[Name and address of GP practice]

February 2013

Dear Patient,

The PRISMATIC study. Predicting people's risk of needing emergency hospital treatment

I am writing to ask for your help with a study about health services in Wales.

A team from the College of Medicine, Swansea University is studying the effect of a new scoring system (Prism) which is being introduced in GP practices in Wales. The system provides GPs with a score which predicts people's risk of needing emergency hospital treatment in the following year. The study aims to find out whether GPs and other health professionals use the system and how it affects the way people are treated and cared for.

Our practice is taking part in the study known as PRISMATIC. Your name has been selected at random from our patient list. As part of the study we would like to send you up to three questionnaires for this study. We hope the findings will help improve health services.

An information sheet is enclosed with more information. Please read this and if you are willing to take part, please complete the consent form and questionnaire and return them to the research team at Swansea University in the FREEPOST envelope provided.

This letter has come from your GP practice. **Your details have not been seen by the research team and they will not be given your name unless you agree to take part.** If you would like further information please visit the study website www.trustresearch.org.uk/prismatic or contact the research team at Swansea University on 01792 602346.

Thank you very much for your help, and we hope you will support this research.

Yours sincerely,

[name of lead Prism GP]

Encl: Information Sheet
Consent form
Pre paid envelope
Questionnaire

PREDICTIVE RISK STRATIFICATION
PRISMATIC
A TRIAL IN CHRONIC CONDITIONS MANAGEMENT

QUESTIONNAIRE

CONFIDENTIAL

Version 2.3

PLEASE READ THESE INSTRUCTIONS CAREFULLY

- Please read the accompanying Participant Information Sheet (v5)
- Please use a blue or black pen, not a pencil
- Please mark your answers with an X clearly inside the box, unless otherwise stated, e.g. [X]
- Please answer every question, if you find it hard to answer a question, do the best you can
- If you find the questionnaire difficult to complete, you can ask someone to help to complete it on your behalf
- Please return the completed questionnaire in the FREEPOST envelope provided
- If you have any questions about the PRISMATIC study, please contact us on 01792 602346 or email prismatic@swansea.ac.uk

THANK YOU

www.trustresearch.org.uk/prismatic

x1: Date of questionnaire completion d d / m m / 2 0 y y

x2: Are you completing this survey on behalf of someone else?

Yes ☐ ➡ Go to question x3 No ☐ ➡ Go to Section A

x3: If yes, which of the following best describes your relationship to the questionnaire recipient?

- ☐ Family member
- ☐ Friend/neighbour
- ☐ Health/social care professional
- ☐ Other

SECTION A: General Health

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

A1. In general, would you say your health is:

Excellent ☐ **Very Good** ☐ **Good** ☐ **Fair** ☐ **Poor** ☐

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

		Yes, limited a lot	**Yes, limited a little**	**No, not limited at all**
A2.	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐	☐	☐
A3.	Climbing several flights of stairs	☐	☐	☐

During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
A4.	Accomplished less than you would like	☐	☐	☐	☐	☐
A5.	Were limited in the kind of work or other activities	☐	☐	☐	☐	☐

During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
A6.	Accomplished less than you would like	☐	☐	☐	☐	☐
A7.	Did work or activities less carefully than usual	☐	☐	☐	☐	☐

A8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all ☐ **A little bit** ☐ **Moderately** ☐ **Quite a bit** ☐ **Extremely** ☐

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time, during the past 4 weeks -

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
A9 Have you felt calm and peaceful?	☐	☐	☐	☐	☐
A10 Did you have a lot of energy?	☐	☐	☐	☐	☐
A11 Have you felt downhearted and depressed?	☐	☐	☐	☐	☐

A12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
☐	☐	☐	☐	☐

SECTION B: Service Use

This section asks about health and social care services used **in the last 9 months**.

B1: Have you visited any hospital in relation to your own health (i.e. as a patient)?

Yes ☐ ➡ Go to question B2 No ☐ ➡ Go to question B5

B2: Have you attended Accident and Emergency (A&E) in relation to your own health?

Yes ☐ ➡ Go to question B2a No ☐ ➡ Go to question B3

B2a: If yes, how many times have you attended A&E in relation to your own health? Please write in an estimate of the number of separate visits. No. of A&E visits ☐☐

B2b: How many of these A&E visits resulted in an admission to hospital immediately after your A&E visit - i.e. an emergency admission? No. of emergency admissions

Please write in an estimate of the number of separate admissions ☐☐

B3: Have you stayed in hospital overnight (i.e. as an inpatient)?

Yes ☐ ➡ Go to question B3a No ☐ ➡ Go to question B4

B3a: If yes, how many nights have you stayed in hospital?

Please write in an estimate of the number of nights you have spent in hospital No. of nights ☐☐

This section continues to ask about health and social care services used **in the last 9 months**.

B4: Have you had a hospital outpatient or day surgery appointment?

Yes ☐ ➡ Go to question B4a No ☐ ➡ Go to question B5

B4a: If yes, how many how many outpatient/day surgery appointments have you had?

Please write in an estimate of the number of appointments.

No. of OP/day surgery appointments ☐☐

B5: Have you attended hospital day care in relation to your own care?

(Examples of hospital day care in the area include Cam Cyntaf (First Steps) Day Centre at Glan Rhyd, the elderly day unit at NPT hospital, Y Bwthyn Newydd at Princess of Wales Hospital, and Y Rhosyn, the cancer and supportive palliative day care unit at NPT Hospital).

Yes ☐ ➡ Go to question B5a No ☐ ➡ Go to question B6

B5a: If yes, how many how many separate day care visits have you made?

Please write in an estimate of the number of visits

No. of day care visits ☐☐

B6: Please provide details of the GP services that you have used in **relation to your own care.**

For each service please cross the appropriate box for used or not used. For those you have used please write in the approximate number of times you have used the service.

Service	**Used**	**Approximate number of contacts, visits or appointments**
a) GP consultation - in person	No ☐ Yes ☐ ➡	☐☐
b) GP consultation - by telephone	No ☐ Yes ☐ ➡	☐☐
c) GP consultation - home visit	No ☐ Yes ☐ ➡	☐☐
d) Practice nurse appointment	No ☐ Yes ☐ ➡	☐☐
e) Clinic provided in GP practice (e.g. diabetes, asthma, ante-natal)	No ☐ Yes ☐ ➡	☐☐
f) GP Out of Hours Service	No ☐ Yes ☐ ➡	☐☐

B7: Please provide details of other services that you have used **in relation to your own care.**

For each service please cross the appropriate box for used or not used. For those you have used please write in the approximate number of times you have used the service.

Service	Used	Approximate number of contacts, visits or appointments
a) NHS Direct	No ☐ Yes ☐ →	☐☐
b) District Nurse	No ☐ Yes ☐ →	☐☐
c) Health Visitor	No ☐ Yes ☐ →	☐☐
d) Counsellor	No ☐ Yes ☐ →	☐☐
e) Community Nurse / case manager (e.g. respiratory, mental health,chronic conditions)	No ☐ Yes ☐ →	☐☐
f) Physiotherapist	No ☐ Yes ☐ →	☐☐
g) Psychologist	No ☐ Yes ☐ →	☐☐
h) Occupational therapist	No ☐ Yes ☐ →	☐☐
i) Speech therapist	No ☐ Yes ☐ →	☐☐
j) Other therapist	No ☐ Yes ☐ →	☐☐
k) Alternative medicine provider e.g. acupuncturist, herbalist, reflexologist	No ☐ Yes ☐ →	☐☐

B8: Please provide details of any of the following additional services that you have used **in relation to your own care.**

For each service please cross the appropriate box for used or not used. For those you have used write in the approximate number of times you have used the service.

Service	Used	Approximate number of contacts, visits or appointments
a) Home help/home care worker	No ☐ Yes ☐ →	☐☐
b) Community support worker	No ☐ Yes ☐ →	☐☐
c) Social worker	No ☐ Yes ☐ →	☐☐
d) Self help/support group/luncheon club	No ☐ Yes ☐ →	☐☐
e) Day care (non hospital based)	No ☐ Yes ☐ →	☐☐

SECTION C: Quality of Care

C1: How would you rate the overall care you have received from NHS services over **the last 9 months**?

☐ Very Poor ☐ Poor ☐ Fair ☐ Good ☐ Excellent

C2: When did you last have an appointment to see or speak with a GP from your registered GP surgery in relation to your own care?

☐ Within the last 9 months ➡ Go to question C3

☐ Longer than 9 months ago or never ➡ Questionnaire End - thank you

C3: What type of appointment did you have?

☐ Appointment to see a GP at the surgery

☐ Appointment to speak to a GP on the phone

☐ Appointment for a GP to visit me in my home

C4: How serious do you feel the medical condition/issue that you presented was?

☐ Extremely serious ☐ Very serious ☐ Moderately serious ☐ Slightly serious ☐ Not serious

C5: How would you rate the following factors about your most recent GP surgery visit?

	Very dissatisfied	**Dissatisfied**	**Neutral**	**Satisfied**	**Very satisfied**
a) Waiting time for an appointment	☐	☐	☐	☐	☐
b) Helpfulness of reception staff	☐	☐	☐	☐	☐
c) Time spent with the GP	☐	☐	☐	☐	☐
d) Extent you felt the GP was concerned about you as a person	☐	☐	☐	☐	☐
e) Answers to your questions from your GP	☐	☐	☐	☐	☐
f) Advice to support your management of your condition/illness	☐	☐	☐	☐	☐
g) Outcome of your medical treatment	☐	☐	☐	☐	☐
h) Overall quality of care from your GP surgery	☐	☐	☐	☐	☐

SECTION D: About you

All information is confidential

D1: Gender?

Male ☐ Female ☐

D2: What is your date of birth? d d / m m / y y y y

D3: What is your postcode? ☐☐☐☐ / ☐☐☐

Thank you for completing this questionnaire.
Please return in the FREEPOST evelope provided