration with one such organisation, Sainsbury's. This has involved 34 Sainsbury's stores in London boroughs being nominated by local carers' organisations to work together as part of a pilot scheme to identify and support Sainsbury's employee and customer carers. This builds on work with Sainsbury's stores that had previously taken place in Scotland with Carers Trust predecessor, The Princess Royal Trust for Carers, during Carers Week in 2011. Carers Trust indicate that data will be collected detailing the number of carers that engage with these pilot schemes and that this will be used to determine the kind of partnership working with the supermarket going forward.

Carers Trust have additionally produced a shortlist of other organisations with whom they are considering pursuing partnership arrangements which include faith organisations (e.g. the Church of England and the Muslim Council of Britain); commercial organisations (e.g. Primark and Lush); and sports organisations (e.g. David Lloyd Clubs). Although Carers Trust have made some efforts to engage with these organisations, discussions about potential partnership working have not yet been possible. However, as previously stated, this kind of collaborative working can take time to develop and requires ongoing networking and engagement in different activities. Agreement is often needed at board level, which can take some time to achieve.

Recommendations

- To continue to develop more, and strengthen existing, partnerships with both healthcare professional and other organisations.
- To establish procedures for collecting data to map partnership work and to work with the evaluation team to identify ways of evaluating the impact of partnership work on carer identification and support.

Summary

Carers Trust set out a fairly ambitious programme of activity to promote the identification of carers and improve the support they receive within a relatively short period of time. Success has been achieved in terms of identifying, developing and disseminating examples of good practice of collaborations between carers' organisations and general practices, identifying the training and resource needs of GP liaison staff, and recruiting and training Expert Practitioners. Some progress has been made in developing partnerships with health and other organisations but these often take time to initiate and sustain, and further work is required in this area. Plans to roll out the Expert Practitioner model as a national resource have not yet come to fruition and further work on measuring the impact on carer identification, support and the impact in terms of carer well-being is required.

2.3 Carer Ambassadors project: Carers UK

The Carers UK element of the programme was based on testing a model of support for carers using Carer Ambassadors (volunteers with caring experience) that is low cost, scalable and sustainable, providing added capacity for general practices and other healthcare professionals. Part of the objective was for Carers UK to work with the RCGP to enhance their GP Champion concept (see section 2.4) in a combined GP Champion – Carer Ambassador model, focusing on improving health and well-being outcomes for carers. Carers UK were also to be responsible for the evaluation of the overall programme using a robust, outcome-focused methodology (Carers UK, 2011b).

The Carers UK project had two key aims: to help bring about change in attitudes and behaviour within general practices and amongst health professionals; and to identify and support carers from their local community.

Carers UK attempted to achieve these aims through six key strands, as can be seen in Table 2, which include: recruitment of Carers Ambassadors; training of Carers Ambassadors; distribution of resources by Carers Ambassadors; an on-line forum for the sharing of challenges, experiences and good practice by Carers Ambassadors; monitoring and evaluation of the Supporting Carers in General Practice programme; and dissemination.

The Carers UK element of the programme has had positive, albeit mixed, degrees of success in achieving its somewhat ambitious planned activities. As can be seen from Table 2, Carers UK were successful in parts of strand (i) of their activities, recruiting more than the target number of volunteer Carer Ambassadors, which has meant that, in addition, a second wave of Carers Ambassadors have recently been recruited. The Carer Ambassador scheme was advertised through the Carers UK e-newsletter, monthly mail-outs, and on the organisation's website. Suitable candidates underwent informal telephone interviews. The intention was that recruitment of Carers Ambassadors would mirror the geographical areas where the RCGP run GP Champions (see Section 3.3) were to be located, and that they would *'work closely with RCGP to select within traditional strongholds for Carers UK such as the South West, avoiding areas where the [PRTC] proposal will be in effect to avoid overlap'*. A telephone interviewee reported that *'recruitment of volunteers went remarkably smoothly'* and that there had been an *'enthusiastic response'* from people with different skills and from a range of backgrounds. Carer Ambassadors were recruited on the basis of having personal experience of caring, as well as possessing skills and capabilities relevant to the task of influencing and engaging with general practices and other healthcare professionals. They were also required to have knowledge of local services.

The majority (11/15) of the Carers Ambassadors were women, and just under half were aged between 50-59. Recruits tended to be concentrated in the South East, South West and Yorkshire and Humber regions of England. None of the first group of volunteer Carer Ambassadors were from the North West or West Midlands, though

six volunteers from these areas have just begun their roles as part of the second phase of recruitment. No Carer Ambassadors have yet been recruited from the North East (see Appendix C). Although recruitment of Carer Ambassadors ran smoothly, a geographical disparity emerged between the locations of Carers Ambassadors and GP Champions, which can, in part, be explained by the slower recruitment of GP Champions (see Section 3.3). This meant that the plan for Carer Ambassadors to jointly construct action plans with the GP Champions was only partially achieved (see Section 2.4 for a more detailed discussion).

The successes that the Carers Ambassadors have had in achieving the anticipated targets set out in strand (i) (Table 2) have been mixed and this probably reflects the slightly over-ambitious project plan, particularly given the short timescale of the programme. The Carer Ambassadors appear to have been most successful in engaging with general practices (contacting 122 general practices and directly engaging with 40) and in disseminating information about carers to those practices. They have also contributed effectively to the delivery of training, workshops and conferences, for example, presenting at a national conference as well as at various local events. In some areas, Carer Ambassadors have also acted as catalysts for bringing together key local stakeholders from carers' services and health and social care to discuss joint action plans for improving GP identification and support of carers. The example illustrated in Box 1, for example, shows how volunteer Carer Ambassadors, operating outside local organisations and political structures, have used their experience of engaging with local organisations as service users, to encourage greater local collaboration between local stakeholders. This example also reflects the opportunities now available within the NHS and social care sectors for service users to influence local decision making.

Box 1: Carer Ambassadors act as catalyst for bringing together local stakeholders

In Gloucestershire two Carer Ambassadors, who applied together and have supported each other in their roles, organised a meeting in early July 2012 of all key stakeholders in the county. An open, informal meeting was chaired by the Carer Ambassadors and included staff from the PCT, local authority, Carers Gloucestershire and a local GP to discuss how they can all work together to improve GP identification and support of carers in the county. It was agreed that a session on carers would be organised at a 'protected learning time' cluster meeting for all local GPs and the PCT is now setting this up.

Some success has also been achieved in relation to developing case studies and examples of good practice. Individual carer case studies are being collected by Carers Ambassadors, and at least one has been formally written up to date. Carers UK report that a number of informally communicated examples of good practice have been provided by Carers Ambassadors and that these are currently in the process of being written up and shared. The slower than expected progress of the Carer Ambassadors in this element of the work can to some extent be explained

Table 2: Carer Ambassadors project, Carers UK: Achievement of targets

Strand (i): Recruitment of Carer Ambassadors		
To provide a new, repeatable, low cost model of support using volunteer Carer Ambassadors in geographical locations that mirror the RCGP Champions		
<i>Target</i>	<i>Description of activity</i>	<i>Level of achievement</i>
1.To recruit 10 skilled volunteer Carer Ambassadors.	25 Carer Ambassadors have already been recruited and commenced activities (an additional 5 volunteers were recruited and trained but had to withdraw from the role due to their caring circumstances or ill-health).	Fully achieved.
2. 1000 carers provided with information by general practices.	General practices have been provided with information to distribute to carers but Carers UK have been unable to monitor the numbers of carers that have been in receipt of the information.	Unknown.
3. Carer Ambassadors to develop ten case studies of individual carer experiences associated with their work.	One or two case studies have been developed, others are on-going.	Partially achieved.
4. Carer Ambassadors to produce five examples of good practice of carers benefitting from this model.	Two examples of good practice have been identified so far.	Partially achieved.
5. Carer Ambassadors to construct joint action plans with GP Champions.	Some informal plans have been developed in areas where GP Champion and Carer Ambassador co-exist.	Partially achieved.
6. Carer Ambassadors to disseminate information in general practices, signpost carers, and ensure existing resources are used by carers and healthcare professionals.	In some areas Carer Ambassadors have encouraged general practices to display information for carers on notice boards and to access services and resources provided by local carers' centres and schemes. However, some Carer Ambassadors have focussed on building relationships with local carer services and health and social care commissioners, and have so far had little direct contact with general practices.	Partially achieved.
7. Carer Ambassadors to engage with general practices and Clinical Commissioning Groups (CCG) to provide advice / guidance.	122 general practices contacted; 40 of these practices met face-to-face; eight PCTs/CCGs met face-to-face; three local authorities met face-to-face. As above, Carer Ambassadors have been able to make more progress on this in some areas than in others.	Partially achieved.

<i>Target</i>	<i>Description of activity</i>	<i>Level of achievement</i>
8. Carer Ambassadors to focus on carers of people who are self-funders.	No activity has taken place yet.	Not achieved.
9. Carer Ambassadors to contribute to delivery of training, workshops and conferences.	Carers Ambassadors have made presentations / contributions at a number of different events, including at the Birmingham Supporting Carers programme conference, as well as at various local events. In some areas they have also acted as catalysts for bringing together local stakeholders.	Fully achieved.
Strand (ii): Training A consolidated training programme to equip the Carer Ambassadors with the necessary skills to perform the ambassadorial role and achieve successful support for local carers.		
1.To fully train the 10 Carer Ambassadors and make the training materials available for delivery beyond this project, including production of a standard information pack as part of the GP Champion-Carer Ambassador model.	30 Carer Ambassadors (including the five that later withdrew) have attended three briefing days (two in London and one in Manchester) and two attended an RCGP training workshop. Briefing day materials are available for use beyond this project.	Fully achieved.
Strand (iii): Distribution of resources To identify and distribute resources which can be adapted by Carer Ambassadors with localised information, and which will supplement the RCGP-delivered resources in order to achieve maximum benefit for carers.		
1. A consistent, standardised resource base, implementable locally with tailored, local information.	Carer Ambassadors have been using Carers UK resource standardised materials (which are available on their website) and have directed carers to local carers' centres and schemes for additional local information.	Partially achieved.
2. A minimum of 50,000 factsheets/booklets distributed from Carers UK to carers.	Carer Ambassadors do not currently engage directly with carers which has limited progress in this area. The current system does not facilitate the attribution of orders to the work of the Carer Ambassadors, therefore measurement is difficult.	Not achieved.

<i>Target</i>	<i>Description of activity</i>	<i>Level of achievement</i>
3. Ensure resources meet quality standards.	It is not clear what quality assurance processes the resources have been through.	Unknown.
4. Carers UK to develop low cost resources in areas where there are gaps in existing resources.	It was decided that this needs to be done in partnership with the RCGP and Carers Trust, through a suite of jointly branded programme resources'. The three partner organisations are seeking to achieve this through the next stage of the project if funding allows.	Not achieved.
5. Produce a standard information pack as part of the GP Champion-Carer Ambassador model that can be reproduced beyond the life of the project.	An information pack for the Carer Ambassadors was developed for the initial briefing session, and for briefing sessions taking place during July 2012.	Fully achieved.
Strand (iv) On-line forum An accessible, easy-to-use, on-line forum that will encourage the Carers Ambassadors to share challenges, experiences and good practice that delivers effective support to carers, backed up with telephone support and access to Carers UK expertise.		
1. On-line forum for Carer Ambassadors to share information and ideas.	A forum for the Carers Ambassadors has been set up to enable them to share information and learning and ask questions, which is moderated by Carers UK. Six of the Carers Ambassadors have so far accessed the on-line forum, and Carers UK have been proactive in offering support to those who have not yet participated, and to address any access issues.	Fully achieved.
Strands (v) and (vi) Monitoring, evaluation and dissemination To lead the coordination of an external evaluation across the complete spectrum of the GP Programme.		
1.To commission an external, independent evaluator for the whole programme's activities and to manage that process.	CIRCLE, University of Leeds was appointed by Carers UK to carry out the evaluation of the programme. The evaluation aimed to examine the programme's: achievement of targets; effectiveness; and cost effectiveness. The latter has not been possible due to time and data collection constraints.	Partially achieved.

by the time that they have devoted to engagement with health and social care professionals, which was perhaps more time consuming than initially expected and has limited their opportunities to collect carer case study information. The Carer Ambassadors had most difficulty achieving their targets in relation to targeting support to carers of self-funders, and Carers UK are planning to explore ways in which this can be developed further.

Carer Ambassadors report that they have provided general practices with information to distribute to carers and this is likely to have led to a greater supply of information of various kinds reaching carers, however Carers UK do not currently have measures in place to monitor this.

Interviews with the Carer Ambassadors also indicated that many of them have found their volunteering roles rewarding, giving them opportunities to have a life beyond their caring roles and to use their professional skills to benefit other carers. This was not anticipated as a significant outcome at the start of the project.

Recommendations

- Establish an improved mechanism for measuring planned outputs such as the numbers of carers provided with information by general practices.
- Develop more consistent mechanisms of recording of changes affecting individual carers, including those caring for self-funders. More closely align geographical recruitment of Carers Ambassadors with recruitment of other roles, particularly GP Champions.

The second strand of the Carers UK project, training the Carer Ambassadors, has been fully achieved. All except two of the 25 Carers Ambassadors attended a briefing day (with these exceptions being given individual briefings by the Project Manager), which provided training on three key areas: engaging effectively with healthcare professionals; identifying and supporting carers; and the General Practitioner and Carer Ambassador relationship. The materials used for the briefing day have been made available for use beyond this project, and in the July briefing sessions, presentations were given by a GP Champion, Expert Practitioner and the Carers Trust Project Manager. Two of the volunteers also attended an RCGP run training workshop. This training successfully equipped the Carer Ambassadors to carry out the activities that were planned, although some improvements have been identified for the future, which are discussed in Section 3.2.

The third strand of this element of the programme, as can be seen from Table 2, relates to the distribution of resources to carers and here again there have been mixed outcomes. A standard information pack relating to the Carer Ambassador – GP Champion model has been produced which can be used for rolling out the activities further and the Carer Ambassadors have been utilising a standardised resource base which, to some extent, has been tailored locally. Examples of Carers UK materials were discussed with Carer Ambassadors at the briefing day, and the Carer Ambassadors were directed to a number of existing Carers UK resources,

including two guides 'New to Caring' and 'Looking After Someone', and factsheets about how and where to get help, and about Carers Allowance. These materials constitute a standardised resource which can be promoted to carers alongside local information collated by Carers Ambassadors. In terms of local information, there is evidence that some of the Carer Ambassadors have made good contacts with carers' centres and schemes, and have a very good idea of what kinds of support are available locally for carers.

Carers UK have not, however, been able to distribute the anticipated minimum number (50,000) of factsheets to carers, primarily because the Carer Ambassadors have been concentrating their efforts on engaging with GPs and health professionals as opposed to working directly with carers. Also, as previously mentioned, there is not a system in place for measuring how many orders for resources can be linked to the work of the Carers Ambassadors.

A final element of strand (iii) was to develop low cost resources to fill existing gaps. In July 2012 Carers UK, in collaboration with RCGP and Carers Trust, began to develop a portfolio of jointly branded resources for use during 2012/13.

Recommendations

- Develop a means of measuring numbers of requests for resources as a direct result of the Carers Ambassador role.
- Develop a means of measuring the impact of resource distribution and the quality of resources / carers' satisfaction with resources and availability.

An on-line forum to enable the Carer Ambassadors to share information and learning forms strand (iv) of the Carers UK project, and this has been successfully established. This forum is moderated by Carers UK and so far six of the Carer Ambassadors have accessed the forum. Carers UK have been proactive in offering support to those who have not yet participated, and to address any access issues.

The final two strands to the project relate to monitoring, evaluation and dissemination activities. Carers UK have successfully commissioned an independent evaluation of the overall programme which has evaluated the achievement of targets and effectiveness of the programme. It was initially envisaged that the evaluation would also measure the cost effectiveness of the programme but the short timeframe, together with the challenges involved in collecting some of the baseline data relating to cost-effectiveness, has meant that this element of the evaluation has not yet been achieved.

Recommendation

- To agree with the Department of Health, Carers Trust and RCGP a rigorous and realistic approach to evaluating effectiveness and cost effectiveness of the programme and to assist the evaluators to implement this.

Summary

Carers UK has been largely successful in meeting its targets, particularly in relation to recruiting and training Carer Ambassadors, setting up the on-line forum and commissioning an independent evaluation. The overly ambitious nature of the targets set for Carer Ambassadors, together with the current difficulties in accurately measuring some of their activities and outcomes has meant that some of the initially anticipated targets have yet to be achieved in full, although Carers UK are working very hard towards making progress in these areas.

2.4 Increasing awareness and understanding of supporting carers among general practitioners and primary care practice staff: RCGP

RCGP had previously engaged in a programme of activities to support GPs and their practice staff with regard to carers through workshops, e-learning, focus groups, published materials and carer awards. This project aimed to continue that work by re-launching the activities which were successful whilst seeking to find new ways of increasing the identification and support for carers in primary care. RCGP aimed to use much of the material that had already been developed but to repackage it in alternative ways to attract GPs and practice staff not yet engaged with supporting carers, as well as providing access to new resources for those who had already been engaged.

The RCGP project had four strands (see Table 3): developing the GP curriculum to provide an awareness of carers' issues in GP training in order to influence the next generation of GPs; continuing professional development; developing leadership through the recruitment of GP Champions; and supporting innovation in commissioning. The RCGP project was, like those run by the Carers Trust and Carers UK, generally successful although (again) there were some mixed results in terms of meeting specific targets, as can be seen from Table 3.

Strand (i) was fully achieved. It involved producing a report on the coverage of carers in the GP curriculum by highlighting the places where carers were already referred to and recommending any amendments or additional wording.

Evidence contained within the report was gathered by searching the existing curriculum for the term 'carer' and recording the occurrence of the term. It was established that there were 48 references to carers within several different statements, most frequently within statements on: care of people with cancer and palliative care; care of people with mental health problems; care of older adults; and care of people with mental health problems. The report concluded, however, that *'all references to carers are very brief and non-specific'* and pointed out that there were no references made to young carers, and that carers' own health needs were not addressed (Simon, 2011: 2). Specific recommendations were made about including more information on carers (including young carers) and giving carers more prominence overall. It was also suggested that the needs of carers should be included, and that potentially a new section focusing on carers could be introduced.

As the RCGP 2011/12 bid to the DH outlined, the curriculum report was only ever intended to provide the RCGP Curriculum Development Board with the evidence required to take forward any major changes in its next revision of the curriculum. The deliverable was not to amend the curriculum (RCGP, 2011).

In late 2011 the curriculum underwent a review which culminated in a substantial restructuring of and amendments to the content, which are reflected in the August

2012 revised statements (available on the RCGP website³). The curriculum report was considered by the Chair of the RCGP Curriculum Development Board in November 2011, and comments were fed back and incorporated into the report which was then submitted to the Department of Health. This process occurred after the amendments for the August 2012 version were agreed so none of the changes have been incorporated to date. However, the report is due to be submitted to the General Medical Council (GMC) in January 2013 for consideration, which is the next opportunity for the recommended changes to be made.

Recommendation

- To report progress of the GP Curriculum changes to the Department of Health after the GMC meeting in January 2013.

Strand (ii) of the RCGP project, continuing professional development, was largely achieved. 195 delegates were trained through face-to-face workshops, which was slightly lower than originally planned (the initial target was 225). More than 60% of the workshop delegates were GPs or primary care professionals, which was one of the targets for this aspect of the continuing professional development work. Delegates were very positive about the training that they had received, with more than 90% rating the workshops as good or very good.

RCGP have initiated a series of three (rather than the initially anticipated four) self-completion questionnaires to map the changes experienced by workshop attendees: pre-workshop; immediately post workshop; and a final questionnaire which was sent in July 2012. The final questionnaire was administered between three and six months after workshop attendance.

RCGP planned to develop in-house, training sessions through the production of a DVD to be distributed to general practices and this element of the work has been almost achieved to date. The DVD was developed in early 2012, involving the filming of one of the RCGP workshops. Originally, the DVD was planned for distribution in April 2012, but this was delayed until August 2012 due to competing priorities such as spending more time than was intended on recruiting GP Champions (see below). The DVD provides a single training session with a recommended completion time of four hours. It is intended that the DVD be used by GPs and practice staff who can work together on completing a self-assessment checklist after watching the training. They can then be supported by a GP Champion if they would like advice and guidance on implementing changes to increase the identification and support of carers.

³http://www.rcgp-curriculum.org.uk/rcgp_-_gp_curriculum_documents/gp_curriculum_statements.aspx

Table 3: Increasing awareness and understanding of supporting carers among general practitioners and primary care practice staff, RCGP: Achievement of targets

Strand (i): Developing the GP Curriculum		
To provide an awareness of carers' issues in GP training in order to influence the next generation of GPs.		
<i>Target</i>	<i>Description of activity</i>	<i>Level of achievement</i>
1. A report indicating where statements about carers are within the current curriculum, and recommending minor amendments.	<p>A report was produced on the coverage of carers in the current GP curriculum by highlighting the places where carers were already referred to and recommending any amendments or additional wording. The report was presented to the Chair of the Curriculum Development Board in November 2011. Comments were fed back and incorporated into the report, before submission to the Department of Health.</p> <p>The report will be considered by the RCGP Curriculum Development Board and the GMC in January 2013.</p>	Fully achieved.
Strand (ii): Continuing Professional Development		
To continue to provide a programme of training using various methods of delivery for GPs, practice staff and other healthcare professionals.		
1. 225 delegates trained at national workshops.	195 delegates trained through face-to-face workshops.	Partially achieved.
2. 60% of delegates at national workshops to be GPs and primary care professionals.	More than 60% were GPs and practice staff.	Fully achieved.
3. Evaluations of national workshops show at least 90% good or very good.	More than 90% of respondents rated the workshops good or very good.	Fully achieved.
4. Deliver four self-completion questionnaires (pre-workshop; post-workshop; three months; six months).	Three questionnaires were delivered (pre-workshop, post-workshop and three / six months on).	Partially achieved.
5. Development of four one-hour sessions for in-house training, using material from workshops: presented as DVDs with notes.	DVD to be produced in August 2012.	Partially achieved (to be fully achieved in August 2012).

<i>Target</i>	<i>Description of activity</i>	<i>Level of achievement</i>
6. 300 GP practices take up 'in house' training.	190 expressions of interest in receiving DVD by July 2012.	Partially achieved.
7. 75% action plans returned after completion of training. 50% three month updated action plans returned. 25% six month updated action plans returned. RCGP certificate on completion of training and returned action plan.	Action plans will be returned after practices have watched the DVD. Practices returning an action plan will be offered the support of a GP Champion. As the DVD has yet to be sent to practices this element of the work cannot yet be achieved.	Not achieved.
8. Evaluation of impact of in-house training.	This has not yet taken place as the DVDs are still in the process of being distributed.	Not achieved.
9. 300 registrations for the special interest group.	249 registrations reported by RCGP by July 2012.	Partially achieved.
10. Identification of themes of discussion from the special interest group for further follow up.	Themes for discussion yet to be identified.	Not achieved.
Strand (iii): Developing leadership		
To recruit GP Champions for carers who will speak on carers' issues at existing national, regional and local events and conferences and champion carers in pathfinder GP Consortia.		
1. 10 clinical GP champions recruited and trained.	9 GP Champions recruited and trained.	(Almost) fully achieved.
2. GP Champions to identify at least 10 case studies.	Work on developing some case studies is underway. As at July 2012, six have been identified and are being prepared for publication on the RCGP website.	Partially achieved.
3. GP Champions to identify at least 10 examples of good practice.	Examples of good practice are being collected by the GP Champions in visits made to individual general practices and CCGs, and shared with RCGP. Examples were also collected from stakeholders at the conference. Outstanding examples of good practice will be collated and published on the RCGP website.	Partially achieved.
4. GP Champions to act as moderators of special interest group.	One GP Champion has acted as moderator for the special interest group.	Partially achieved.

<i>Target</i>	<i>Description of activity</i>	<i>Level of achievement</i>
5. GP Champions to attend a minimum of two local carer and or health events per month.	There is clear evidence of GP Champion engagement in local carer and health events, however the target of two events per month was not met by all GP Champions. Sometimes meetings with representatives were recorded as this type of activity, but there seemed to be insufficient clarity over what constituted an “event”.	Partially achieved.
6. GP Champions to deliver at least three workshops.	Three GP Champions report facilitating workshops both at the conference and at other events in their localities (carers centres, vocational training scheme organisations, etc.), providing information about and raising awareness of carers’ issues. One GP Champion reported contributing to the Carers Trust GP liaison worker conference. Again insufficient clarity over the definition of a workshop makes it difficult to measure.	Partially achieved.
7. Assessment of 210 action plans from in-house training.	The DVD has not yet been distributed and therefore the action plans have not yet been carried out and so cannot be assessed.	Not achieved.
8. In-house training to target some ‘hard to reach’ practices.	No ‘hard to reach’ practices currently identified for targeting purposes.	Not achieved.
(Strand iv) Supporting innovation in commissioning		
To prepare guidance for commissioners within GP Consortia including evidence from the National Carers’ Demonstrator Sites on good practice in supporting carers.		
1. PDF version of guidance to be available on website.	Not yet available. RCGP report that this will be available by August 2012. Evidence that some of the GP Champions have been active in working with CCGs to raise awareness of carers’ issues reflecting some progress in the more general aim to influence commissioners in relation to carers.	Partially achieved.
2. 1000 copies of guidance downloaded from website.	Not applicable as guidance not yet available.	Not achieved.

At the time of compiling this evaluation report RCGP had received expressions of interest for the DVD from 190 of a target 300 general practices. As a result of the delay in the production and distribution of the DVD, the targets for action plans and the evaluation of this aspect of continuing professional development have not yet been achieved.

The final element of this strand of work was to set up a special interest group and to identify themes for discussion. RCGP have achieved a large proportion of the anticipated registrations for this group (249/300) which is now live, and one of the GP Champions is involved in moderating the group.

Recommendations

- To expand the number of practices to receive the DVD and to continue to monitor the impact of the training (face-to-face and DVD) through the longitudinal survey.
- To consider the ongoing use of the special interest group and its usefulness.

The third strand of this element of the project, developing leadership, has almost been achieved. The main aim here was to recruit and train ten clinical GP Champions who would champion carers' issues through general practices and speak on carers' issues at local, regional and national events. Nine GP Champions were eventually recruited, almost reaching the initial target, however this took some time and effort to achieve, and recruitment of the final participants came quite late on in the project. Initial interest shown in the GP Champion role was limited, with only one application and three expressions of interest received by November 2011. The recruitment strategy was discussed at project meetings, and it was agreed in late 2011 that GPs shortlisted for the '*Carers Award*' should be targeted for recruitment into the role, and changes to the advertisements and role descriptions were also considered. The relatively slow recruitment of GP Champions had a knock-on effect on the partnership element of the programme, and on the roles of the Carers Ambassadors and Expert Practitioners (see Section 3.3).

The majority (8/9) of the GP Champions are women, and most are aged between 30 and 39. Recruitment has been spread over all the English regions (see Appendix D).

Specific targets were set for the GP Champions such as identifying examples of good practice, attending a minimum of two local carer or health events per month, and delivering three workshops. There is evidence that some of the GP Champions have been successful in these targets, although clear definitions of what constitutes a local 'carer or health event' and a 'workshop' have not been developed and GP Champions appear to have recorded their activities in different ways. This has meant that it is difficult to assess accurately the level of success that the GP champions have had in this respect. The delays in the development and distribution of the DVDs have also meant that the GP Champions were not able to engage with as many general practices as was initially envisaged.

Recommendations

- To develop a consistent mechanism for GP Champions to report activities using the same information templates for all.
- To develop some clarity in terms of how to classify activities (e.g. as 'event' or meeting) and where possible to record all relevant information (such as number of attendees at events).
- Case studies and good practice examples should be collectively agreed upon (rather than gathered independently) and / or made centrally available.

The final strand of the RCGP project was to support innovation in commissioning by developing guidance from commissioners within GP consortia and these targets have been partially achieved to date. Guidance has been developed for commissioners but it is not yet available on the RCGP website. However, there is evidence that some of the GP Champions have been active in working with CCGs to raise awareness of carers' issues, and therefore progress has been made in the more general aim to influence commissioners in relation to carers.

Recommendation

- To continue to ensure that the guidance for commissioners is disseminated as widely as possible.

Summary

Much progress has been made in the RCGP project, particularly in terms of developing the GP curriculum and commissioning guidance; continuing professional development through regional workshops and the national conference; and the establishment of the special interest group. Many of the anticipated activities are in progress but some have taken longer to develop than the time available in the project, in particular the development of the DVD, the recruitment of GP Champions, and the activities associated with these. Nevertheless mechanisms have now been put in place to progress all aspects of the project and these are expected to come to fruition in the next few months.

2.5 Conclusion

The three consortium organisations set out a fairly ambitious programme of activity to promote the identification and support of carers through general practice within a relatively short time period and much success has been achieved through all three strands of the programme. Carers Trust were particularly successful in: identifying, developing and disseminating examples of good practice of collaborations between carers' organisations and general practices; identifying the training and resource needs of GP Liaison staff; and recruiting and training Expert Practitioners. The recruitment and training of Carer Ambassadors and the accompanying on-line forum were particularly successful elements of the Carers UK part of the programme and RCGP made much progress in terms of developing the GP Curriculum and

continuing professional development, with recruitment of GP Champions gaining momentum towards the end of the programme.

The tight timeframe for the programme was a challenge for all three organisations and as a result not all anticipated targets have been fully met, although Carers Trust, Carers UK and RCGP are working hard to make further progress in these areas. Difficulties in accurately measuring some of the outcomes of the programme and the causal affects of those outcomes have been highlighted during this phase of the programme, particularly relating to carer identification and referral and these evaluative issues will need further work if the programme continues.

3. Supporting Carers in General Practice: evaluating effectiveness

3.1 Introduction

Having discussed the extent to which the overall programme and three projects within it have succeeded in meeting the targets initially set, this section of the report examines the *effectiveness* of the programme and the *impact* that it has had so far in relation to a number of key themes: building capacity, training and raising awareness; partnership working; disseminating and sharing good practice; identifying, referring, and supporting carers; and changing GP attitudes.

3.2 Building capacity: training and raising awareness

As discussed in Section 2, a network of 54 individuals comprising Expert Practitioners, Carers Ambassadors and GP Champions have been recruited across the country, providing a source of expertise on carers issues for use within both the statutory and voluntary sectors including general practices, PCTs, CCGs, patients groups, local authorities, carers' centres and schemes and community organisations. Individuals taking up these opportunities have brought with them different kinds of experience according to the role that they have undertaken: Expert Practitioners are experienced in GP Liaison work which involves engaging with general practices and other healthcare professionals; the volunteer Carer Ambassadors have direct experience of caring issues being carers either now and / or in the past; and the GP Champions are general practitioners with a particular interest in carers. As explained in Section 2, almost all the 54 individuals have received training of one form or another in order to supplement their existing knowledge and provide a standardised level of expertise.

The Expert Practitioners each attended a professional development seminar and feedback from this was generally positive, with participants commenting that the events were particularly useful in assisting them to: network with each other; liaise with others working in their field; and share knowledge and expertise. The seminars covered a range of topics, but those who were interviewed for the evaluation study said that they found the guidance on how to approach and 'sell' their services to GPs particularly valuable. There was, however, a general feeling amongst the in-depth interviewees that more information could have been provided about how partnership working with the GP Champions and the Carers Ambassadors might work on a practical and / or strategic level as *'it seemed like they [Carers Trust] hadn't thought through the relationship between the different people from the different organisations'*.

The Carer Ambassadors similarly attended a briefing training day which was run by the Carers UK project manager and whilst the participants generally found the session useful, those who were interviewed for the evaluation study indicated that there was a lack of detail in the briefing session, and that the session provided

general guidance which could not always be applied at a local level because of geographical differences in organisational structures and partnerships. Some of the Carer Ambassadors suggested that the briefing day did not equip them adequately for their liaison work with general practices, which some of them found a *'little daunting'*. It may therefore be useful going forward for the Carer Ambassadors to receive similar training to the Expert Practitioners in terms of approaching and 'selling' to general practices, alongside more specific training offered by Carers UK for their Ambassador role.

RCGP ran a series of face-to-face workshop training sessions not only for the GP Champions but for those working in general practice. The Expert Practitioners and Carer Ambassadors were also able to attend these sessions (13 and 2 respectively, did so). The workshops were generally highly rated, and positive feedback was received from participants. RCGP carried out their own evaluation of the workshops which provided an insight into the most useful elements, which included: meeting others and listening to their experiences; and information on help available for carers, issues facing them, and the social impact of informal care. Participants suggested that they would have liked additional information on a range of issues including: dealing specifically with psychological problems experienced by carers and carers' rights; more geographically specific local information to enable signposting and referral of carers; and good practice examples.

There was a clear indication from the feedback that the RCGP-run training had inspired the GP and health professional participants to make changes to their existing practice in order to improve their identification and support of carers (see Section 3.5 for further details).

There is evidence to suggest that by creating a network of Carer Ambassadors, Expert Practitioners and GP Champions, capacity has been built and strengthened. For the Expert Practitioners, for example, there is a sense of commonality derived from shared experience of their roles outside of the programme, and the various activities associated with the programme have enabled them to meet and exchange information and to overcome the boundaries that can exist between different voluntary organisations, as one Expert Practitioner said:

'We all experience the same issues and it's comforting to know you're not alone. I am the only one working in this area in my organisation. We've shared advice and information, and although sometimes organisations can be a bit closed there's been none of that.'

It was, however, also suggested that the recruitment of GP liaison workers to the Expert Practitioner role could create divisions between them and others working in their field, because some people could think *'why are they better than I am? I'm doing all that work, why should they have that title?'* This respondent pointed out that not all GP Liaison workers knew about the opportunity to apply for the role of Expert Practitioner, and that this might exacerbate this sort of resentment. On the other

hand, the role of Expert Practitioner was also seen to also be a potential morale booster for other GP liaison workers.

Similarly, an interviewee suggested that the Carers Ambassadors *'have found it rewarding to meet together and share common ground'*. There were also examples of the development of a 'buddy system' to support each other when there was not a GP Champion in place in that locality. The GP Champions too were reported, by an interviewee, to have begun to work together well as a group. Overall, it was suggested that there need to be more opportunities for those fulfilling the individual roles to meet and network with each other, thus facilitating the sharing of good practice and preventing isolation.

By creating a network of trained Expert Practitioners, Carer Ambassadors and GP Champions, the programme has been able to make good progress in raising awareness of carers' issues across a range of organisations, including PCTs, CCGs, patients groups, healthcare professional organisations and voluntary organisations. Awareness-raising has taken place, with Expert Practitioners, Carer Ambassadors and GP Champions disseminating information in different forums, such as meetings, training, workshops and presentations. There appears to be some variability amongst the individuals acting in each of the three roles in terms of the types and numbers of organisations they have engaged with (some of which might be attributable to regional variation). Only two of the GP Champions appear to have visited individual practices, although one reported discontinuing this activity in favour of working at a more strategic level. One of the GP Champions, in particular, has made numerous contacts with CCGs, Carers Leads (at regional, PCT and local authority levels), public health organisations, community well-being organisations, commissioners, and Patient Participation Groups (PPGs). Another GP Champion has engaged with similar individuals and organisations, whilst another said that they had primarily engaged with patients' associations and carers' organisations. All appear to have made contacts across a range of types of organisations (see Box 2).

Interviewees for the evaluation study suggested that a lack of coordination between the three roles had led to some tensions when carrying out awareness raising and dissemination activities. Feedback received from a CEO of a carers' centre, for example, was critical of the dissemination of information obtained through the programme by the Carers Trust, saying it was *'highly patronising'* as they had been provided with guidance on issues that they [the carers' centre] were already aware of, or on good practice that they were already implementing. Another CEO of a carers' centre stated that there are:

'already many materials relating to best practice for working with (and within) primary care...many of us already know how to work with our local primary care teams'.

Box 2: Examples of GP Champion engagement activities

Report February 2012 (GP Champion 1)

- Visits made to two practices
- Presentation made to Patient Participation Group (PPG) and PCT representative.
- Meetings with Regional Carers Lead and NHS PCT Carers Lead.

Report May 2012 (GP Champion 2)

- Meetings with Head of Commissioning (Vulnerable Adults) from PCT; Public Health representative; Community Well-being Commissioning Manager; Chief Executive of carers organisation.
- Visit to one general practice.

Report May 2012 (GPC 3)

- Telephone meetings with Carers Lead (Health and Social Care Partnership).
- Email and telephone introductions made to CCG, local practices, carers' support organisations, Director of Adult Social Care.
- Meeting with representatives of local carers' support organisation.

Report June 2012 (GPC 1)

- Developed and delivered presentations and workshop for locality through a target event to include nine practices, in partnership with Expert Practitioner. Raised awareness of carers' issues and engagement of GPs and practice staff to identify and support carers. Workshop well received. Supporting Carers Action Guide provided to participants.
 - Attended link meeting involving councillor, CEO of carers' centre, PCT Lead for Carers, Head of Community Well-being.
 - Attended Olympia commissioning show.
 - Identifying and collaborating on good practice example with CCG lead for Carers (local).
- Participation in Carer Ambassador briefing day July 2012. Meeting representative from centre for youth and community development.

Another CEO of a carers' centre suggested there were existing good practice models which could be drawn on and that there was a need for all individuals in the three roles to be aware of these, and to avoid duplication. It was evident from the evaluation interviews with the GP Champions that they were not always aware of existing activity. This highlights the importance of those in the three roles working closely together and sharing appropriate information. Indeed raising awareness about carers' issues appeared to work particularly well where it was been done in partnership between individuals working / volunteering in the different roles (see Box 3).

Box 3: Example of good practice - partnership working between an Expert Practitioner and GP Champion

One of the Expert Practitioners reported working closely with a GP Champion, and the two have attended a number of meetings and initiatives together. They have kept in close contact, and the GP Champion has been able to support the Expert Practitioner to evaluate the evidence available to demonstrate the value of identifying and supporting carers through general practice. The GP Champion has also been able to promote the information being disseminated by the Expert Practitioner, and to use their influence to gain access to practices. In turn, the Expert Practitioner has been able to inform the GP Champion about which practices require support in identifying and supporting carers, and which are more proactive. These practices have then been contacted and discussions held to establish what support is required, and how carer related services and procedures could be improved. The Expert Practitioner has also played a key role in sharing knowledge and ideas about good practice, and in providing information about services available for carers. The Expert Practitioner and GP Champion also plan to run workshops for GPs together to raise awareness and to disseminate good practice.

This example clearly demonstrates that it is beneficial for the three roles to work together in a coordinated way and, although steps have been taken in this direction, this is something which should be encouraged further in the future.

Recommendations

- A more coordinated approach to training Expert Practitioners, Carer Ambassadors and GP Champions, providing a common core module with separate specific training sessions for each of the three roles.
- Improved coordination of activities carried out by individuals in the three roles and strengthened partnership working for raising awareness and dissemination.
- An up-to-date and consistent national resource of good practice that reflects the existing work in various local areas that can be used by those in all three roles.

3.3 Working in partnership: improving collaboration between the Carers Trust, Carers UK and RCGP

One of the anticipated outcomes of the programme was to facilitate improved collaboration between the two main carers' organisations in the country (Carers Trust and Carers UK) and RCGP. Carers Trust and Carers UK have collaborated on other initiatives (e.g. Carers Week) to meet their shared aims of supporting carers across the UK, but the closer collaborative working that this programme instigated was a significant step forward for both organisations. The RCGP had previously worked successfully with Carers Trust but not with Carers UK and again this was seen as new territory for the RCGP. It is clear then that the partnership that was formed to deliver this programme was innovative but also presented a challenge to all three organisations.

Evidence from interviews suggests the programme has led to the development of a clearer strategy in terms of how the three organisations can work together more effectively. One interviewee suggested that the fact that new plans and bids are being put together demonstrates that the partnership is felt to be worthwhile. Positive statements were made about the experience of working together, although initial challenges were also noted. One interviewee stated that there had been an acknowledgment of the need for '*closer collaborative working*' and that this is being worked towards. Carer Ambassadors, Expert Practitioners and GP Champions all felt that effective partnership working is something which will continue to develop as the programme progresses, and as certain key practical challenges are addressed, such as the geographical disparity.

To a large extent the way in which the partnership has developed so far, on the ground, can be assessed by the way in which the three roles - Expert Practitioner, Carer Ambassador, and GP Champion - have been coordinated and integrated. Evidence from the on-line survey suggests that there has been some partnership working between the three roles. Indeed, the majority of those who completed the survey reported that they had some contact with their counterparts in the other organisations. All except one of the eight Carers Ambassadors who completed the survey, for example, stated that they had made contact with a GP Champion, which often involved a face-to-face meeting. In addition, four of the eight Carer Ambassadors who completed the survey said that they had also had contact with an Expert Practitioner. Three of the five GP Champions who were surveyed reported having contact with both Expert Practitioners and Carer Ambassadors, through a mixture of one-to-one meetings and interaction at events such as training sessions and conferences. Similarly three of the seven Expert Practitioners who completed the survey stated that they had made contact with both Carer Ambassadors and GP Champions through the same kind of forums.

It was, however, evident from the in-depth interviews with individuals engaged in all three roles that, although some contact had been made, most had not so far managed to develop a close working relationship and were often still developing ways of doing so. This probably reflects the short period of time that they have been in post rather than a widespread reluctance to work together. The majority of those who were interviewed, in fact, indicated that they viewed these partnership relationships as useful. The Carer Ambassadors, for example, thought that working with GP Champions would provide a useful insight into which practices needed advice or encouragement around supporting carers. The Carer Ambassadors were similarly seen by GP Champions as a useful partner, who could provide insight into the experience of carers, and bring knowledge of available services and of carers' issues.

Where there was evidence of close partnership working between the roles, positive benefits were reported to emerge (see Boxes 4 and 5).

Box 4: Example of good practice - partnership working between a Carer Ambassador and a GP Champion

A GP Champion reported useful partnership working with a Carer Ambassador. Their main activity was to visit local carers' organisations together, though they also attended other meetings together. They collectively gathered some examples of good practice. The Carer Ambassador was able to support the GP Champion in identifying key issues for carers, and brought a valuable insight into the experience of being a carer. Together they have gained a good knowledge of services for carers, and of carers' rights.

Another Expert Practitioner who had not had the opportunity of partnership working in this way, primarily because there was not a GP champion recruited in the same locality, felt that having a local GP champion might have helped her overcome some of the barriers she had faced in trying to engage with GPs and practice staff. In this sense, GP Champions were seen to have valuable influence as well as being a source of knowledge.

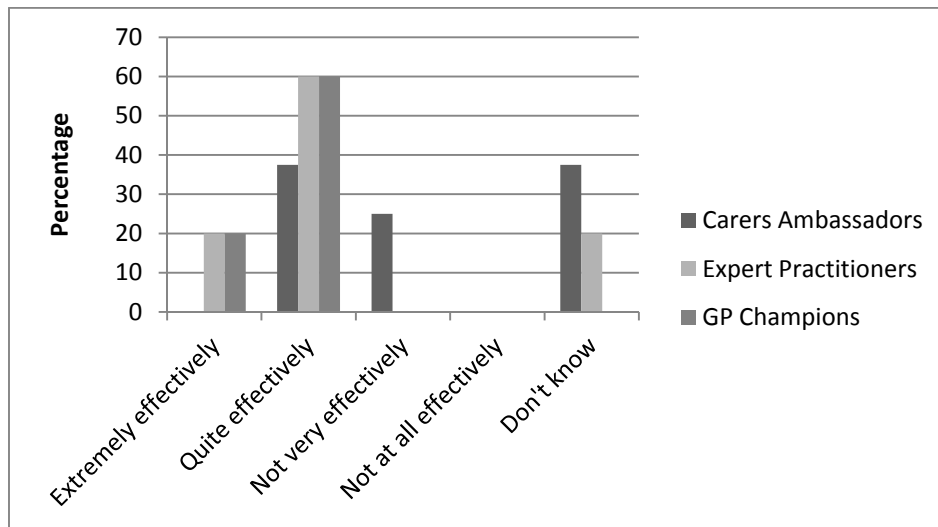
There are, therefore, some examples of positive collaborative working between the roles, although the evidence from the survey carried out for this evaluation does suggest that the Carers Ambassadors have perhaps been less integrated than the other two roles. As Table 4 shows, the Carer Ambassadors reported less positively on the effectiveness of current practice in terms of information and good practice sharing within the consortium (see Figure 1).

Box 5: Good Practice Example - benefits of an Expert Practitioner and GP Champion joining forces

An Expert Practitioner who reported to have worked in partnership with a GP Champion felt that this partnership had a number of benefits:

- It provided the Expert Practitioner with an insight into the 'GP perspective' facilitating a greater understanding of the kinds of evidence GPs might be looking for to start improving their support for carers.
- GPs were felt to have access to contacts and other knowledge which the Expert Practitioners do not, and working with the GP Champions meant that they *'could open doors we [the expert Practitioners] don't even know about'*.
- The GP Champion was seen by the Expert Practitioner as *'an extra foot on the ground'*, able to raise awareness of the Expert Practitioner's activities and information to support and identify carers.
- It had vastly increased numbers of GPs and others wanting to get involved in carer identification and support.

Figure 1: How effectively are Carers UK, RCGP and Carers Trust currently working together to share information and good practice concerning supporting carers - survey results (%)



Although there was not evidence of extensive and close partnership working between all those in the three roles, the importance of partnership working was recognised by most and relations between the three organisations had strengthened towards the end of the programme, which is evidenced by joint meetings, conferences and a joint proposal to the Department of Health for additional funding to extend the length and activities of the programme. A project manager in one of the organisations said:

Going forward the partner organisations need to be more co-ordinated, and they also need more co-ordinated working at a local level. The best way to achieve change is to work in a co-ordinated way: both locally and nationally.

There were however a number of challenges which emerged in pursuing partnership working between the three roles and these need to be kept in mind and addressed by the three organisations in the future, including: the diverse locations of the roles; perceived competition between the organisations; and potential conflict between professional and voluntary roles.

Physical distance between the locality bases of the three roles were a factor limiting the ability of individuals to work with each other. The Expert Practitioners, Carer Ambassadors and GP Champions were often recruited in different geographical areas, even when working in the same region. In relation to the roles of the former two this was the initial intention in order to avoid duplication of activity, although in hindsight closer working relations between all three roles would have been beneficial. In relation to the latter two, recruitment was anticipated to take place in similar areas but the initial difficulties encountered in recruiting the GP Champions meant that this was not necessarily practical over the short timeframe of the programme. Carers UK had invited applications from all English regions, and had

only recruited one Carer Ambassador through locally targeted recruitment. Moreover, in localities where there were different roles operating alongside each other there were reports of 'political tensions' between roles and some interviewees drew attention to the 'sensitivity' needed to work effectively in partnership with others, with one interviewee suggesting that *'in some ways it would have been easier to do things on my own'*.

Perceived competition between the organisations was an additional challenge. There were some concerns by those working for the Carers Trust that the activities of the Carer Ambassadors would potentially overlap, duplicate, and possibly interfere with the work of the Expert Practitioners. However evidence from the interviews with Expert Practitioners reveals that these concerns were not shared by all. The Expert Practitioners who had met with Carer Ambassadors reported that they derived value from learning about their experiences and activities, and as another Expert Practitioner stated:

'It would be nice to have one [a carer ambassador] nearby to draw on as a resource'.

Evidence from the evaluative study indicates that there have been some tensions associated with the partnership between the professional membership body of the RCGP and the voluntary sector organisations of Carers Trust, but in particular Carers UK (who represented a new partner for RCGP). An Expert Practitioner, for example, said that sometimes the voluntary sector is seen as 'less professional' and this view was to some extent replicated by some of the GP Champion's comments. This perception can potentially be overcome through closer working relationships between the three organisations, which will hopefully emerge overtime.

It was also suggested in the interviews that there was a potential tension between the voluntary status of the Carer Ambassadors and the paid worker status of the Expert Practitioners and GP Champions. This manifested itself in various forms. The Carer Ambassadors role was perceived as a potential threat by some health professionals and employees of local carers' centres and schemes, which may have been exacerbated by wider concerns relating to the changing environment in the NHS and cuts to funding of carers' services in some areas. Others felt uneasy working with volunteers when they were being paid for a similar role. One GP Champion, for example, felt she did not want to ask too much of her Carer Ambassador counterpart, knowing that he / she was working on an unpaid basis. The management of the volunteer Carer Ambassadors was also raised as a challenging issue, and there was a suggestion that it had been important to work carefully with these volunteers to make sure they came across in the right way to GPs. Some examples were cited of Carer Ambassadors venting their frustration and anger at GPs about their own experiences of caring and the treatment they had received.

To some extent these challenges in partnership working experienced on the ground by the three different roles reflected a lack of strategic guidance given to the staff / volunteers in terms of how the partnership might work in practice. This may have been exacerbated by the fact that although the RCGP Project Manager had final say on all activity she did not have direct line management responsibility for the GP Champions (this was done by GP Clinical Leads). Similarly, the Carers Trust Project Manager was not able to directly influence the day to day activities of the Expert Practitioners (because they were employed by local carers' centres and schemes). One Expert Practitioner spoke about a need for more *background information* to enable understanding of the aims and objectives of the different roles, as well as practical guidance on how to work together effectively. Similarly, one GP Champion suggested that there was a *'need to define what the roles are and how to work together'*.

Recommendations

- Recruitment of Expert Practitioners, Carer Ambassadors and GP champions in the same geographical localities but with clear guidance on their roles and responsibilities and how they should work together.
- Possibly consider a clearer division of tasks between the three roles with the GP Champions focussing on championing carers through CCGs and setting up meetings with individual practices, Expert Practitioners to maintain the link between general practices and carers' centres and schemes; and Carer Ambassadors to support the above activities and engage more closely with individual GP practices and carers.
- To provide more strategic guidance on partnership working.
- To provide more networking opportunities both within and between role types.

3.4 Disseminating and sharing good practice

A key outcome that was expected to emerge out of the programme was the identification and dissemination of good practice. The activities led by the Carers Trust aimed to develop and disseminate examples of good practice of collaborations between general practice and carers' centres and schemes, and as outlined in the previous section, nine examples of good practice have been identified and disseminated through the Carers Trust intranet (see Box 6 for a summary of these good practice examples).

Box 6: Examples of good practice - effective collaborations between general practice and carers' centres and schemes

- Running a workshop for GPs about BME carers.
- Using medical students to engage with general practices.
- Providing general practices with carer information packs.
- Creating a newsletter for general practices.
- 'In-surgery' appointments for GP liaison workers.
- Overhauling a general practice's carers' register.
- Running coffee mornings for carers in general practice.
- Appointing carers' leads in general practices.
- Carer information points in practices.

These good practice examples are taken from various localities around the country and there is sufficient detail within them to enable other general practices and carers' centres and schemes to think about how these examples or variations of them can be implemented locally. Box 7 summarises one of the good practice examples which provides carer information packs to general practices.

Box 7: Good Practice example: providing general practices with carer information packs

The Carers' Centre Brighton and Hove produces information packs relating to carers' support services in the area and carers are provided with a card which they can use to self-refer to the carers' centre. The information is placed in an envelope which the practice can keep easily and access when required. The information pack contains: a letter from the carers' centre; a leaflet about the carers' centre; leaflets about specific initiatives and activities run by the carers' centre; leaflets produced by the local authority and PCT relating to carers issues; a carers' card which provides discounts for shops and services; a self-referral postcard and a free-post envelope to the carers' centre. Since 2009, 1,500 packs have been distributed to carers from six pilot general practices. This approach has been particularly effective as practice staff are required to do very little but it is helpful if staff from carers' centres and schemes work closely with practices to support practice staff in the identification of carers. It is particularly useful to code the packs so that it is clear which practices carer referrals are coming from and to monitor the effectiveness of the initiative.

The Carers Trust resource of good practice examples has been a positive development emerging from the programme but it is important going forward that the success of these examples is monitored and that they are shared with and understood not only by the Expert Practitioners, but also by the Carer Ambassadors

and GP Champions, so that they can encourage implementation of appropriate initiatives in their local general practices.

In addition to these good practice examples, the Carer Ambassadors and GP Champions were tasked with developing their own case studies of carer experiences and examples of good practice in general practice but due to the time that it has taken to recruit and train these individuals, the short timescale of this project, and the challenges of accessing general practices and other healthcare professionals, less progress has been made in this respect (as explained in Section 2). Box 8 outlines some examples of good practice collected by a GP Champion when visiting general practices.

Box 8: Examples of good practice reported in a GP Champion's practice visit notes

- Practice has a Carers' Champion, who arranges coffee mornings and other group meetings. They also regularly meet a liaison officer from regional carers' organisation.
- Practice has developed an introductory pack containing relevant information for newly identified carers.
- Practice offers flexibility in appointments for carers, and arranges regular health checks.

GP Champions have reported examples of informally sharing good practice such as those outlined in Box 8 to support the improvement of procedures in individual practices, as well as discussing these in meetings and events, and many have attempted to disseminate good practice through the distribution of the 'Supporting Carers Action Plan'.

As the number of Carer Ambassadors and GP Champions increase and they become more embedded in their roles, more examples of good practice and case studies will inevitably emerge. It is essential that a standardised template for collecting and monitoring this information is developed (similar to the ones created by the Carers Trust to gather data on the examples of good practice in collaborations between general practice and carers' centres and schemes) and that this information is shared in a consistent and methodical way between the Expert Practitioners, Carer Ambassadors and GP Champions. There is currently a range of information provided on the three organisations' websites⁴ and this would appear to be a cost effective way of disseminating the information. However, for this information to be effectively disseminated, the Expert Practitioners, Carer Ambassadors and GP

⁴ Carers UK <http://www.carersuk.org>; Carers Trust <http://www.carers.org>; RCGP <http://www.rcgp.org.uk> .

Champions need to find innovative ways of bringing the information to the attention of general practice and staff at carers' centres and schemes.

Recommendations

- To continue to collect examples of good practice (of activities carried out by general practices, carers' centres and schemes, Expert Practitioners, Carer Ambassadors and GP Champions) but in a standardised and consistent way, and to put measures in place to monitor the success of the good practice in relation to carer identification, referral and support.
- To ensure that the good practice examples available across the three organisations are pooled and disseminated as widely as possible by making them available in a single document.

3.5 Identifying, referring and supporting carers

Increasing the number of carers identified, referred to carers' centres and schemes (and elsewhere), and provided with support was a key aim of the Supporting Carers in General Practice programme. Collecting evidence to assess the achievement of this outcome has, however, been a big challenge, particularly for the evaluation team. Initially it was anticipated that the Expert Practitioners, Carers Ambassadors and GP Champions would obtain information from general practices and carers' centres and schemes that they were engaging with, relating to the numbers of carers identified, referred and supported through the programme's activities. However, as explained in Section 1, this proved difficult to establish within the timeframe of the evaluation study, with even baseline data appearing difficult to collect.

Nevertheless, within the three projects, there has been some limited evidence collected relating to the numbers of carers identified by individual practices on the carers' registers, and the proportion of patient lists that this figure constitutes, as Table 4 shows.

Table 4: Numbers of carers identified and recorded at individual practices

Practice name	Number of carers identified before visit	Percentage of patients (%)	Number of carers identified after visit
Bridge Cottage	84	0.5	-
Garden City	36	-	114
Lister House	61	-	-
Marymead	301	2.4	-
Potterells	65	0.8	-
Highview	197	1.15	-
Peartree	-	-	-

(- Data Missing)

The data available here demonstrates the need for more consistent data collection to enable an evaluation of the impact of this programme. However, it also shows that in the one practice for which evidence is available there has been a clear improvement in the numbers of carers identified since the GP Champion's visit. Although there is insufficient evidence to explain the exact reasons for the increase in the number of carers identified in this practice, the GP Champion's visit is likely to have been a contributory factor. There is also evidence suggesting that some general practices agreed to change and / or develop their methods of identifying and supporting carers after GP Champion visits (see Box 9).

Box 9: Example of good practice - the positive impact of GP Champions on general practice attitudes and understanding of carers' issues

One GP Champion visited seven individual general practices to map their current activity in relation to supporting and identifying carers, and to share with them some examples of good practice. The GP Champion felt that these visits had a positive influence on the practices.

Reports submitted to the RCGP also state that a number of practices underwent change following GP Champion visits, for example, one practice appointed a Carers Lead, another used the checklist in the Action Guide, and another started to find ways to be more proactive in this area in the future.

There was a clear indication from the feedback from the RCGP workshops that the training had inspired the GP and health professional participants to make changes to their existing practice in order to improve their identification and support of carers. This included activities such as: appointing dedicated staff; introducing a carers' register; developing a carers' policy; and developing an action plan. Furthermore, it appeared that the attitudes and awareness of many workshop attendees of carers' issues had changed as a result of participation in the workshop (see Box 10).

Box 10: Comments from workshop participants about planned changes to general practice

'Recruit a carer champion, change the format of the [health] check from previous ones and have feedback from the [health] checks'.

'Educate GPs on importance of carers and effect on their health of being a carer. Set up carers lead'.

'Try and implement action plan in my practice. Ask carers centre to come into practice for educational session. Flu vaccinations for carers. A potential audit for revalidation'.

'Enhance existing practical support for carers and their families, and develop signposting further'.

Interviews with individuals in all three roles undertaken for the evaluation study, together with the documentary evidence provided by the three respective organisations, suggest that there has been some activity in terms of identifying local sources of support. However, again no data has been provided on the numbers of carers referred to carers' centres and schemes or support agencies as a result of this programme, or on the impact that support provided within general practice has had upon carers.

Overall then there has been little systematic collection of data which would enable an evaluation of the success of activities carried out as part of this programme, in terms of influence on the numbers of carers identified, referred to and supported by carers' centres and schemes. This is partly due to limitations in the recording of data by general practices themselves. In order for the research team to evaluate these very important aspects of the programme's outcomes accurately, it is important that all parties, including the programme evaluators, work together to establish a consistent way in which data can be collected over time.

Recommendations

- At the earliest opportunity, develop agreed templates for collection of data which can be shared within the consortium, ensure that all parties agree to assist in this process.
- To assess the kinds of carers who are being identified and supported as part of the data collection process (including self-funders) and the impact this has on them in the short, medium and longer term.
- To identify what type of data is being collected routinely by general practices across England and to discuss with the Department of Health the possibility of addressing gaps in data available.
- To ensure that sufficient time and effort is directed towards engaging with general practices in relation to evaluation activities.

3.6. Changing GP attitudes

Figures A-D (Appendix E) demonstrate the perceptions amongst Expert Practitioner, Carer Ambassador and GP Champion respondents to the on-line survey about GP's attitudes and activities in terms of supporting carers in general practice. Figures A and B show that most feel that GPs do not take an active role in supporting carers, and that GPs do not feel that general practice has much to offer carers. Figure C shows that most respondents felt there was some awareness amongst GPs of the emotional issues carers might face, whilst Figure D shows that many people felt that GPs were unaware that carers might have to give up paid employment as a result of their caring role. This evidence provides some baseline data for the evaluation against which future changes in GP attitudes and activities carried out in practices may be measured against.

The ultimate outcome of the programme was anticipated to be a greater understanding and knowledge by GPs of carers and carers' issues and a demonstrable change in the attitudes of GPs towards carers. Changing attitudes is inevitably a slow process and it was perhaps over-optimistic to expect a marked change in GP attitudes through interventions that were implemented over such a short period of time. Indeed, as previously mentioned, difficulties were experienced by both the Expert Practitioners and Carers Ambassador in engaging with GPs.

Contact information for GPs was not always available, and the busy schedules of individual GPs meant that arranging meetings with them could take some time. GP Champions appear to have experienced fewer difficulties in this respect, and found it easier to negotiate an audience with a GP than their non-GP counterparts acting as either Expert Practitioners or Carer Ambassadors. Moreover, some of the GP Champions reported that even when they had managed to arrange a meeting with a GP, they sometimes still encountered difficulties in persuading GPs of the value of introducing strategies for identifying and supporting carers. There was frequent mention from both the Expert Practitioners and GP Champions of the fact that GPs tend to want clear evidence showing that identifying and supporting carers results in benefits for their practices, and in particular showing the business case for engaging in these activities. In other words, they need evidence to show how supporting carers can help to save time and money for individual practices. One of the GP champions stated that *'evidencing cost-benefits is still a challenging area'*, but is important for ensuring GPs are pro-active. There was also evidence from the telephone interviews that Expert Practitioners were keen to establish *'what works...and the relative costs'* of different strategies to support and identify carers in order to be able to provide clear advice and evidence to GPs and others. This supports the need for rigorous evidence to be collected to measure the impact of the programme and any future activities, as mentioned in Section 2, and to explore and agree methods of evaluating cost effectiveness and calculating cost savings to support the business case (see Section 4).

Some of the work carried out by the GP Champions was done at a more strategic level or through meetings with multiple general practices at once. It is likely to take more time to see the direct effects of this kind of engagement and at the time the evaluative evidence was being collected it was less clear, what the outcomes were of this kind of strategic level engagement.

Recommendations

- To develop and agree a method of mapping changing attitudes of general practitioners towards carers and carers' issues.

3.7 Conclusion

Overall then the Supporting Carers in General Practice programme has started to make a significant impact in a number of key areas, helping build the capacity of individuals working with carers within different localities throughout the country

through a network of trained Expert Practitioners, Carer Ambassadors and GP Champions. By working together to deliver the three different but interconnected aspects of the programme collaboration between Carers Trust, Carers UK and RCGP has improved, something which is reflected in the way in which the three organisations have all contributed to the dissemination and sharing of good practice. Some progress in relation to identifying, referring, and supporting carers, and changing GP attitudes has undoubtedly been made but has been difficult to measure due to the absence of appropriate data.

4. Delivering cost effective support

4.1 Introduction

Having discussed the extent to which the overall programme and the three projects within it have been successful in meeting the initial targets envisaged as well as contributing to a number of key areas: capacity building; partnership working; identify, referring and supporting carers; and changing GP attitudes, this final section of the report starts to look at the costs involved in providing the support.

Assessing the cost effectiveness of particular programmes of support requires the availability of financial and monitoring data relating to both project inputs and outputs for both the programme under scrutiny but also for comparable initiatives. As stated earlier in this report very little relevant data is available to inform a meaningful discussion in this respect at present. However, the research team are working closely with all three organisations: Carers Trust; Carers UK; and RCGP to explore consistent ways of collating these kinds of data for the future.

The data presented in this section provide some baseline financial information relating to the costs of the initiatives so far and are intended to provide some insight into what the costs might be for other organisations wishing to either commission or develop similar initiatives. It is anticipated that a more detailed review of the cost effectiveness and potential costs savings associated with the programme be developed in the next stage of the evaluation, subject to continuation of DH funding.

4.2 Total funding and costs of the initiatives

Table 5 outlines the amount of funding that each project received from the DH and the amount of funding that was spent on specific activities. In total, the DH allocated the Supporting Carers in General Practice programme just under £787,000, with RCGP receiving the majority of this allocation for its activities (£504,706), whilst both Carers UK and Carers Trust received relatively similar amounts of funding (£138,070 and £143,277 respectively). The lower levels of funding allocations for both Carers Trust and Carers UK are likely to represent the lower staff costs associated with their voluntary run organisations when compared to the higher staff costs associated with the professional membership body of the RCGP. In addition, RCGP pay GP Champions in order to cover locum and associated costs.

There was an under-spend across all three projects which can be explained by the fact that the approval of the funding took longer than anticipated and therefore the activities had to be condensed into a shorter period of time. It inevitably took time to initiate the new activities and put structures in place to support them and consequently not all the funding or activities which were originally envisaged have yet taken place.

Table 5: Supporting Carers in General Practice: Funding and costs (£)

Carer Ambassadors Project, Carers UK										
Total DH funding allocated	Total spent	Project staff salaries	Project staff expenses	Overheads	Recruitment	CA//EP/GP champion role related costs	Marketing and Publicity	Training	Research	Resource production
138,070	100,110	54,510	8,500	26,000	5,000	4,500	0	1,600	0	0
Maximising Expertise and Partnerships to Identify and Support Carers, Carers Trust										
143,277	92,498	41,930	5,020	31,005	0	0	0	10,881	3,000	662
Increasing awareness and understanding of supporting carers among General Practitioners and Primary Care practice staff, RCGP										
504,706	358,507	60,343	8,005	36,000	5,775	118,357	0	89,047	16,832	24,148

4.3 Identifying costs of specific initiatives

As the specific initiatives run by all three organisations have varied quite substantially and as the financial and organisation structures are quite different it is difficult to make direct comparisons with regard to the costs of the specific initiatives.

It can be seen from Table 5 that there were not just variations in the total amounts of funding and overall project spend but also in the costs of the specific elements of the three projects. The varying costs to some extent reflect the different nature of the organisations involved and of the roles of GP Champions, Expert Practitioners and Carer Ambassadors. For example, whilst the Carer Ambassadors are unpaid volunteers, the Expert Practitioners are already employed as GP Liaison Workers at carers' centres (but do not currently get paid an additional fee for their new role), and the GP Champions (who are also paid employees), have their time away from their main role compensated for out of the RCGP project budget. There are also clear differences in the specific kinds of research, scoping activities, training and resource outputs carried out by the three organisations which are reflected in financial differences.

Project staff costs (salaries and expenses)

The project staff salaries were similar for all three organisations. They were lowest for the Carers Trust at approximately £42,000 and highest for RCGP at approximately £60,000. The slightly higher costs of the latter reflects the greater number of staff involved in the RCGP project (it was comparatively more multifaceted) and the fact that some staff costs of GP clinical leads were covered in the RCGP project.

Recruitment

Recruitment costs (covering staff posts and project roles) for both Carers UK and RCGP were roughly similar and this enabled the organisations to use a variety of methods to recruit project staff, Carer Ambassadors and GP Champions. Carers UK recruited Carer Ambassadors primarily through its website and member newsletters and through interviewing candidates over the telephone, whilst RCGP advertised the GP Champion role amongst GPs in two stages due to the initially slow recruit of GPs to this role. Carers Trust, in contrast, reported no expenditure on recruitment of the Expert Practitioners as potential recruits were identified during regional workshops for existing GP liaison workers, who were then invited to apply for the role, meaning that no costs were associated with publicity or advertisements (Table 5).

Carer Ambassador, Expert Practitioner and GP Champion role-related costs

The main differences in the costs of the three projects relate to different roles of the Carers Ambassadors, Expert Practitioners and GP Champions. As the Expert Practitioners were already employed as GP Liaison Workers at carers' centres (and did not get paid an additional fee for their new role), there were no costs associated with their role. The cost of the Carer Ambassadors was comparatively low also, as they are volunteers and not paid for their time. The costs of their roles therefore

cover out-of-pocket costs only such as travel, subsistence and respite care, and this amounted to just £4,500 for the duration of the project. Role-associated expenses were considerably higher for the GP Champions (£118,357) as the GPs working in these roles were paid a daily rate for their involvement in the project's activities.

Training

There is some variation amongst the organisations in terms of the costs of training. The Carers UK training costs were the lowest, primarily because this role was taken on internally by the project manager and covered training of the Carer Ambassadors only. The costs of training the Expert Practitioners for the Carers Trust was slightly higher as this involved a series of regional workshops. However, the RCGP training costs were significantly higher than for both Carers UK and Carers Trust at almost £90,000. The training element of the RCGP project, as discussed previously, was wider than simply training the GP Champions and included workshops for a wider group of participants including health professionals and general practitioners, as well as the GP Champions, Carer Ambassadors and Expert Practitioners. The training costs for RCGP also included the organisation of a national conference.

Research and resource development

Again there are quite significant differences in the costs of research-related activities amongst the organisations. Whilst Carers Trust focused on scoping good practice and engaging with healthcare professionals through relatively low-cost means, RCGP was involved in more in-depth research requiring the involvement of a clinical lead for the GP Curriculum review. RCGP also spent an additional £24,000 on resource development which included the production of the training DVD and the establishment of the on-line forum.

4.4 Summary

It has been difficult to make comparisons relating to the costs of the initiatives that have been put in place as appropriate data relating to both project inputs and outputs are not available. Although it can be seen that activities run by voluntary organisations are relatively low cost in comparison to those offered by a professional membership body such as the RCGP, conclusions about the cost effectiveness of the very different approaches of utilising paid workers and volunteers cannot be made without further detail relating to the measurable outputs of each approach.

5. Conclusions and recommendations

The supporting carers in general practice programme aimed to improve the identification and support of carers through a partnership comprising Carers Trust, Carers UK, and RCGP. The partnership acknowledged that carers can often experience particular health needs, whilst also being difficult to identify and therefore support. The key aims of the programme were to: collect and share good practice in identifying and supporting carers; to improve the care and support carers receive; to involve carers in the planning, design and delivery of care packages; and to raise awareness of carers' issues amongst GPs, practice staff and health professionals.

Specific recommendations for each of the three consortium organisations are included throughout the report (see sections 2.2, 2.3 and 2.4). In this final section, the key findings of the programme evaluation are summarised, and some overall recommendations of general relevance to the programme and its partners are drawn out.

5.1 Meeting programme targets

Within the fairly short time period of the programme each of the consortium organisations made good progress towards achieving the relatively ambitious aims initially set out. Due to time restrictions not all of the aims for the programme have been met, although further progress continues to be achieved by all the partner organisations and it is clear that the aims are largely achievable over a longer period of time. Particular successes were achieved by Carers Trust in their development and dissemination of good practice of collaborative work between general practices and carers' centres and schemes, in their work in identifying the training and resource needs of GP liaison staff and health professionals, and in their recruitment and training of Expert Practitioners. For Carers UK, the main successes were in the recruitment and training of the Carer Ambassadors and the development of the on-line forum. RCGP made good progress in terms of assessing and suggesting developments for the GP curriculum relating to carers, and in the continuing professional development elements of their programme. Whilst at first the recruitment of GP Champions was slow, there were increasing numbers of recruits to this role more recently.

Within this report it has been noted that some outcomes of the programme have been difficult to measure primarily due to a lack of consistent and / or comprehensive data, particularly around the outcomes of carer identification and referral and also GP attitudes. Specific recommendations around the measurement of outcomes are provided below.

5.2 Building Capacity

The programme successfully developed a network of 54 individuals across the country comprising Expert Practitioners, Carers Ambassadors and GP Champions who were trained (through professional development seminars, briefing days and workshops respectively). The network contributed to the building and strengthening

of existing capacity and provided a source of expertise on carers' issues for use within both the statutory and voluntary sectors including general practices, PCTs, CCGs, patients groups, local authorities, carers' centres and schemes and community organisations. Some close partnership working between members of the network took place and where this was evident it was largely successful.

Recommendation

- To develop a more coordinated approach to training Expert Practitioners, Carer Ambassadors and GP Champions.

5.3 Working in partnership

A key aim of the programme was to facilitate collaboration between the three partner organisations: the Carers Trust; Carers UK; and RCGP. Whilst it was acknowledged that there were some initial challenges and concerns about this partnership, the experience of all three organisations within the consortium appears generally to have been a positive one, and a clearer strategy has emerged in terms of how the partnership can work in practice in the future, something which all three organisations are keen to pursue.

The Carer Ambassadors, GP Champions and Expert Practitioners reported mixed experiences of working in partnership with each other. To some extent this has been due to practical barriers, for example the recruitment for the different roles tended to take place in different locations, meaning that individuals in the roles were sometimes geographically isolated. There were one or two examples of very productive and effective partnerships developing between the three roles but further progress in this respect is required. Overall, it was felt that the partnership was useful and valuable for each of the three roles, but that this would require time to develop as well as needing a clear strategic vision of the how this would work in practice.

Some concerns about the potential for tensions to emerge between the organisations were expressed, although these appeared to be largely unfounded. Whilst there was some mention that the voluntary sector was sometimes perceived negatively by GPs, it appeared that closer working relationships contributed to overcoming such barriers and misperceptions. The current changes and reforms in the health service meant that some health professionals were feeling particularly vulnerable and viewed the role of the volunteer Carer Ambassadors as a potential threat to their jobs. There were also some tensions associated with volunteers and paid workers working alongside each other in the programme, both in terms of perceived fairness and management of the roles.

Recommendations

- Recruitment of Expert Practitioners, Carer Ambassadors and GP champions in the same geographical localities but with clear guidance on their roles and responsibilities and how they should work together.
- Possibly consider a clearer division of tasks between the three roles with the GP Champions focussing on championing carers through CCGs and setting up meetings with individual practices; Expert Practitioners to maintain the link between general practices and carers' centres and schemes; and Carer Ambassadors to support the above activities and engage more closely with individual GP practices and carers.
- To provide more strategic guidance on partnership working.
- To provide more networking opportunities both within and between role types.

5.4 Disseminating and sharing good practice

The development of good practice was a key aim of the programme. Carers Trust developed nine good practice examples of collaborations between general practices and carers' centres and schemes, taken from around the country, which were disseminated through the Trust's intranet. Whilst good practice and case studies were also collected and informally shared by the Carers Ambassadors and GP Champions, due to time limitations and the need to focus on particular kinds of activities, these have largely yet to be formally written up and disseminated. Going forward there should be broad agreement on the key success factors which constitute good practice, and continued monitoring, updating and dissemination of the good practice examples. The sharing of good practice within the consortium needs to be both consistent and methodical, and new and innovative ways of disseminating information could usefully be identified. Overall, it can be concluded that the programme would benefit from a more standardised approach to identifying and disseminating good practice in the future.

Recommendations

- To continue to collect examples of good practice (of activities carried out by general practices, carers' centres and schemes, Expert Practitioners, Carer Ambassadors and GP Champions) but in a standardised and consistent way, and to put measures in place to monitor the success of good practice in relation to carer identification, referral and support.
- To ensure that the good practice examples available across the three organisations are pooled and disseminated as widely as possible by making them available in a single document.

5.5 Identifying, referring and supporting carers

Identifying, referring and supporting carers was another key aim of the programme, but this proved to be one of the most challenging aspects of the evaluation, primarily due to the absence of consistent data to measure success in this respect. Whilst many activities have been carried out to achieve outcomes in this area, there has been limited evidence and a lack of baseline data against which change can be measured. To some extent this is due to a lack of data recording and collection at general practice level, but in order to map and measure progress in this important area, appropriate and consistent means of data collection need to be identified, agreed and implemented amongst the partner organisations and the evaluation team.

Recommendations

- To develop, at the earliest opportunity, agreed templates for collection of data which can be shared within the consortium, and to ensure that all parties agree to assist in this process.
- To assess the kinds of carers who are being identified and supported as part of the data collection process (including self-funders) and the impact this has on them in the short, medium and longer term.
- To identify what type of data is being collected routinely by general practices across England and to discuss with the Department of Health the possibility of addressing gaps in available data.
- To ensure that sufficient time and effort is directed towards engaging with general practices in relation to evaluation activities.

5.6 Changing GP attitudes

Changes in the attitudes of GPs towards carers and increased awareness and knowledge of carers' issues were envisaged as the ultimate outcomes of this programme. Baseline data against which changes might be measured were collected in an on-line survey which explored perceptions of GPs' awareness of and attitudes towards carers. These kinds of data are required to enable a strategic level understanding of the impact / outcomes of activities carried out. Evaluating attitudinal change is, however, a complex task and again requires more effective and consistent data collection than has taken place so far. Nevertheless, the aim of changing attitudes is to some extent an ambitious one, and likely to be slow in its realisation.

Recommendation

- To develop and agree a method of mapping GP attitudinal change towards carers and carers' issues.

5.7 Delivering cost effective support

It has been difficult to make comparisons relating to the costs of the initiatives that have been put in place as appropriate data relating to both project inputs and outputs have not been available. Activities run by voluntary organisations have been relatively low cost in comparison to those offered by the professional membership body, RCGP. However, it has not been possible to make any concrete conclusions about the cost effectiveness of the very different approaches of utilising paid workers and volunteers without further detail relating to the measurable outputs of each approach.

Recommendation

- To develop and agree a series of realistic and comparable inputs and outputs by which the three projects and overall programme can be measured against.

Overall the programme has made some very positive contributions to the identification and support of carers through general practice: it has demonstrated the potential for carers to be identified and supported through a network of trained volunteers and health professionals; it has brought together three very different organisations across the voluntary and statutory sector, facilitating partnership working between organisations and individuals who were previously working in similar areas, but were not always working together; it has highlighted the many examples of good practice in relation to collaboration between carers' centres (and schemes) and general practice, and the value of bringing those examples together through dissemination; and it has demonstrated the challenges and difficulties of identifying and supporting carers, of collecting robust supporting evidence, of identifying and mapping change in terms of identification, referral and attitudes. A number of recommendations for the future development of the programme overall and for the individual projects within it have been identified which, if taken on board, will help to build on the progress that has already been achieved by the three organisations, in such a short period of time.

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Appendix A: On-line survey

Summary of Questions asked for Carer Ambassador Survey (only the questions asked are provided here, although the on-line survey offered response options for many of the questions).

1. Name:
2. Email address:
3. Telephone number:
4. Approximate date you began your Carer Ambassador role:
5. Your gender:
6. Your age:
7. Your employment status:
8. What is your ethnic group?
9. Do you currently have, or have you had in the past, a caring role? "By 'care' we mean providing support or assistance to someone who is in poor health and/or has a disability or someone who is frail because of old age'.
- 9.a. In an average week, how many hours of care do you estimate you provide(d)?
10. Before starting your Carer Ambassador role, had you ever undertaken any other training relating to GP liaison or supporting carers?
- 10.a. Please list any of this training that has been useful for your current role as Carer Ambassador?
11. Why did you take on the role of Carer Ambassador?
12. What key changes do you hope to achieve through your role as Carer Ambassador?
13. Please tick the response that best describes your level of agreement with each statement for the general practices that you are currently engaged with:
 - a. GPs think that there is little that general practice can offer to carers.
 - b. GPs take an active role in supporting carers.
 - c. GPs believe there is little point in referring carers to support services as they are unlikely to use them.
 - d. GPs are pro-active in identifying carers.
 - e. GPs are aware of emotional problems which some carers are likely to suffer from as a result of their caring role.
 - f. GPs are aware that carers frequently have to stop paid employment once they become carers.

14. Please tick the response that best describes the level of your agreement with each statement about the general practices that you are currently engaged with:

a. Practices take into account the needs and responsibilities of carers, as well as patients, when making decisions about home visits and appointments.

b. In a medical emergency involving a carer, practice systems ensure the needs of both the carer and the cared-for are addressed.

c. Practice teams communicate openly with carers and actively encourage their involvement in decisions affecting the patient and carer.

d. Practices support carers as key partners by providing leaflets that outline carers' rights, responsibilities and the services provided for carers by the practice.

e. Practices have up-to-date information for carers on national and local support level services across a range of specialist areas.

f. Carers are referred to practice team members or other statutory and voluntary agencies where appropriate, e.g. respite care, local carers' centre, OT, social services.

g. Practice teams have a protocol for the identification of carers and a mechanism for the referral of carers who want a social services assessment.

h. Practices makes good use of their carers' register.

15. How well are carers currently identified by the general practices you are engaged with?

16. Are there any 'groups' of carers less likely than others to be identified by general practice?

16.a. Please provide any further details below:

17. Which of these statements best describes the general practices you are engaged with currently?

- General practices are doing all they can to support carers
- Support for carers in general practices varies according to who the carer encounters in the practices
- General practices are doing very little to support carers, because staff at the practices do not know how to support them
- General practices are doing very little to support carers, because staff do not have the time or resources to support them

17.a. Please provide any further details below:

18. Are there any national or local voluntary organisations (including carers' centres) in the area in which you are engaged that general practices can refer carers to?

19. Have you had contact with any of the following as part of your Carer Ambassador role?

20. Have you had any contact with any of the national or local voluntary organisations who support carers (including carers' centres)?

20.a. If yes, for what purpose have you had contact with them?

21. How effectively do you think that the general practices that you are engaged with currently share information and good practice concerning supporting carers?

22. How effectively do you think that Carers UK, RCGP and Carers Trust currently work together to share information and good practice concerning supporting carers?

23. Have you attended a briefing day for your Carer Ambassador Role?

23.a. How useful did you find the day in preparation for your role?

23.a.i. Please use the space below to provide any further comments about the briefing day (e.g. what was the most useful / least useful part of the workshop? Any improvements that could be made):

24. Have you joined the on-line forum set up to support you in your Carer Ambassador Role?

24.a. What have you used the on-line forum for?

24.a.i. How useful are you finding the on-line forum?

25. Have you attended an RCGP face-to-face workshop?

25.a. How useful did you find the RCGP workshops?

26. Have you had any contact with any of the Expert Practitioners who have been appointed to support carers in General Practice?

26.a. If yes, for what purpose have you had contact with them?

27. Have you had any contact with any of the GP Champions who have been appointed to support carers in general practice?

28. If yes, for what purpose have you had contact with them?

29. If there are any further comments you would like to make on any responses you have given in this questionnaire, or any comments you would like to make about the Supporting Carers in the General Practice programme, please do so in the space below:

30. We would like to carry out a follow up interview with some Carer Ambassadors to get more detailed information about your role, are you happy to participate in this?

Summary of questions asked for Expert Practitioner survey (only the questions asked are provided here, although the on-line survey offered response options for many of the questions).

1. Name:

2. Email address:

3. Telephone number:

4. Job title / organisation:

5. Approximate date that you were notified that you were to be an Expert Practitioner:

6. Your gender:

7. Your age:

8. Your employment status:

9. What is your ethnic group?

10. Do you currently have, or have you had in the past, a caring role? 'By 'care' we mean providing support or assistance to someone who is in poor health and/or has a disability or someone who is frail because of old age'.

10.a. In an average week, how many hours of care do you estimate you provide(d)?

11. Before starting your Expert Practitioner role, had you ever undertaken any other training relating to GP liaison or supporting carers?

11.a. Please list any of this training that has been useful for your current role as Expert Practitioner:

12. Why did you take on the role of Expert Practitioner?

13. What key changes do you hope to achieve through your role as Expert Practitioner?

14. Please tick the response that best describes your level of agreement with each statement for the general practices that you are engaged with:

a. GPs think that there is little that general practice can offer to carers.

b. GPs take an active role in supporting carers.

c. GPs believe there is little point in referring carers to support services as they are unlikely to use them.

d. GPs are pro-active in identifying carers.

e. GPs are aware of emotional problems which some carers are likely to suffer from as a result of their caring role.

f. GPs are aware that carers frequently have to stop paid employment once they become carers.

15. Please tick the response that best describes the level of your agreement with each statement about the general practices that you are engaged with:

a. Practices take into account the needs and responsibilities of carers, as well as patients, when making decisions about home visits and appointments.

b. In a medical emergency involving a carer, practice systems ensure the needs of both the carer and the cared-for are addressed.

c. Practice teams communicate openly with carers and actively encourage their involvement in decisions affecting the patient and carer.

d. Practices support carers as key partners by providing leaflets that outline carers' rights, responsibilities and the services provided for carers by the practice.

e. Practices have up-to-date information for carers on national and local support level services across a range of specialist areas.

f. Carers are referred to practice team members or other statutory and voluntary agencies where appropriate, e.g. respite care, local carers' centre, OT, social services.

g. Practice teams have a protocol for the identification of carers and a mechanism for the referral of carers who want a social services assessment.

h. Practices make good use of their carers' register.

16. How well are carers currently identified by the general practices you are engaged with?

17. Are there any 'groups' of carers less likely than others to be identified by general practice?

17.a. Please provide any further details below:

18. Which of these statements best describes the general practices you are engaged with currently?

- General practices are doing all they can to support carers
- Support for carers in general practice varies according to who the carer encounters in the practices
- General practices are doing very little to support carers, because staff at the practices do not know how to support them

- General practices are doing very little to support carers, because staff do not have the time or resources to support them

18.a. Please provide any further details below:

19. Are there any national or local voluntary organisations (including carers' centres) in the area in which you are engaged that general practices can refer carers to?

20. Have you had any contact with any of the national or local voluntary organisations who support carers (including carers' centres)?

20.a. If yes, for what purpose have you had contact with them?

21. Since becoming an Expert Practitioner have you had contact with any of the following as part of your role?

22. How effectively do you think that the general practices you are engaged with currently share information and good practice concerning supporting carers?

23. How effectively do you think that Carers UK, RCGP and Carers Trust currently work together to share information and good practice concerning supporting carers?

24. Have you attended an Expert Practitioner Professional Development Seminar?

24.a. How useful did you find the seminar in preparation for your role?

24.a.i. Please use the space below to provide any further comments about the seminar (e.g. what was the most useful / least useful part of the seminar? Any improvements that could be made):

25. Have you started to network with other Expert Practitioners?

25.a. Why have you been in contact with other Expert Practitioners?

25.a.i. How useful are you finding networking with other Expert Practitioners?

26. Have you attended an RCGP face-to-face workshop?

26.a. How useful did you find the RCGP workshops?

27. Have you had any contact with any of the Carer Ambassadors who have been appointed to support carers in general practice?

27.a. If yes, for what purpose have you had contact with them?

28. Have you had any contact with any of the GP Champions who have been appointed to support carers in general practice?

28.a. If yes, for what purpose have you had contact with them?

29. If there are any further comments you would like to make on any responses you have given in this questionnaire, or any comments you would like to make about the Supporting Carers in the General Practice programme, please do so in the space below:

30. We would like to carry out a follow up interview with some Expert Practitioners to get more detailed information about your role, are you happy to participate in this?

Summary of questions asked for GP Champion survey (only the questions asked are provided here, although the on-line survey offered response options for many of the questions).

1. Name:
2. Email address:
3. Telephone number:
4. Practice name:
5. Approximate date you began your GP Champion role:
6. Your gender:
7. Your age:
8. Your employment status:
9. What is your ethnic group?
10. Do you currently have, or have you had in the past, a caring role? 'By 'care' we mean providing support or assistance to someone who is in poor health and/or has a disability or someone who is frail because of old age'
- 10.a. In an average week, how many hours of care do you estimate you provide(d)?
11. Before starting your GP Champion role, had you ever undertaken any other training related to GP liaison or supporting carers?
- 11.a. Please list any of this training that has been useful for your current role as GP Champion?
12. Why did you take on the role of GP Champion?
13. What key changes do you hope to achieve through your role as GP Champion?
14. Number of GPs / practice size:
15. Practice list size
16. Number of practice nurses:
17. Number of GP trainees:
18. Are there any staff in your practice with a special interest in carers?
- 18.a. If 'yes', please provide job titles:
19. Does your practice offer any services specifically for carers?
- 19.a. If 'yes', what are they?
20. How would you describe the location of your practice?

21. Please tick the response that best describes your level of agreement with each statement for the general practices that you are engaged with:

- a. GPs think that there is little that general practice can offer to carers.
- b. GPs take an active role in supporting carers.
- c. GPs believe there is little point in referring carers to support services as they are unlikely to use them.
- d. GPs are pro-active in identifying carers.
- e. GPs are aware of emotional problems which some carers are likely to suffer from as a result of their caring role.
- f. GPs are aware that carers frequently have to stop paid employment once they become carers.

22. Please tick the response that best describes the level of your agreement with each statement about the general practices you are currently engaged with:

- a. The practices take into account the needs and responsibilities of carers, as well as patients, when making decisions about home visits and appointments.
- b. In a medical emergency involving a carer, practice systems ensure the needs of both the carer and the cared-for are addressed.
- c. The practice teams communicate openly with carers and actively encourage their involvement in decisions affecting the patient and carer.
- d. Practices support carers as key partners by providing leaflets that outline carers' rights, responsibilities and the services provided for carers by the practice.
- e. The practices have up-to-date information for carers on national and local support level services across a range of specialist areas.
- f. Carers are referred to practice team members or other statutory and voluntary agencies where appropriate, e.g. respite care, local carers' centre, OT, social services.
- g. Practice teams have a protocol for the identification of carers and a mechanism for the referral of carers who want a social services assessment.
- h. Practices makes good use of their carers register

23. How well are carers currently identified by the general practices you are engaged with?

24. Are there any 'groups' of carers less likely than others to be identified by general practice?

24.a. Please provide any further details below:

25. Which of these statements best describes the general practices you are engaged with currently?

- General practices are doing all they can to support carers
- Support for carers in general practice varies according to who the carer encounters in the practices
- General practices are doing very little to support carers, because staff at the practices do not know how to support them
- General practices are doing very little to support carers, because staff do not have the time or resources to support them

25.a. Please provide any further details below:

26. Are there any national or local voluntary organisations (including carers' centres) in the area in which you are engaged that general practices can refer carers to?

27. Have you had any contact with any of the national or local voluntary organisations who support carers (including carers' centres)?

27.a. If yes, for what purpose have you had contact with them?

28. Have you had contact with any of the following as part of your GP Champion role?

29. How effectively do you think that general practice currently shares information and good practice concerning supporting carers?

30. How effectively do you think that Carers UK, RCGP and Carers Trust currently work together to share information and good practice concerning supporting carers?

31. Have you attended an RCGP face-to-face workshop?

31.a. How useful did you find the RCGP workshops?

31.a.i. Please use the space below to provide any further comments about the RCGP workshop (e.g. what was the most useful / least useful part of the workshop? Any improvements that could be made):

32. Have you joined a special interest group set up by RCGP?

32.a. How useful are you finding the special interest group?

32.a.i. Please use the space below to provide any further comments about the special interest group (e.g. what is the most useful / least useful part of it? Are there any improvements which could be made?):

33. Have you had any contact with any of the Carer Ambassadors who have been appointed to support carers in general practice?

33.a. If yes, for what purpose have you had contact with them?

34. Have you had any contact with any of the Expert Practitioners who have been appointed to support carers in general practice?

34.a. If yes, for what purpose have you had contact with them?

35. If there are any further comments you would like to make on any responses you have given in this questionnaire, or any comments you would like to make about the Supporting Carers in the General Practice programme, please do so in the space below:

36. We would like to carry out a follow up interview with some GP Champions to get more detailed information about your role, are you happy to participate in this?

Appendix B

Characteristics of Expert Practitioners (*Numbers*)

Gender*		Age*		Areas recruited in*		Ethnicity#	
Male	1	Under 30	1	NE	1	White British	7
Female	8	31-39	5	NW	1	White other	0
		40-49	2	Y&H	1	Black/Black British	0
		50-59	1	EM	1	White other	0
		60+	0	WM	1	Other	0
				E of E	1		
				Lon	1		
				SE	1		
				SW	1		
Total	9		9		9		7

Sources: *Management Information Data; #on-line survey

Appendix C

Characteristics of Carers Ambassadors (*numbers*)

Gender*		Age*		Areas recruited in*		Ethnicity#	
Male	4	Under 30	0	NE	0	White British	5
Female	11	31-39	1	NW	0	White other	1
		40-49	4	Y&H	3	Black/Black British	1
		50-59	7	EM	1	Other	1
		60+	3	WM	0		
				E of E	2		
				Lon	1		
				SE	5		
				SW	3		
Total	15		15		15		8

Sources: *Management Information Data; #on-line survey

Appendix D:

Characteristics of GP Champions (*numbers*)

Gender*		Age#		Areas recruited in*		Ethnicity#	
Male	1	Under 30	1	NE	1	White British	5
Female	8	31-39	5	NW	1	White other	1
		40-49	2	Y&H	1	Black/Black British	1
		50-59	1	EM	1	Other	0
		60+	0	WM	1		
				E of E	1		
				Lon	1		
				SE	1		
				SW	1		
Total	9		9		9		7

Sources: *Management Information Data; #on-line survey

Appendix E:

Figure A: Responses from on-line survey to the question "To what extent do you agree with the statement 'GPs take an active role in supporting carers'?"

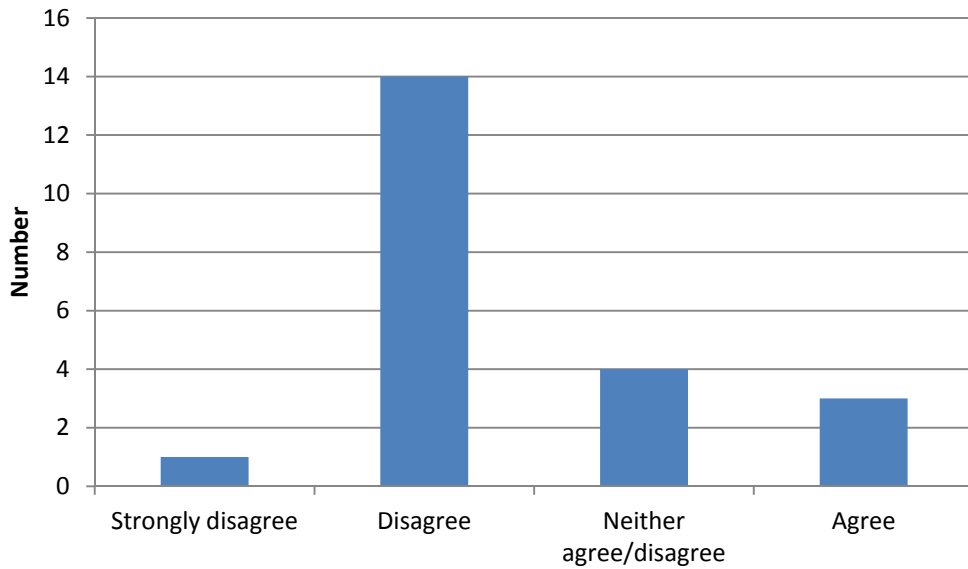


Figure B: Responses from on-line survey to the question "To what extent do you agree with the statement 'GPs think that there is little that general practice can offer to carers'?"

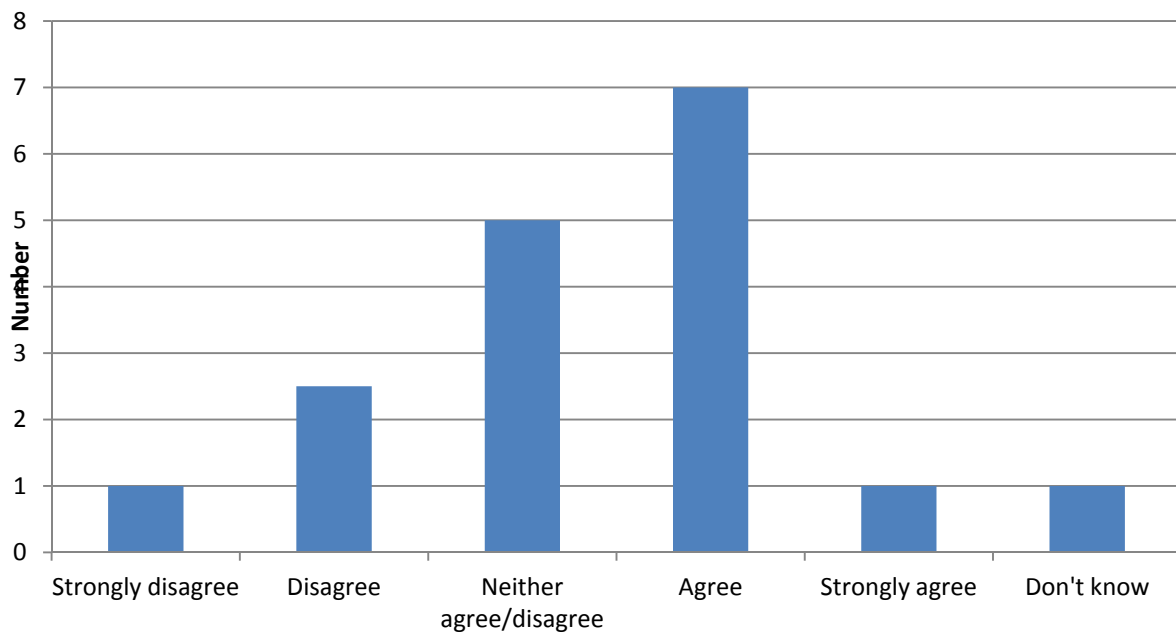


Figure C: Responses from on-line survey to the question "To what extent do you agree with the statement 'GPs are aware of emotional problems which some carers are likely to suffer from as a result of their caring role?'"

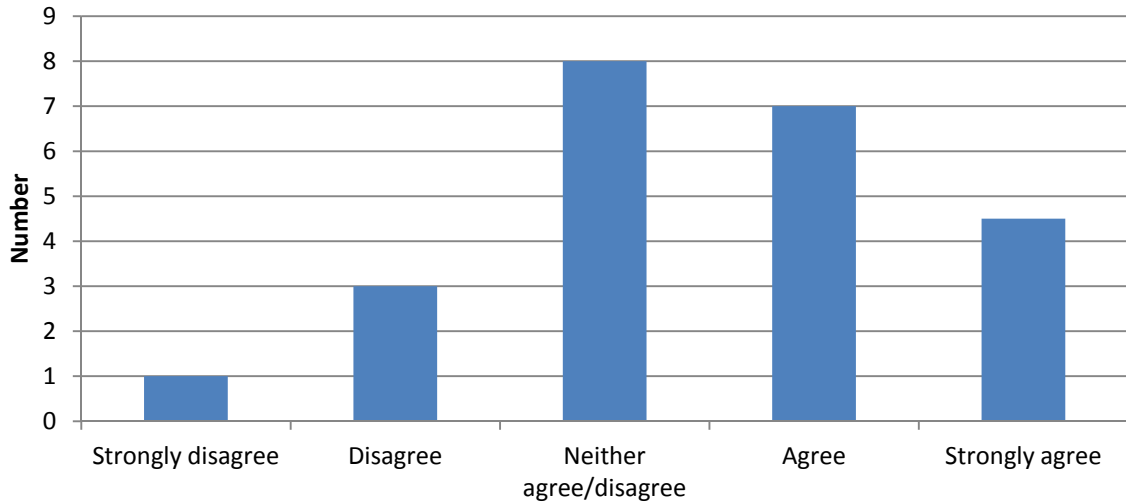


Figure d: Responses from on-line survey to the question "To what extent do you agree with the statement 'GPs are aware that carers frequently have to stop paid employment once they become carers?'"

