IMPERIAL COLLEGE
HEALTH PARTNERS

Evaluation Guidance Pack

Community Outreach Hypertension Detection initiatives

North West London

Co-designed with stakeholders from across North West London

November 2024

The purpose of this Evaluation Guidance Pack

Why did we make this Guidance Pack?

A focus on hypertension detection

Approximately 1 in 4 deaths in England are caused by cardiovascular disease (CVD). The NHS Long Term Plan highlighted increased detection of raised Blood Pressure (BP), a risk factor for CVD, as a key priority in ensuring that people live longer, healthier lives.

Imperial College Health Partners (ICHP) and the North West London (NWL) Integrated Care System (ICS) have prioritised optimising the care of CVD as one of its three Research and Innovation Missions. Our estimates suggest that in NWL, there may be approximately 300,000 people with undiagnosed hypertension.

Why we co-created this Evaluation Guidance Pack in NWL

Across NWL there are several community outreach initiatives looking to detect undiagnosed hypertension, but the true impact of these efforts remains unclear. This is because evaluating these interventions is often complex and resource intensive.

This Guidance Pack was co-developed with the input of over 25 stakeholders across NWL, representing a variety of organisations and perspectives (NHS, public health, third sector, residents, data and analytics).

It aims to support a more standardised and accessible approach to evaluation, empowering local teams to evaluate their initiatives in a way that helps us to understand how to combat hypertension most effectively.

Evaluation can help you to understand what is working well in your Community Outreach initiative and what you could improve to make it even better in the future.

How this guidance pack can be used

Evaluation is for everyone.

This pack offers practical guidance around the different stages involved in evaluation and shares best practice tips and templates to support with decisions around evaluation.

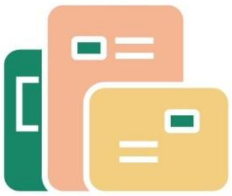
It is links to and is in alignment with the NWL Evaluation Framework platform.

Choose your starting point and click to that section:

- Before the activity: Plan and design
- During the activity: Data collection
- After the activity:
  - Data analysis
  - Lessons learnt

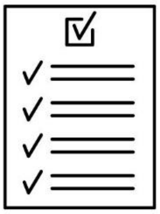
OR

- Jump straight to the Master Checklist



Get inspiration from:

- Top tips
- Team stories
- Case studies
- Quotes
- Process and document templates



Find more inspiration and details in the appendices including:

- Examples of forms
- Lists of measures

Contents

Before the activity

During the activity

After the activity

Find the Master Checklist for the entire evaluation process here.

Your evaluation journey

Find where you are on your evaluation journey to be able to jump to the most relevant section.

Before the activity

Plan and design

- Create an evaluation plan
- Decide your data collection methods – who, when, how
- Develop data collection tools
- Consider data security and consent

Find out more

During the activity

Data collection

- Collect data at your event / initiative.
- Gather feedback from patients and residents who participate.
- Gather feedback from staff and volunteers involved (some of this may also occur after the event)

Find out more

After the activity

Data analysis

- Analyse the data collected.
- Summarise and visualise key findings.

Find out more

Lessons learnt

- Capture lessons learnt from the delivery team (staff and volunteers).
- Share learning with your team, organisation and the system.
- Use findings to make decisions on sustaining the change.

Find out more

Find the Master Checklist for the entire evaluation process here.

If you would like more ideas about how to do this, you can take a look at the North West London Evaluation Framework here.

Before the activity

Plan and design

- Create an evaluation plan
- Decide your data collection methods – who, when, how
- Develop data collection tools
- Consider data security and consent

Checklist:

☐ Create an evaluation plan

Find the Master Checklist here.

Creating an evaluation plan

Three key points

1. Plan for your evaluation at the beginning of your initiative
2. Plan collaboratively with your team so that your plan is co-owned
3. Actively involve stakeholders in determining what is most appropriate and accurate to include in your evaluation plan

Evaluation plan (find blank template here)

Section	Questions to answer
Purpose	- What will this evaluation tell us? What are the intended impacts of this initiative? - What will the information from the evaluation be used to do?
Audience	- Who will mainly read this evaluation? Who will be most interested?
Resource available	- Who is available to collect and analyse information and how much time do they have allocated to this? - Is there a budget to conduct an evaluation (or possibility of there being one)? - Who is responsible for overseeing the delivery of the evaluation? - Who can help you deliver this evaluation?
Information collection	- How will information be collected? (refer to next section for inspiration) - What are your key research questions? - How can you use appropriate existing data?
Timeframes	- When will information be collected and analysed? - Consider when a mid-point review as well as a final evaluation could happen?

Before the activity

Plan and design

- Create an evaluation plan
- Decide your data collection methods – who, when, how
- Develop data collection tools
- Consider data security and consent

Checklist:

☐ Choose who should collect data
☐ Develop data collection tools and a consent form
☐ Organise analysis process

Find the Master Checklist here.

Deciding on your data collection methods

Three key points

1. Choose who should collect data – that they are most appropriate for the population being asked for information
2. Develop how you will collect data – Create a data collection tool, consent form and team leader form using existing templates and key metrics
3. Organise analysis process – Ensure everyone understands what data is being collected, where it is being stored and who it is being sent to by upholding data protection guidelines.

Case study: Steve is a heart failure nurse in Harrow. He has planned to carry out blood pressure checks at the local temple because wants to engage with the local South Indian community (a population are at higher risk of having undetected high blood pressure).

What might Steve need to consider when planning for who and how data should be collected?

Plan and design

- Create an evaluation plan
- Decide your data collection methods – who, when, how
- Develop data collection tools
- Consider data security and consent

Checklist for assessing who should collect data:

- ☐ Ensure they have the right personal characteristics and experience
- ☐ Consider community, gender and religious status
- ☐ Organise the right training

Find the Master Checklist here.

Choose who should collect data

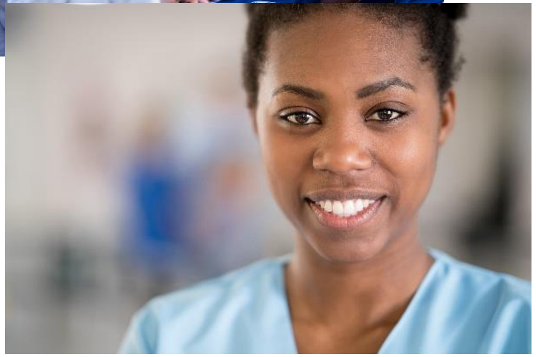
Example from the project teams

A female nurse was conducting blood pressure checks in a number of venues around town but realised that, when going into a male dominated environment (such as a barber shop), that residents were not quite as open with her as what they could have been. It was suspected that a male clinician may have been more appropriate and effective for information collection.

> *"There is an unquestioning willingness of patients sharing data with anyone who is responsible for their health, but once it goes beyond that such as sharing with social services, it is a bit trickier"*

Key tips

- ○ Personal characteristics and experience:
  - Be friendly and professional
  - Feel confident engaging with participants
  - Have had the appropriate training
  - Have the skills and experience to engage with participants
  - Have access to the appropriate virtual platforms/tools where necessary
  - Be able to speak specific languages so that they can communicate with participants (if relevant)
- ○ Status of those collecting sensitive information:
  - Consider involving volunteers from local businesses
  - Consider any gender or religious sensitivities of the people that are going to be asked for information
- ○ Organise the right training for information collectors:
  - Ensure those collecting sensitive information avoid stigmatising participants – be aware that people may perhaps feel shame or embarrassment in sharing details or are scared to do so because they feel it will impact their personal circumstances.



Before the activity

Plan and design

- Create an evaluation plan
- Decide your data collection methods – who, when, how
- Develop data collection tools
- Consider data security and consent

Checklist for developing data collection tools:

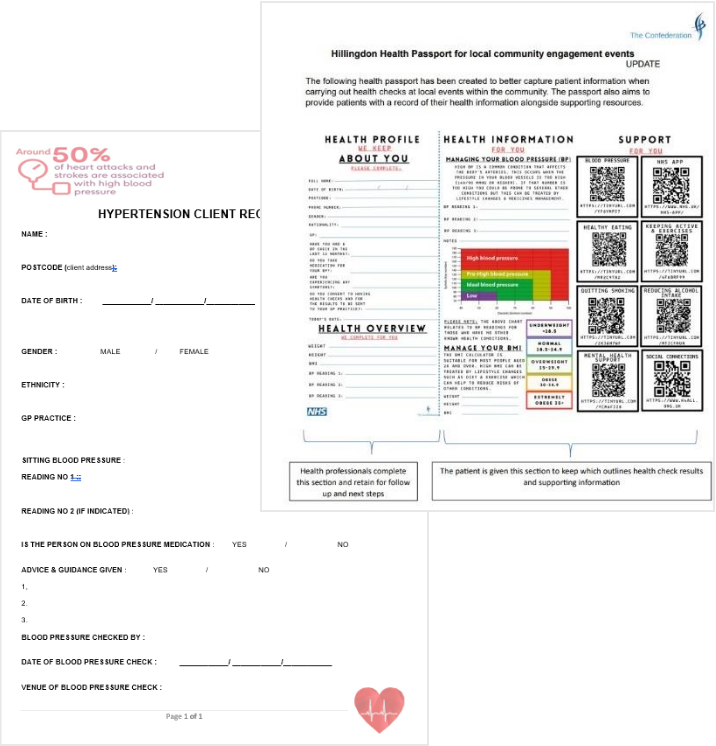
- ☐ Build your tool using existing tools and measures, and in collaboration with stakeholders
- ☐ Discuss if collected data can trigger referrals
- ☐ Consider when information will be collected
- ☐ Consider who records the information
- ☐ Consider the environment for information collection
- ☐ Consider tool useability, security and quality

Develop data collection tools

> *"It's best not to collect information on paper forms because there's someone manually entering data into the system which is administratively burdensome and an increased risk for errors."*

Example from the project teams

Many teams already have tools they use for data collection. Click below for inspiration.



Around 50% of heart attacks and strokes are associated with high blood pressure

HYPERTENSION CLIENT REC

NAME :

POSTCODE (client address):

DATE OF BIRTH : ________/________/________

GENDER : MALE / FEMALE

ETHNICITY :

GP PRACTICE :

SITTING BLOOD PRESSURE :

READING NO 1 :

READING NO 2 (IF INDICATED) :

IS THE PERSON ON BLOOD PRESSURE MEDICATION : YES / NO

ADVICE & GUIDANCE GIVEN : YES / NO

1.

2.

3.

BLOOD PRESSURE CHECKED BY :

DATE OF BLOOD PRESSURE CHECK : ________/________/________

VENUE OF BLOOD PRESSURE CHECK :

Page 1 of 1

The Confederation

Hillingdon Health Passport for local community engagement events

UPDATE

The following health passport has been created to better capture patient information when carrying out health checks at local events within the community. The passport also aims to provide patients with a record of their health information alongside supporting resources.

HEALTH PROFILE WE KEEP ABOUT YOU

PLEASE COMPLETE:

HEALTH OVERVIEW

WE COMPLETE FOR YOU

HEALTH INFORMATION FOR YOU

MANAGING YOUR BLOOD PRESSURE (BP)

MANAGE YOUR BMI

SUPPORT FOR YOU

Health professionals complete this section and retain for follow up and next steps

The patient is given this section to keep which outlines health check results and supporting information

Key tips

- Build your tool using existing tools and measures, and in collaboration with stakeholders:
  - Incorporate stakeholders' data needs
  - Build relationships with the analyst teams and discuss appropriate measures
  - Use existing examples/templates
  - Use outcomes measures (listed below)
- Discuss if collected data can trigger referrals:
  - Discuss how the data collected might support an onward participant journey (i.e. GP Practice alerted for high BP results)
  - If it's possible, link tool to clinical systems
- Consider when information will be collected:
  - Integrate data collection into all parts of the participant journey e.g. consent while waiting
  - Collect information in the moment, face-to-face and verbally where possible
- Consider who records the information:
  - Ask participants to write/type their responses directly to avoid misspelling (where possible)
  - Consider translations for communities where English is not their first language
- Consider the environment for information collection:
  - Ensure there are private spaces to help participants feel more comfortable in sharing personal details
- Consider tool useability, security and quality:
  - Where possible, set up a process to enter information directly onto a clinical system, adding a community outreach event code
  - Create a digital tool rather than paper tool
  - Include drop down boxes to minimise administrative burden and need to data clean
  - Put all data protection processes in place
  - Use simple and few questions to make data collection quick and easy

Before the activity

Plan and design

- Create an evaluation plan
- Decide your data collection methods – who, when, how
- Develop data collection tools
- Consider data security and consent

Checklist for choosing your outcome measures:

- ☐ Develop two forms for data collection
- ☐ Use the North West London Evaluation Framework outcome measures
- ☐ Work with your analysts to identify outcome measures
- ☐ Work with stakeholders to identify linkage opportunities
- ☐ Ensure consistency across projects

Find the Master Checklist here.

Outcome measures for your data collection tool

Develop two forms for data collection during your event or initiative

1. Team form: The team lead uses this to collate overall information from the event/initiative

2. Participant form: Team members use this to collect information directly from participants at the event/during the initiative.

Use the North West London evaluation framework outcome measures

The North West London Evaluation Framework lists the following outcome measures to measure the impacts of *Community Engagement and Outreach initiatives*[1]. These measures should be prioritised and woven through your tools as much as possible.

Category	Outcome measures	What could this look like on your forms?
Improving patient experience	• No. of people reached / who received support*	• *Team form:* A tally of number of people on which you conducted a BP check
	• No. of people “picked up” or detected*	• *Team form:* A tally of high BPs • *Participant form:* BP reading recorded
	• % of participants reporting improvement in knowledge	• *Participant form:* a check box confirming receipt of health promotion information
Reducing costs per capita	• Total costs OR total staff time in hours/days delivering initiative	• *Team form:* number of staff hours spent in the lead up to and during the event/initiative
Addressing healthcare inequalities	• Age / gender / ethnicity of participants • Participant postcode (to map to Index of Multiple Deprivation)* • Compare data on additional Core20PLUS5 geographies and/or populations receiving initiative where relevant	*Participant form:* • Age bracket (i.e. 40 – 45 years) • Gender (Male, Female, Prefer not to say) • Ethnicity (either with options or a blank space to write) • First half of postcode (important to not ask for the entire postcode due to Information Governance rules)

**Also prioritised as a top outcome measure through the research phase for this Evaluation Guidance Pack. The full list of measures from this research phase in the Appendix.*

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[1] *Initiatives to build trust with communities and promote engagement with health and care services*

Before the activity

Plan and design

- Create an evaluation plan
- Decide your data collection methods – who, when, how
- Develop data collection tools
- Consider data security and consent

Find the Master Checklist here.

Work with your analysts to identify outcome measures
Before your initiative/event, discuss key measures for your data collection tools with the staff who will analyse your data post event and/or those who can access databases like WSIC. They can help you to understand which data you could extract after the event to analyse the impact of your intervention and therefore what's useful to collect during). You can also develop a set of baseline data together.

Work with stakeholders to identify opportunities to support participants' onward journeys
Explore how data collected can trigger a participants' onward journey and, if so, how your tool can connect with the relevant clinical systems to achieve this.

Ensure consistency across projects
So that you can compare and collate impacts *across* Community Outreach detection initiatives, it is important to use the same outcome measures. Be sure to align with the measures of other initiatives.

A note from project teams on information restrictions

Some teams will include a healthcare professional or someone from a clinical team. They will be able to:
- access clinical systems (e.g. SystmOne and EMIS)
- ask for specific information including NHS number, GP Practice, full date of birth and postcode
- add coding for each participant relating to their attendance at a community outreach event.

With this information, it's possible to analyse participant onward journeys and initiative impacts.

Other teams are comprised of non-clinicians, including staff and volunteers from the third sector. These teams are unable to access clinical systems and do not have the clearance to ask for specific information from participants. In this case, use the outcomes measures in the table above.

Healthcare professionals
- Can collect sensitive information
- Can add data straight into digital clinical systems

Non-healthcare professionals
- Have some restrictions on what data can be collected
- Cannot access digital clinical systems

Plan and design

- Create an evaluation plan
- Decide your data collection methods – who, when, how
- Develop data collection tools
- Consider data security and consent

Checklist for data security and consent:

- ☐ Create a consent form
- ☐ Ensure staff are prepared to verbally explain data collection
- ☐ Have clear data protection processes in place

Find the Master Checklist here.

Data security and consent

> *"I know a lot of people who wouldn't give their data if they didn't know who was going to use it. You need to be upfront with people about what will be done with the information and who it will be shared with"*

Key tips: Data protection and consent

- Create a consent form for the collection and sharing of participant information:
  - The form needs to be clear and simple so that it is quick to complete
  - Explain where and how the information is going to be used, in clear language
  - Explain why you are collecting specific types of information (particularly demographic)
- Ensure staff and volunteers are prepared to verbally explain data collection:
  - Explain why data is needed and how it will be kept secure
  - Explain why some metrics might need to be collected despite being more sensitive (particularly demographic details)
  - Explain how the information will be stored and shared (where relevant).
- Have clear data protection process in place:
  - Consider DPIA regulations

Example from the project teams

Data protection is a concern for many participants; some people don't want to share their data with healthcare professionals, and others don't want to share information with people who aren't healthcare professionals.

It is important to have the correct data protections in place and to inform participants about data usage and storage.

> *"The questions don't want to appear too intrusive; some people are concerned about giving too much information about themselves."*

During the activity

Data collection

- Collect data at your event / initiative.
- Gather feedback from participants.
- Gather feedback from staff and volunteers involved (some of this may also occur after the event).

Checklist:

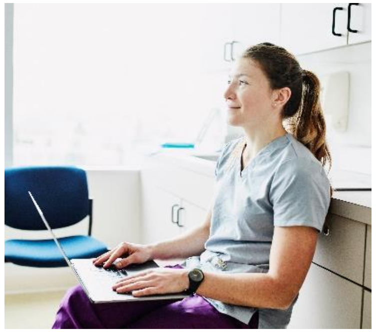
- ☐ Reassure participants of data security
- ☐ Remember to gain consent
- ☐ Collect information about participants, as well as their feedback

Find the Master Checklist here.

Collecting data during your event/initiative

Three key points

1. **Reassure participants of data security** - Participants want to be reassured that their data is stored and used safely.
2. **Remember to gain consent** - Use a simple consent form and verbally explain why you're collecting information (particularly demographic details).
3. **Collect data about participants, as well as their feedback** - There should be two types of data collection:
   a) Collection of data about the participant
   b) Collection of participant feedback



Case study: Maria is a clinic manager working at the local GP. She helps set up blood pressure checks at community events and attends to help collect data. She verbally asks questions and completes a paper form on behalf of the participant. The next day she transfers the information into an Excel spreadsheet. Sometimes, participants don't provide accurate details and she has to manually search for the participant on the GP database.

How can Maria improve data collection at community events?

During the activity

Data collection

- Collect data at your event / initiative.
- Gather feedback from participants.
- Gather feedback from staff and volunteers involved (some of this may also occur after the event)

Checklist for collection of data about participants:

- ☐ Use pre-developed tools
- ☐ Make every contact count
- ☐ Ensure information is collected in a private space
- ☐ Have an interpreter if needed
- ☐ Explain the need for and protection protocols for data collection

Find the Master Checklist here.

Collection of data about participants

Example from project teams

When speaking to project teams from across North West London, it was evident that proper planning, it was clear that many participants feel uncomfortable sharing person details, especially demographic information, if they don't understand why it's being used or what it is being used for.

It is therefore incredibly important to be open and transparent about data collection and usage throughout the entire journey.

What might this look like?

Initial contact	During check	Departure
• Explain data collection and protection • Gain consent	• Ask key demographic questions • Take and record BP results	• Thank • Explain next steps • Health promotion information • Recommendations

**This process was suggested by NWL stakeholders (including patients)*

Key tips

- Use your pre-developed tools:
  - Consent form
  - Data collection tool
  - Team tool
- Process of collecting information:
  - Collect data at all parts of the journey to make it feel more manageable for staff and participants
  - Collect information face-to-face and verbally as much as possible
  - Ask participants to write/type some responses directly (where possible)
  - Ensure information is collected in private spaces to help participants feel more comfortable in sharing details
  - Consider translators (including community volunteers) for communities where English is not their first language
  - Explain where and how the information is going to be used (verbally) and kept secure alongside the consent form
  - Explain why specific types of data (particularly demographic data) needs to be collected

During the activity

Data collection

- Collect data at your event / initiative.
- Gather feedback from participants.
- Gather feedback from staff and volunteers involved (some of this may also occur after the event)

Checklist for collecting participant feedback:

☐ Consider the most appropriate way to get feedback at your event
☐ Ensure all staff / volunteers feel confident in the process
☐ Review how well it worked post-event

Find the Master Checklist here.

Collecting participant feedback

Case Study: Bhavin is a nurse who runs blood pressure checks in a variety of places where people from specific ethnicities, ages and levels of deprivation usually go (including the mosque, Hindu temple (mandir), hairdressers and local Tesco Express).

After people have had their blood pressure check, Bhavin invites them to give feedback about their experience via a short paper form. The form includes three scale questions and one free-text question. Feedback is anonymous. Following the event Bhavin manually processes the forms.

How could Bhavin improve how he collects resident feedback?

Key tips

- Consider offering incentives: This helps to encourage residents to share their feedback e.g. fruit, a cup of tea, food vouchers.
- Keep it short and simple: Prioritise the most important questions, make non-essential questions optional.
- Make it visually pleasing: This will encourage higher levels of engagement.
- Have a free-text box: Provide a space where residents can share their feedback in their own words (this is where some of the richest insight is likely to come from).
- Consider accessibility: Easy read, different languages, digital form, voice activation, someone help.
- Communication is key: Remember to explain how the information will be used and why it's important.
- Understanding declines: If able and appropriate, try to get feedback from those who decline a blood pressure test to find out why.
- Review your feedback mechanism: Post-event make time to review how well your feedback mechanism worked and adapt as required.
- Give people choices about how to feedback: Ensuring a more comfortable, tailored experience.

> *"As staff, it's important for the patient to feel like you are putting them first. Collecting data has to be done sensitively and is secondary to ensuring the patient feels cared for. How you ask is key!"*

During the activity

Data collection

- Collect data at your event / initiative.
- Gather feedback from participants.
- Gather feedback from staff and volunteers involved (some of this may also occur after the event).

Find the Master Checklist here.

What might this look like?

Anonymous ballot box

QR code linking to digital feedback form

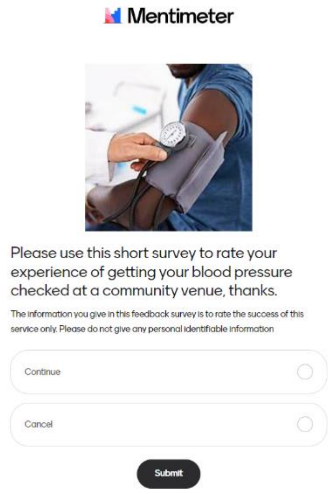
Verbal conversation with staff or community champion

Voting system (stars, smiley faces, tokens in a box)

Participant sharing email for a follow up feedback form

A simple opening question could be used e.g. ‘how was your experience today’?

Click here to see an example from Harrow



Please use this short survey to rate your experience of getting your blood pressure checked at a community venue, thanks.

The information you give in this feedback survey is to rate the success of this service only. Please do not give any personal identifiable information

Continue ○

Cancel ○

The North West London evaluation framework lists the following relevant outcome measures to measure the impacts of *Community Engagement and Outreach initiatives.* This was also confirmed by our stakeholders during the research phase for this Guidance Pack.

Category	Outcome measures	What could this look like in your data collection forms?
Improving patient experience	% of participants reporting improvement in knowledge	Participant feedback form: Did you learn anything new today about checking or managing your BP?
	No. of and/or % participants who reported/experienced behaviour change (e.g. engagement with health services)	Participant feedback form: Have you changed the way that you check, prevent or manage your BP since having your BP checked with us (this includes going to see your GP for a conversation or extra checks)?

Data analysis

- Analyse the data collected.
- Summarise and visualise key findings.

Checklist:

☐ Properly plan before the event
☐ Advocate for data collection good practice during the event
☐ Analyse on a central dashboard and share with partners

Find the Master Checklist here.

Analysis

Three key points

1. Properly plan before the event - Ensure you have planned for analyst capacity and agreed outcome measures before the event/initiative.
2. Advocate for good practice for data collection during the event - Including using digital tools, codes and participants inputting own information where possible.
3. Analyse on a central dashboard and share with partners - Collect and collate all Community Outreach detection event data for the borough/PCN in one dashboard and share with others.

Case study: The Community Outreach project team has collected count data (i.e. the number of BPs taken) and the number of high blood pressures detected. After the event, the numbers are sent through to the borough's business intelligence team. The data analysts are finding it difficult to demonstrate the impact of the Community Outreach event/initiative based on what they've received.

What can be done to improve the analysis of whether or not this event/initiative has had impact?

Please refer to previous sections of this guidance pack to understand how to best set yourself up before and during the initiative for success when it comes to data analysis after the initiative.

After the activity

Data analysis

- Analyse the data collected.
- Summarise and visualise key findings.

Find the Master Checklist here.

Key tips to make your analysis as meaningful and seamless as possible

Before the event/initiative (more ideas here)

- Ensure there is workforce capacity: At the beginning of the project, work to get buy in from teams that you need for analysis, clarifying roles, responsibilities and capacity requirements; search for additional funding to secure capacity where required.
- Community Outreach Teams and analysts build strong relationships: It is important that there are clear lines of communication and strong links between Community Outreach team managers and analyst teams to support the gathering of the right information and analysed information which can be useful for future project work
- Discuss and agree upon outcome measures: Refer to Before the Event section above.
- Understand what stakeholders need from evaluation: Before the project begins, ensure all stakeholders express what they require to learn from data and that key outcome measures are agreed.
- Use WSIC to help identify measures: Explore which data will be extractable after the initiative event.
- Enable access to clinical systems: Enable community practitioners to have access to clinical systems within their PCN or Borough so that they can type data straight into clinical platforms.
- Measurement standardisation across teams: Ensure all community outreach teams conducting detection initiatives are using the same outcome measures to allow for better impact analyses.

During the event/initiative (more ideas here)

- Teams to use Community Outreach codes: Where possible, add a code to participant files (on clinical systems) indicating their interaction with the initiative. This will help with long term impact measurement.
- Teams to use digital systems: If possible, directly input into clinical systems or a digital platform.
- Collect NHS Numbers: To allow for longitudinal impact tracking of an event/initiative on a participant.
- Participants to input data: Where possible, participants at the event/initiative input some of their own data to minimise misspellings and data errors.

After the event/initiative

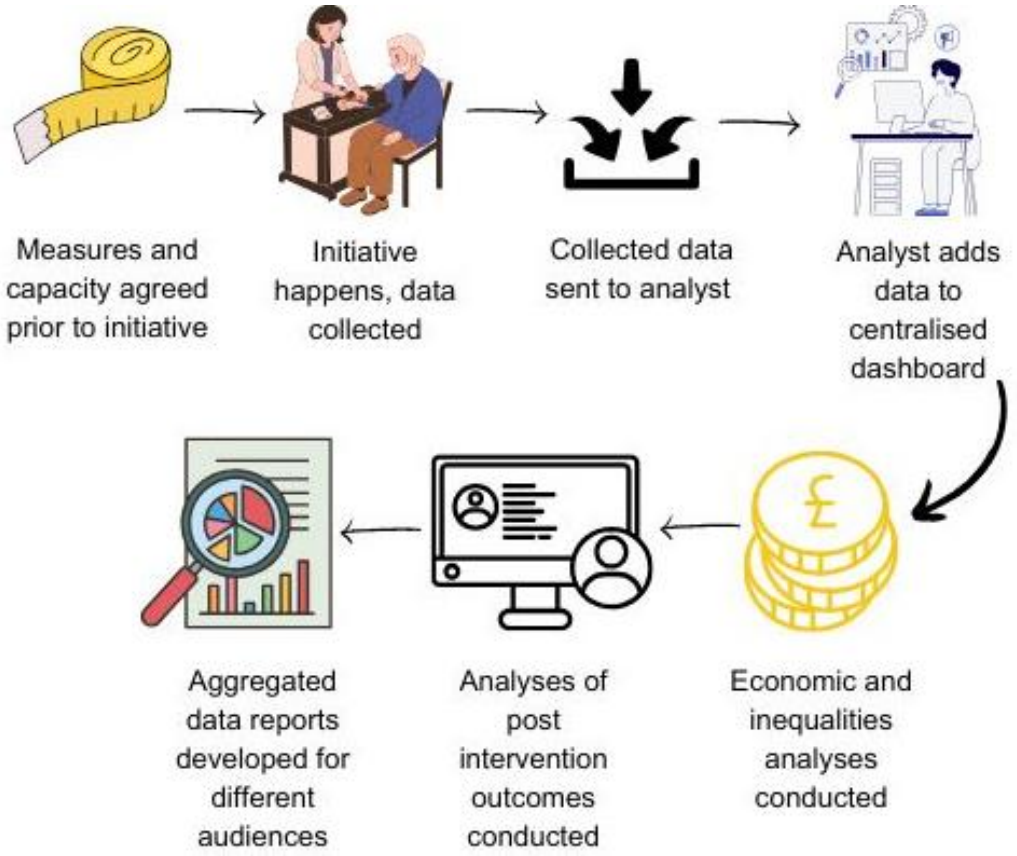
- Enable aggregated data sharing with third sector partners: Ensure a data feedback loop with third sector delivery partners to support their own reporting requirements.
- Use aggregated data dashboards: Where data from all your borough’s Community Outreach detection initiatives can be recorded and stored, to enable easy comparisons and collations.
- One central point for data collation: Have one team or person responsible for collecting and collating data from all Community Outreach detection initiatives to promote consistency.

After the activity

Data analysis

- Analyse the data collected.
- Summarise and visualise key findings.

What might this look like?



Measures and capacity agreed prior to initiative

Initiative happens, data collected

Collected data sent to analyst

Analyst adds data to centralised dashboard

Economic and inequalities analyses conducted

Analyses of post intervention outcomes conducted

Aggregated data reports developed for different audiences

Blue sky thinking idea

An aggregated data dashboard for Community Outreach detection initiatives, set up for evaluation and widely accessible regardless of organisation or role.

Examples from the project teams – what are teams currently doing?

- *Information usage:* clinical outcome evaluation and improvements, economic analyses, demonstrating impact for funding bids, board meetings, strategy development and commissioner reports
- *Current analysts:* Public health teams and partners, PCN staff who organise initiatives (e.g. heart failure nurses, clinic managers, health coordinators, PCN team), data analysts in business intelligence teams, service providers
- *Current tools used to analyse:* Predominately Excel spreadsheets, R programme, economic modelling, EMIS reporting

Find the Master Checklist here.

After the activity

Data analysis

- Analyse the data collected.
- Summarise and visualise key findings.

The North West London evaluation framework (which can be accessed here) lists the following outcome measures to measure the impacts of *Community Engagement and Outreach initiatives*. At analysis stage, as many of the following outcomes as possible should be measured and reported on.

Category	**Outcome measures**
Improving population health and wellbeing	• Outcome at population level hypertension prevalence in borough / PCN / NWL • % change in hypertension prevalence (before and after initiative)
Reducing costs per capita	• Total costs OR total staff time in hours/days delivering initiative • Cost per person reached by initiative OR staff time by person reached (i.e. the number of people who had their BP checked)* • Cost OR staff time per person "picked up" or detected (i.e. cost per person who had a high blood pressure reading)
Addressing healthcare inequalities	• Reach and attendance according to demographic groups compared to relevant benchmark (e.g. NWL population) – i.e. age, gender, ethnicity* • Compare participant postcode (to map to Index of Multiple Deprivation) to relevant benchmark* • Compare data on additional Core20PLUS5 geographies and/or populations receiving initiative where relevant* • % of high-risk groups (relevant to outreach initiative) represented in participants*
The following have also been recommended to analyse by teams working on these types of initiatives:	
Outcomes post interventions	• Participant reported outcome measures (through stories and case studies): % participants who reported/experienced behaviour change as a result of participating in the initiative (e.g. engagement with health services, stopping smoking, checking BP more regularly) • Number of hypertension diagnoses (of those who participated in the initiative) • Incidence of MIs and strokes 3 years after participation in initiative • Interactions with health services post BP checks (including via referrals)

**Also prioritised as a top outcome measure through our research (interviews, workshops, literature reviews)*

Lessons learnt

- Capture lessons learnt from the delivery team (staff and volunteers).
- Share learning with your team, organisation and the system.
- Use findings to make decisions on sustaining the change.

Checklist:

☐ Create your feedback forms and processes
☐ Review and iterate the process as needed
☐ Share learnings widely

Find the Master Checklist here.

Capturing and sharing lessons learned with your team, organisation and system

Three key points

1. Create your feedback forms and processes - Collaboratively decide on your questions and processes, considering your team's ways of working and the needs of your key internal and external stakeholders.
2. Review and iterate the process - Regularly review the process and iterate as needed.
3. Share learnings widely – Find opportunities to share your learnings with the rest of your organisation and the system to strengthen efforts across North West London.

Case study. A team of three NHS staff have been commissioned to run a six-month blood pressure check project. Across this period, they will be going to a range of places across the borough (faith-based venues, hairdressers, local shops etc.). Delivery will be supported by volunteers from a local charity.

Because the staff members and volunteers are supporting different events, it's hard for the team to capture important learnings. The NHS staff have tried to get feedback from the volunteers, but the questions they've asked haven't been consistent and they have sometimes forgotten if the volunteer leaves early.

How can the team improve the way they capture and share learnings?

Why these insights are important:

It can help to:

- Inform staffing decisions for future initiatives/events
- Identify staff/volunteer training needs
- Build awareness of new or ongoing challenges
- Capture anecdotal learning which might otherwise be lost:
  - Relationships build with local business owners/groups;
  - Tips for running activities in particular settings e.g. what times of day worked best in the supermarkets, considerations to be aware of when carrying out activities in smaller business

After the activity

Lessons learnt

- Capture lessons learnt from the delivery team (staff and volunteers).
- Share learning with your team, organisation and the system.
- Use findings to make decisions on sustaining the change.

Checklist for creating feedback processes:

☐ Use minimal questions
☐ Consistent feedback across projects
☐ Encourage all to share
☐ Ensure timely feedback
☐ Use the most appropriate tools

Find the Master Checklist <u>here</u>.

Key tips

○ <u>Use minimal questions:</u> Keep it short and simple

○ <u>Consistent feedback:</u> Use the same questions across projects

○ <u>Encourage all to share:</u> Ask *all* staff/volunteers for feedback and encourage feedback after each activity

○ <u>Ensure timely feedback:</u> Encourage feedback collection whilst it's still fresh in people's minds

○ <u>Use the most appropriate tools:</u> Consider your team's ways of working and how best to share learning – e.g. a digital platform, or via regular meetings

What might this look like?

	Before	During	After
Questions	• Is there any additional information you need? • Do you feel prepared?	• Live, logistics-based questions • Staff/volunteers let the team know when they are leaving the event	• What worked well? • How satisfied were you with the initiative? • How useful do you think the initiative was? • What were common participant questions? • Any other learning?
Tools	Conversation MS Forms	Closed WhatsApp group	MS Teams Channel Miro Board Easy Retro

Questions to consider when creating your forms and processes

- What processes are likely to work best for you and your team?
- How can you make capturing the feedback as easy as possible to incorporate into business as usual?
- What channels / platforms are your team using to communicate already?
- Who will have responsibility for ensuring the process is being followed and reviewing it?
- Who would benefit from hearing the learnings (both internally and externally)?

Lessons learnt

- Capture lessons learnt from the delivery team (staff and volunteers).
- Share learning with your team, organisation and the system.
- Use findings to make decisions on sustaining the change.

Find the Master Checklist here.

The North West London evaluation framework (which can be accessed here) lists the following outcome measures to measure the impacts of *Community Engagement and Outreach initiatives.* These measures should be prioritised and woven through your staff feedback tool as much as possible.

Category	**Outcome measures**	**What could this look like in your data collection forms?**
Improving staff wellbeing	• Staff feedback captured - No. of and % of staff who submit feedback forms • Staff satisfaction with initiative (% “very satisfied”) • Staff perception of initiative usefulness (% rating as “very helpful”)	• Counting % of staff/volunteers that submitted feedback forms • How satisfied were you with the initiative? (very satisfied, satisfied, not satisfied) • How useful do you think the initiative was? (very helpful, helpful, not very helpful)

Appendices

Master checklist

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Before the activity

☐ Create an evaluation plan

☐ Deciding on your data collection
  - ☐ Choose who should collect data
  - ☐ Develop data collection tools and a consent form
  - ☐ Organise analysis process

☐ Choose who should collect data:
  - ☐ Ensure they have the right personal characteristics and experience
  - ☐ Consider community, gender and religious status
  - ☐ Organise the right training

☐ Develop data collection tools and a consent form:
  - ☐ Build your tool using existing tools and measures, and in collaboration with stakeholders
  - ☐ Discuss if collected data can trigger referrals
  - ☐ Consider when information will be collected
  - ☐ Consider who records the information
  - ☐ Consider the environment for information collection
  - ☐ Consider tool useability, security and quality
  - ☐ Create a consent form
  - ☐ Ensure staff are prepared to verbally explain data collection
  - ☐ Have clear data protection processes in place

☐ Chose outcome measures:
  - ☐ Develop two forms for data collection

  - ☐ Use the North West London Evaluation Framework outcome measures
  - ☐ Work with your analysts to identify outcome measures
  - ☐ Work with stakeholders to identify linkage opportunities
  - ☐ Ensure consistency across projects

- ☐ Checklist for data security and consent:
  - ☐ Create a consent form
  - ☐ Ensure staff are prepared to verbally explain data collection
  - ☐ Have clear data protection processes in place

During the activity

☐ Reassure participants of data security

☐ Remember to gain consent

☐ Collect information about participants:

- ☐ Use pre-developed tools
- ☐ Make every contact count
- ☐ Ensure information is collected in a private space
- ☐ Have an interpreter if needed
- ☐ Explain the need for and protection protocols for data collection

☐ Collect participant feedback:

- ☐ Consider the most appropriate way to get feedback at your event
- ☐ Ensure all staff / volunteers feel confident in the process
- ☐ Review how well it worked post-event

After the activity

☐ Analyse the data collected:

  - ☐ Properly plan before the event
  - ☐ Advocate for data collection good practice during the event
  - ☐ Analyse on a central dashboard and share with partners

☐ Capture and share lessons learned with your team, organisation and system

  ☐ Create your feedback forms and processes for capturing lessons learnt from the delivery team

    - ☐ Use minimal questions
    - ☐ Consistent feedback across projects
    - ☐ Encourage all to share
    - ☐ Ensure timely feedback
    - ☐ Use the most appropriate tools

  ☐ Review and iterate the process as needed

  ☐ Share learnings widely

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Evaluation plan template

Section	**Questions to answer**
Purpose	- *What will this evaluation tell us? What are the intended impacts of this initiative?* - *What will the information from the evaluation be used to do?*
Audience	- *Who will mainly read this evaluation? Who will be most interested?*
Resource available	- *Who is available to collect and analyse information and how much time do they have allocated to this?* - *Is there a budget to conduct an evaluation (or possibility of there being one)?* - *Who is responsible for overseeing the delivery of the evaluation?* - *Who can help you deliver this evaluation?*

Information collection	- *How will information be collected? (refer to next section for inspiration)* - *What are your key research questions?* - *How can you use appropriate existing data?*
Timeframes	- *When will information be collected and analysed?* - *Consider when a mid-point review as well as a final evaluation could happen?*

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Outcome measures

These measures were collected and prioritised by stakeholders in the system through the information collection stage of this project. They were deemed to be the most important pieces of information to collect during and after the initiative to demonstrate impact.

Ranking	Area	Category	Metric
1	Analysis	Outcomes post interventions	Patient reported outcome measures, stories/case studies, number of people found to have hypertension, NWL platform: No. of and/or % participants who reported/experienced behaviour change (e.g. engagement with health services), incidence of MIs and strokes (3 years after)
2	Data collection tools	Engagement (on the day)	Number of people engaged
3	Sharing lessons learnt	Staff stories	Staff feedback captured - no. of and % of staff who submit feedback forms; NWL platform: Staff satisfaction with initiative (% 'very satisfied'); NWL platform: Staff perception of initiative usefulness (% rating as 'very helpful')
4	Analysis	Costs to the system/cost saving	Resource vs number of people
5	Analysis	Health inequalities	Health inequalities
5	Data collection tools	Demographic data	NWL platform: collect participant postcode (to map to Index of Multiple Deprivation) and compare to relevant benchmark
6	Data collection tools	Test results (on the day)	BP test results
7	Analysis	Engagement with health services	Interactions with health services post BP checks (including via referrals)
8	Patient feedback	Participant experience feedback	Participant experience feedback
9	Data collection tools	General clinical information	General clinical information
10	Data collection tools	General demographics	General demographics
10	Data collection tools	Registered GP	Patient's registered GP
11	Data collection tools	Health service referrals	How many people are referred to their GP
11	Sharing lessons learnt	Number of staff in attendance	Number of staff in attendance
11	Data collection tools	Demographics: Age	NWL Platform: Collect age/gender/ethnicity of participants as a minimum demographic dataset
12	Data collection tools	Demographics: Ethnicity	NWL Platform: Collect age/gender/ethnicity of participants as a minimum demographic dataset
12	Data collection tools	Consent: Contact information	Contact information
13	Sharing lessons learnt	Time of day and number of hours	Time of day and number of hours
14	Analysis	Engagement rate	Engagement rate

14	Sharing lessons learnt	Number of staff trained	Number of staff trained
14	Data collection tools	Demographics: Gender	NWL Platform: Collect age/gender/ethnicity of participants as a minimum demographic dataset
14	Data collection tools	Signposting	Where they were signposted to
15	Data collection tools	NHS Number	NHS Number
15	Data collection tools	Non-engagement	Number of declines
16	Analysis	Non-engagement	Number of people that did not engage
16	Data collection tools	Social determinants of health	Social determinants of health/social situation/housing status
17	Data collection tools	Number of high BP	Number of high BP
18	Sharing lessons learnt	Relationships built with communities	Relationships built with communities
19	Sharing lessons learnt	Resources used	Resources used
20	Sharing lessons learnt + patient feedback	From workshop: how people learned about the event (if pre-promoted)	From workshop: how people learned about the event (if pre-promoted)
20	Data collection tools	Diversity of people engaged	NWL platform: report reach and attendance in these demographic groups compared to relevant benchmark (e.g. NWL population)
21	Sharing lessons learnt	Location of event	Location of event
21	Analysis	Population level changes	NWL platform mention - % change in final disease-specific outcome at population level (e.g. % patients with hypertension)
21	Patient feedback	Change in skills and knowledge	NWL Platform: % of participants reporting improvement in skills or knowledge (if relevant)
22	Analysis	Patient follow ups	Number of patients followed up with and any wider impacts following the initial interaction
22	Sharing lessons learnt	Sharing of best practice with others	Sharing of best practice with others
23	Data collection tools	Name	Name
23	Data collection tools	BP readings	Number of BP readings
23	Data collection tools	Consent: Sharing data	Consent to share data
24	Data collection tools	Lifestyle advice	Number of lifestyle advice given
24	Data collection tools	Undiagnosed HTN	Undiagnosed HTN
24	Data collection tools	BP awareness and checks	BP awareness and checks, Feelings about BP being well managed, knowledge on high BP, What works well in managing high BP, frequency of medication, reasons for missed medication, enablers for taking meds regularly

24	Data collection tools	Health behaviours	Health behaviours: Physical activity levels, smoking status, alcohol consumption
25	Analysis	Control group comparison	The impact that this intervention has made, using a control group as a comparator
25	Analysis	Detection target	Detection target
25	Analysis	QRISK3	QRISK scores
25	Sharing lessons learnt	Other activities conducted during the initiative	Other activities conducted during the initiative
25	Sharing lessons learnt	Aim and target audience	Aim and target audience
25	Sharing lessons learnt	PPIE component	PPIE component
25	Sharing lessons learnt	Name of intervention	Name of intervention
25	Sharing lessons learnt	Hypertension control rates	Hypertension control rates
25	Sharing lessons learnt	Accuracy of BP measurements	Accuracy of BP measurements
25	Sharing lessons learnt	Adherence to treatment protocols	Adherence to treatment protocols
25	Data collection tools	Frequency of health service visits	Frequency of health service visits
25	Data collection tools	Repeat visits	Number of people returning to get their BP checked
25	Patient feedback	Patient stories/case studies	Patient stories/case studies
25	Patient feedback	Existing tools: Questions for specialists	Existing tools: Questions for specialists

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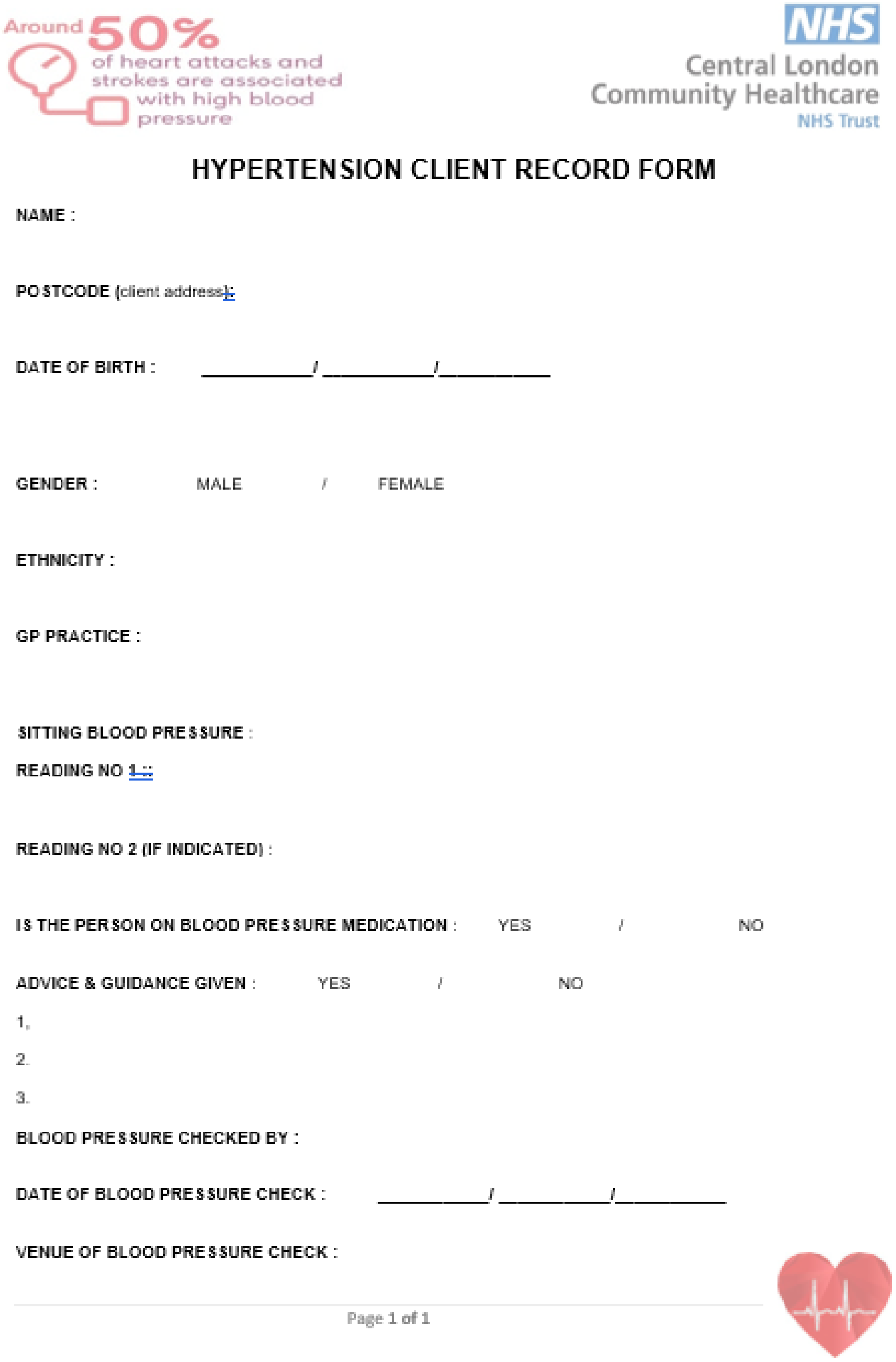
Examples of existing data collection tools



Around 50% of heart attacks and strokes are associated with high blood pressure

NHS
Central London
Community Healthcare
NHS Trust

HYPERTENSION CLIENT RECORD FORM

NAME :

POSTCODE (client address):

DATE OF BIRTH : ___________/___________/___________

GENDER : MALE / FEMALE

ETHNICITY :

GP PRACTICE :

SITTING BLOOD PRESSURE :

READING NO 1 :

READING NO 2 (IF INDICATED) :

IS THE PERSON ON BLOOD PRESSURE MEDICATION : YES / NO

ADVICE & GUIDANCE GIVEN : YES / NO

1.

2.

3.

BLOOD PRESSURE CHECKED BY :

DATE OF BLOOD PRESSURE CHECK : ___________/___________/___________

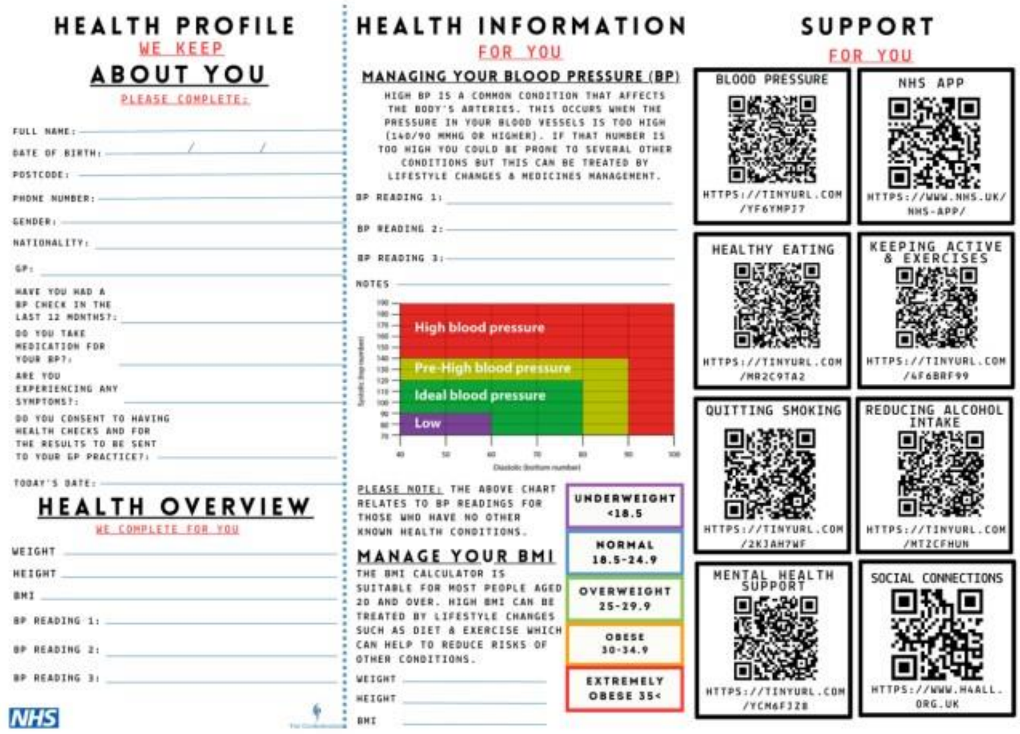
VENUE OF BLOOD PRESSURE CHECK :

Page 1 of 1

Hillingdon Health Passport for local community engagement events

UPDATE

The following health passport has been created to better capture patient information when carrying out health checks at local events within the community. The passport also aims to provide patients with a record of their health information alongside supporting resources.



HEALTH PROFILE

WE KEEP

ABOUT YOU

PLEASE COMPLETE:

FULL NAME:

DATE OF BIRTH: / /

POSTCODE:

PHONE NUMBER:

GENDER:

NATIONALITY:

GP:

HAVE YOU HAD A BP CHECK IN THE LAST 12 MONTHS?:

DO YOU TAKE MEDICATION FOR YOUR BP?:

ARE YOU EXPERIENCING ANY SYMPTOMS?:

DO YOU CONSENT TO HAVING HEALTH CHECKS AND FOR THE RESULTS TO BE SENT TO YOUR GP PRACTICE?:

TODAY'S DATE:

HEALTH OVERVIEW

WE COMPLETE FOR YOU

WEIGHT

HEIGHT

BMI

BP READING 1:

BP READING 2:

BP READING 3:

NHS

HEALTH INFORMATION

FOR YOU

MANAGING YOUR BLOOD PRESSURE (BP)

HIGH BP IS A COMMON CONDITION THAT AFFECTS THE BODY'S ARTERIES. THIS OCCURS WHEN THE PRESSURE IN YOUR BLOOD VESSELS IS TOO HIGH (140/90 MMHG OR HIGHER). IF THAT NUMBER IS TOO HIGH YOU COULD BE PRONE TO SEVERAL OTHER CONDITIONS BUT THIS CAN BE TREATED BY LIFESTYLE CHANGES & MEDICINES MANAGEMENT.

BP READING 1:

BP READING 2:

BP READING 3:

NOTES

PLEASE NOTE: THE ABOVE CHART RELATES TO BP READINGS FOR THOSE WHO HAVE NO OTHER KNOWN HEALTH CONDITIONS.

MANAGE YOUR BMI

THE BMI CALCULATOR IS SUITABLE FOR MOST PEOPLE AGED 20 AND OVER. HIGH BMI CAN BE TREATED BY LIFESTYLE CHANGES SUCH AS DIET & EXERCISE WHICH CAN HELP TO REDUCE RISKS OF OTHER CONDITIONS.

WEIGHT

HEIGHT

BMI

- UNDERWEIGHT <18.5
- NORMAL 18.5-24.9
- OVERWEIGHT 25-29.9
- OBESE 30-34.9
- EXTREMELY OBESE 35<

SUPPORT

FOR YOU

- BLOOD PRESSURE HTTPS://TINYURL.COM/YF6YMPI7
- NHS APP HTTPS://WWW.NHS.UK/NHS-APP/
- HEALTHY EATING HTTPS://TINYURL.COM/MR2C9TA2
- KEEPING ACTIVE & EXERCISES HTTPS://TINYURL.COM/4F6BRF99
- QUITTING SMOKING HTTPS://TINYURL.COM/2KJAH7WF
- REDUCING ALCOHOL INTAKE HTTPS://TINYURL.COM/MTZCFHUN
- MENTAL HEALTH SUPPORT HTTPS://TINYURL.COM/YCM6FJ28
- SOCIAL CONNECTIONS HTTPS://WWW.H4ALL.ORG.UK

Health professionals complete this section and retain for follow up and next steps

The patient is given this section to keep which outlines health check results and supporting information

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NeoHealth BP questionnaire

1. Do you feel your blood pressure is well managed?

A. Yes

B. No

C. I don’t know

2. What do you understand about high blood pressure & the effects on you?

3. What works well **for you** in managing your blood pressure

A. I exercise regularly

B. I do NOT drink alcohol

C. I do NOT smoke

D. I consume low caffeine (e.g. <4 cups of coffee/tea, energy drinks etc.)

E. I take blood pressure medication

F. I eat little processed food

G. I have a low salt diet

H. All of the above

I. None of the above

J. Other ____

4. What doesn’t work well **for you** in managing your blood pressure

A. I do not exercise

B. I forget take my medication regularly

C. I don’t take my medication because of side effects

D. I smoke

E. I drink alcohol more than the recommended amount/week*

F. I eat lots of processed food

G. I eat lots of salt in my food

H. I drink a lot of caffeine (e.g. > 4 cups of coffee/tea, energy drinks etc)

I. All of the above

J. None of the above

K. Other ____________________________________

5. How often do you miss your blood pressure medication?

A. I hardly remember

B. I tend to forget once a week

C. I tend to forget a few times a week

D. I never forget and take them every day

E. Other__________________

6. What reasons make you miss a medication? Pick as many as apply to you

A. I tend to forget

B. I experienced side effects

C. I don’t think I need them anymore as my blood pressure got better

D. My blood pressure went down and I stopped taking them

E. I can’t get to a pharmacy easily

F. I can’t order repeat prescriptions

G. Cost of the medication

H. I felt like it didn’t help

I. I don’t feel unwell

J. I don’t want to rely on medications

K. Other ________________________________

7. Which of the following will encourage you to take your medication regularly?

A. A pill organizer

B. A reminder on my phone

C. Feeling better quickly after taking the pill

D. Understanding the benefit of the pill

E. Having no side effects

F. Group education

Now the key question

8. If you had the chance to ask a specialist about your high blood pressure, what would you like to ask?

____
____
____
____

Text to go out with the link:

So we have a better understanding of how to manage your blood pressure, please fill in a short questionnaire.

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Participant feedback forms – example from Harrow

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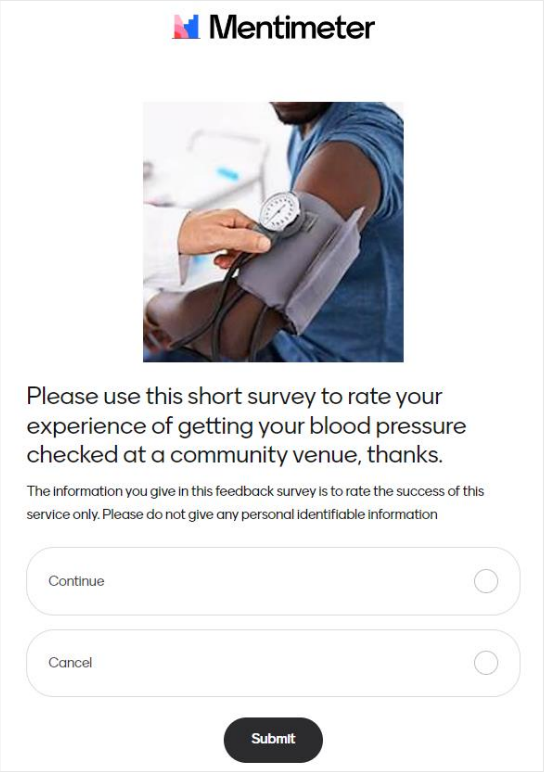
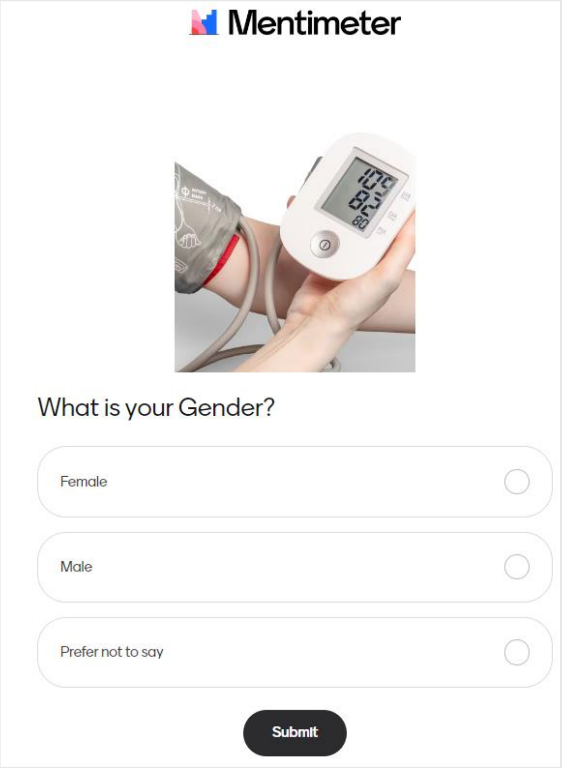


Please use this short survey to rate your experience of getting your blood pressure checked at a community venue, thanks.

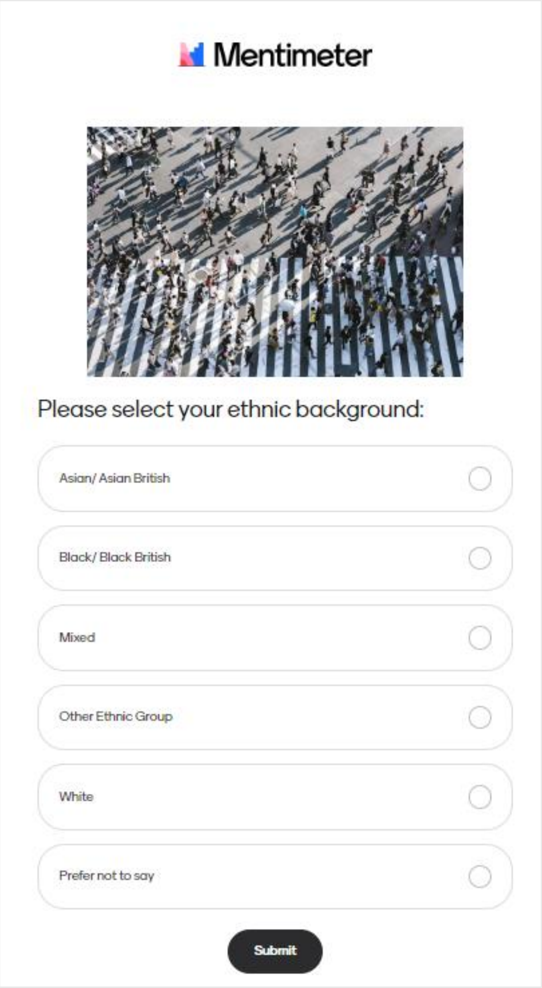
The information you give in this feedback survey is to rate the success of this service only. Please do not give any personal identifiable information

- Continue ○
- Cancel ○



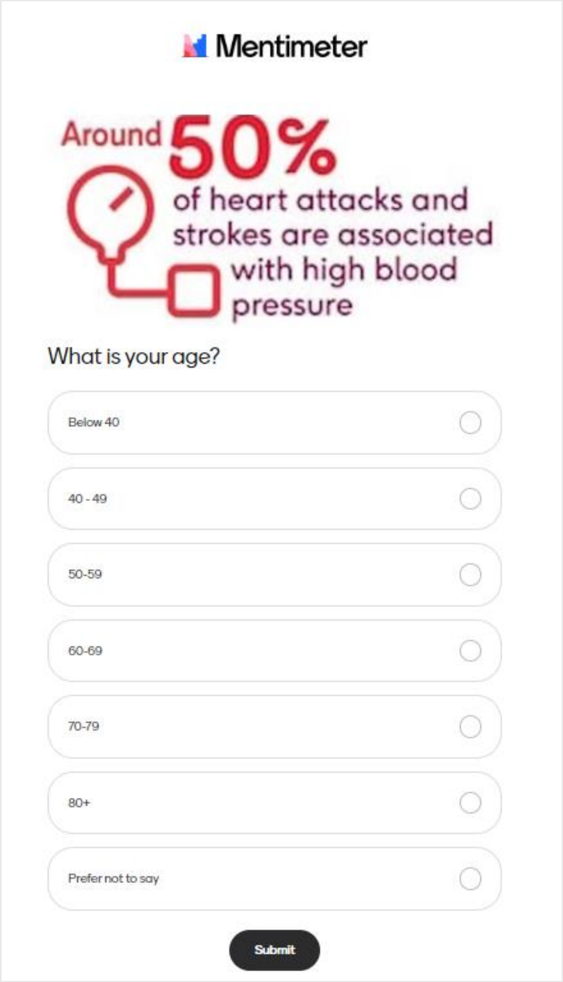
What is your Gender?

- Female ○
- Male ○
- Prefer not to say ○



Please select your ethnic background:

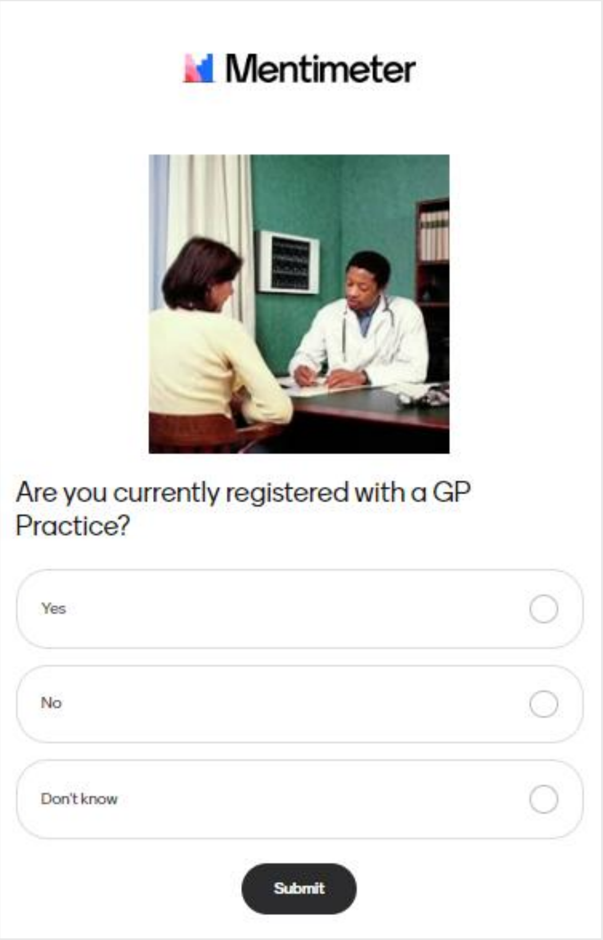
- Asian/ Asian British ○
- Black/ Black British ○
- Mixed ○
- Other Ethnic Group ○
- White ○
- Prefer not to say ○



Around 50% of heart attacks and strokes are associated with high blood pressure

What is your age?

- Below 40 ○
- 40 - 49 ○
- 50-59 ○
- 60-69 ○
- 70-79 ○
- 80+ ○
- Prefer not to say ○



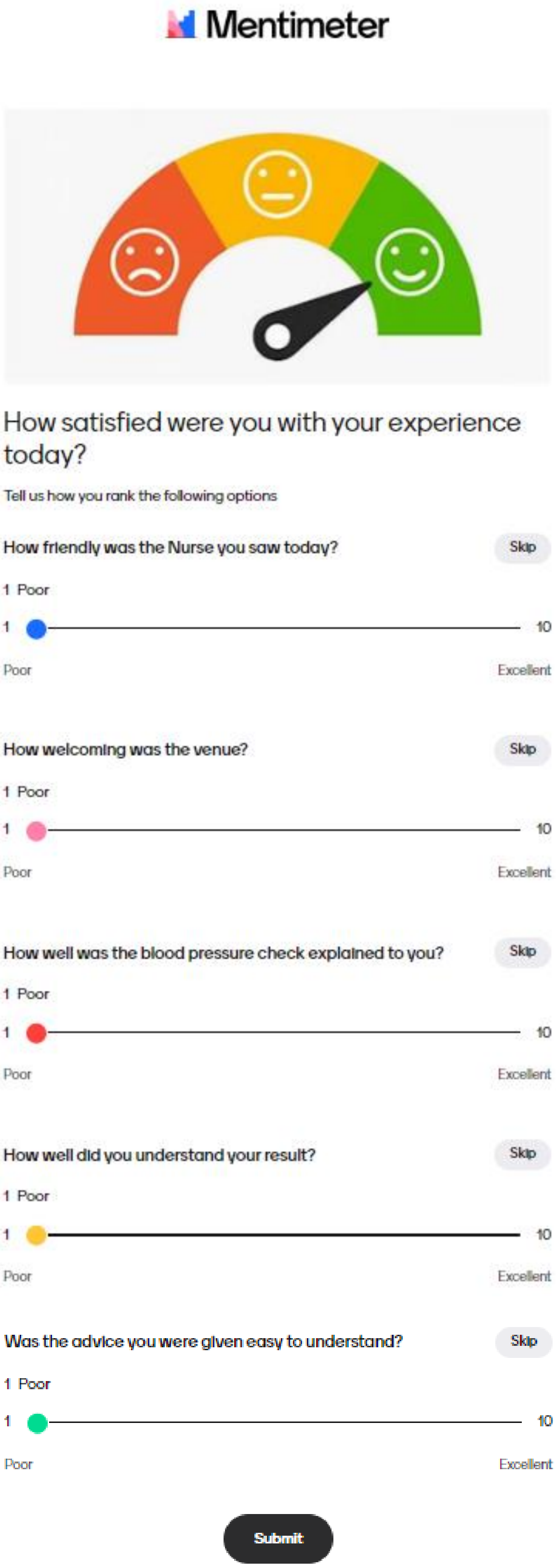
Mentimeter

Are you currently registered with a GP Practice?

Yes ○

No ○

Don't know ○



Mentimeter

How satisfied were you with your experience today?

Tell us how you rank the following options

How friendly was the Nurse you saw today?

1 Poor

1 ● 10

Poor Excellent

How welcoming was the venue?

1 Poor

1 ● 10

Poor Excellent

How well was the blood pressure check explained to you?

1 Poor

1 ● 10

Poor Excellent

How well did you understand your result?

1 Poor

1 ● 10

Poor Excellent

Was the advice you were given easy to understand?

1 Poor

1 ● 10

Poor Excellent

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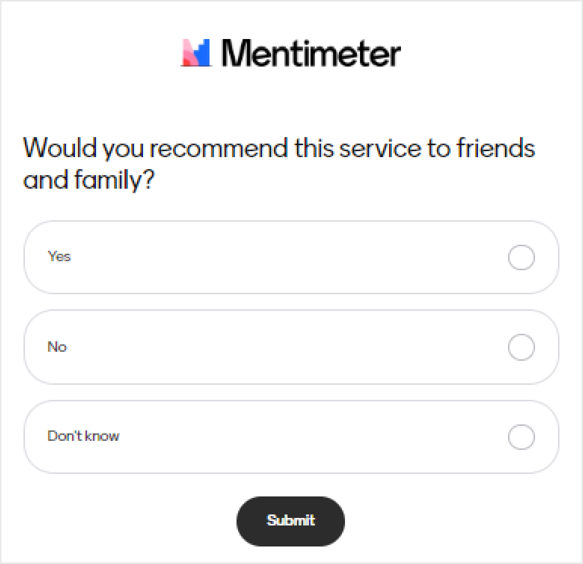
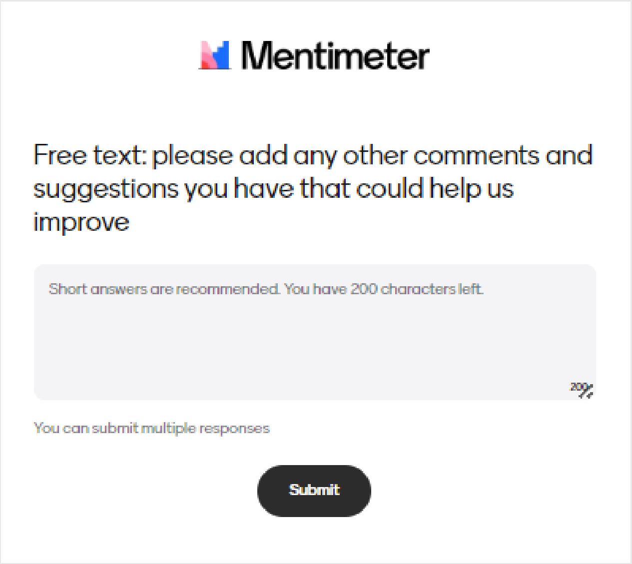


Would you recommend this service to friends and family?

- Yes ○
- No ○
- Don't know ○



Free text: please add any other comments and suggestions you have that could help us improve

Short answers are recommended. You have 200 characters left.

You can submit multiple responses

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