

To assess the feasibility  
of evaluating the impact  
of Solva Care

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## Final Report

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## Summary

Solva Care is a community led project to improve people's health and quality of life. The project was set up in 2015 in response to community demands for local support services for individuals and families, identified through a community survey and meetings. Solva Care coordinates a team of volunteers who visit older and more vulnerable people who need help with daily tasks. Volunteers also help carers by looking after their loved ones for a short while.

This research project was carried out by Swansea University. We wanted to find out whether it was possible to collect information from different sources which could be used to describe Solva Care and any difference it has made.

We found:

- Solva Care Management Board keeps records to help manage the services it provides. These services include dog walking, shopping, visits, transport and respite support. Their records show that demand has increased over the first operating year (2015-2016). These records could be improved so there is better quality information for future research.
- Anonymous routinely collected information is available for the Solva area. This describes the primary, secondary and emergency health services used by Solva residents. We were also able to link the anonymous information with names of individuals who agreed we could do this, to find which services they had used. This information was more comprehensive than what they told us in questionnaires.
- We asked Solva Care clients and volunteers to complete questionnaires about their quality of life and health service use. 79% returned a completed questionnaire and 84% of these agreed we could link their replies with routine health records.

Solva Care clients and volunteers said they had strong networks of family and friends who they socialise with and rely on for support and companionship. Clients tended to have slight or moderate difficulties with some aspects of their day to day health and scored their overall health lower than volunteers. Approximately two thirds of

clients and nearly half of volunteers had used hospital services in the previous three months and the same number had visited a GP in person.

- Seven volunteers and four clients took part in two group discussions to talk about their experiences of Solva Care.

Solva Care clients praised the service. In addition to receiving practical assistance, they valued the emotional support they received and felt it enabled them to remain independent and active in the community. Volunteers said their role was rewarding and enjoyable. They felt it gave them a sense of identity and self-worth. They believed they provided companionship and practical care and had enabled some clients to remain in their homes, or return home from hospital, despite very poor health.

- Solva Care also distributed a questionnaire to all Solva residents and 80% were returned.

Most Solva residents believed Solva Care was good for the community. They heard about the scheme through multiple routes including Solva News, a friend or relative and the Solva Care leaflet.

Our study showed that it is feasible to collect information which can be used to research how Solva Care works and what difference it makes. We also found that Solva Care is needed and valued by the community. It has the potential to keep people living longer in their homes despite poorer health. It may also reduce unplanned use of health services and the length of time people stay in hospital because there is some support when they come home.

It is important that more research is carried out to understand how Solva Care works and what difference it makes. We need to know if this way of working can be used successfully in other communities.

# Abstract

## *Background*

An ageing population and rising incidence of chronic illness places an unprecedented demand on health and care services internationally. UK health and social services and local authorities are seeking innovative ways to deliver preventative and appropriate care to older people and keep them living at home for longer. Families and communities could contribute towards this agenda.

Solva Care is a community project to improve people's health and quality of life. It was set up in 2015 in response to community demands for local support services for individuals and families. Currently Solva Care coordinates a team of volunteers who visit older and more vulnerable people who need help with daily tasks and also provide respite support to carers.

## *Aim*

To establish the feasibility of describing and assessing the impact of the Solva Care model in order to inform design and conduct of future research.

## *Methods*

We used mixed methods incorporating: review of documents; review of routinely collected health and social care data held in the SAIL databank; questionnaires to participants and a community survey; and focus groups. We also attended a community workshop and held discussions with leaders of the Solva Care team.

## *Results*

We received a 79% response rate to questionnaires with clients and volunteers and 80% response to a community survey. We carried out two focus groups, one each with clients and volunteers. 84% of questionnaire respondents agreed to their data being linked with routine data held in the SAIL databank, which we successfully undertook.

Solva Care records show increasing demand for services, which include dog walking, shopping, visits, transport and respite. Clients reported slight or moderate difficulties with some aspects of daily health and scored overall health lower than volunteers. Two thirds of clients and nearly half of volunteers used hospital services or visited a GP in the past three months. Clients valued Solva Care for providing practical and emotional support which enabled them to remain independent and active in the community. Volunteers found their role rewarding and increased self-worth. They identified occasions when support enabled clients to remain at home or return home from hospital, despite poor health. Most Solva residents believed Solva Care was good for the community.

## *Conclusion*

We demonstrated the feasibility of describing and assessing impact of Solva Care. The service appears to be needed and may have the potential to reduce use of unscheduled care services and length of hospital stay. Further research is needed to define the Solva Care model, assess impact on health services and participants and potential generalisability,



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## To assess the feasibility of evaluating the impact of Solva Care

### Background

An aging population and rising incidence of chronic conditions places a significant and unprecedented demand on health and care services as people's care needs become more extensive and complex<sup>1,2,3</sup>. Wales has the highest proportion of people over 85 in the UK and numbers of very elderly are expected to rise in the next decade<sup>4</sup>. Poor access to social care services appears to be linked to other unmet demands in the health and care sector while social care budgets are not increasing accordingly<sup>3,5,6</sup>. A rising number of care homes are closing because managers face difficulty recruiting and retaining staff as residents become older and require more specialist care<sup>7</sup>. Fees for residents are increasing in order for them to remain viable. There are concerns about the sustainability of the care sector<sup>3,5</sup>, as voiced by the Care Quality Commission in their latest annual report.

*'The fragility of the adult social care market and the pressure on primary care services are now beginning to impact both on the people who rely on these services and on the performance of secondary care. The evidence suggests we may be approaching a tipping point.'*<sup>5p4</sup>

The World Health Organisation has called on societies to invest in public and community services for older people<sup>8</sup>. In the UK, local authorities are increasingly required to focus on the wellbeing of people requiring adult social care and also preventing escalating needs, by giving them a say in their care and support<sup>9,10</sup>. There is also a move to integrate the delivery of health services across acute, primary and community sectors<sup>11,12</sup>. At a time of limited and reducing resources, innovative ways of delivering social care are being explored and individuals, families and communities being seen as assets with insights and resources to contribute<sup>13</sup>.

### Solva Care

Solva Care is a community led project set up by Solva Community Council to improve local people's health and quality of life. More information is provided at <http://solvacare.co.uk/>. The Solva Care leaflet is included at appendix 1.

The goals of Solva Care are to:

- counteract loneliness, isolation and social disadvantage
- provide extra support for relatives and friends who provide care
- help people stay in their homes and remain part of the community

Solva Care was set up in 2015 in response to community demands for local support services for individuals and families, identified through a community survey and meetings. It was envisaged to develop in two phases. The support service currently running (2016/7) is provided by volunteers. This represents the first phase. Funding from Welsh Government and Pembrokeshire Coast National Park Authority supports the employment of a part-time coordinator who runs the scheme, matching people who need practical help with trained volunteers. A second phase is intended, to establish a local non-profit making company – a social enterprise - employing carers to provide home-based hands-on care as people require. Activities to support people's safety and health are also planned.

The Solva Care project recruits and supports the coordinated use of trained DBS (Disclosure and Barring Service) volunteers to deliver informal support to older and more vulnerable residents who require assistance with some daily tasks. The scheme promotes the local knowledge and trustworthiness of individuals taking part as volunteers, building on people's strong sense of community. Its founders aim to address the limited provision of social and residential care in the Solva area<sup>14</sup>. The aims of Solva Care match the principles of Prudent Healthcare<sup>15</sup>, the Welsh Government's approach to health and social care, where care fits the needs and circumstances of patients and they are involved in choosing and managing the care they need. They are also in line with the Wales Wellbeing Act<sup>10</sup> requiring local authority support for social enterprises and cooperative organisations to provide care, support and preventative services in communities.

This report focuses on the first phase of Solva Care, the provision of practical help in the community by trained volunteers.

## **Aim and objectives**

This study aimed to establish the feasibility of describing and assessing the impact of the Solva Care model (phase 1) in order to inform development of future research.

The objectives were:

1. To review the data collected by the Solva Care team about developing, implementing and managing the Solva Care model to understand what is currently collected and what further data items are needed to undertake an analysis of costs, benefits and effects.
2. To assess the availability and quality of routine data, describing use of health and social care services, held within the SAIL (Secure Anonymised Information Linkage) databank, the processes for accessing these and their relevance to a future research proposal
3. To test the feasibility of collecting survey and qualitative data about use, experience and impact on quality of life from Solva Care volunteers and clients and Solva residents

4. To collect baseline data on participants' and residents' quality of life, knowledge, health and social care resource use, overall use and experience of the Solva Care service
5. To identify future research opportunities for assessing the effects of Solva Care, which are feasible to collect and relevant to community partners

## **Structure of this report**

We present the methods and results for each objective of this study. We hope this chapter-style structure will allow readers to easily follow how we have investigated the different elements of this study and the results obtained. We have drawn together all the findings in the final Discussion chapter, where we also consider the implications of the results and how these can inform further research and practice.

To undertake this study, we used mixed methods incorporating: review of documents; review of routinely collected health and social care data which is held in the SAIL databank; questionnaires to participants and a community survey; and focus groups. We also attended a community workshop and held discussions with leaders of the Solva Care team. These methods were selected as likely methods for consideration when evaluating impact of Solva Care and which would provide some baseline data for assessing change over time.

## **1: Review of Solva Care data**

### **Method**

We reviewed activity information which the Solva Care team collected during 2015-2016.

The purpose was to:

- 1) describe the data which was available
- 2) suggest how the Solva Care team could develop ways to collect information suitable for carrying out research about Solva Care.

The database we examined was created when Solva Care was first set up, in order to coordinate and manage the daily Solva Care activities and to provide information to include in reports to Solva Care funders. So that it fully met the needs of the Solva Care Management Board during its first year of operation, the database was amended as the project developed and the need for new information emerged. It was not designed or used as a research tool.

## Results

Solva Care provided two electronic excel files covering 12 months of data: one for Aug – Dec 2015 and one for Jan – Jul 2016. All individuals referred to in the database were anonymised by the Solva Care Coordinator before the files were given to the research team.

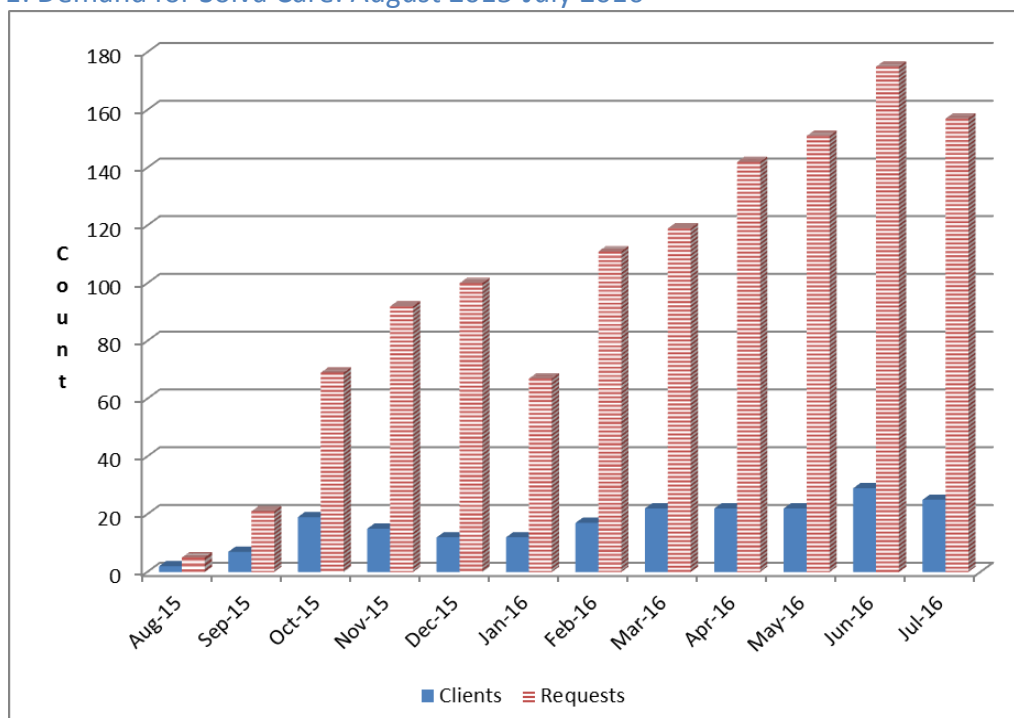
Data were recorded on a tab for every calendar month. Within each tab, data were recorded daily in chronological order based on the 'date' column.

The spread sheets collected the following information:

- Date the service was delivered
- Service user (coded by letter A, B, C and onwards)
- Volunteer (numbered 1, 2 and onwards)
- Details (free text explanation)
- Start and end time spent by the volunteer with the client
- Total time spent with a client
- Time taken to performing each service (some calls involved more than one service)
  - dog walking
  - shopping
  - pop in visit
  - transport
  - respite
  - "other"
- Details of mileage claimed and whether the service user paid the volunteer for it

From the data collected, we identified that demand for the Solva Care service increased over time, as did the number of clients requesting the service. This trend is illustrated in Figure 1.

Figure 1: Demand for Solva Care: August 2015-July 2016



To illustrate the demand for services provided, we looked at records for March 2016 (see Table 1). We chose this date to match the time point for the data requested from the SAIL databank (see section 3). In that month, Solva Care logged 118 requests which were provided to 22 Solva Care clients. Of the 118 requests, 20 involved more than one service as part of one call out, resulting in a total of 141 individual requests. Most multiple requests involved a pop in visit and an ‘other’ action such as picking up a prescription or assisting with a medical maintenance task.

**Table 1: Services provided to Solva Care clients in March 2016**

	<b>No. of individual requests</b>
Respite	11
Transport	31
Dog walking	24
Shopping	5
Pop in visit	35
Other *	35
<b>Total</b>	<b>141</b>

*\* Examples included picking up prescriptions, emptying a dialysis bag, delivering Solva Care leaflets and “French class”.*

Viewing these evolving records retrospectively and without the insight of the Solva Care Management Board, the nature of an activity was not always clear. We identified some issues with consistency of data recorded, the completeness of records and calculations of time. As external examiners, we could not reliably describe activity or compare changes over time. On some occasions, we could not distinguish data about delivering the Solva Care service from data about implementing other aspects of Solva Care (for example, promotion).

The spreadsheet was not used to record any requests for support which were outside the remit of Solva Care, any accepted requests which were not fulfilled, referrals to other services or information given in order to signpost a client to another organisation. We were advised that this information is held separately at present.

The strength of the spreadsheet was its comprehensive nature, reflecting the need to collect data about Solva Care in its first full year of operation. Throughout this time of growth and change, regular entries were made in order to gather evidence about the demand for Solva Care and the services provided. Although it was created to monitor delivery of the evolving service during its first year of operation, the spreadsheet has potential to be a useful tool in gathering data to describe and evaluate the Solva Care project.

We suggested ways of updating the database in order to systematically record information about Solva Care activities in a format which is suitable for undertaking research about the processes and effects of Solva Care.

Some of the improvements which could allow the collection of data suitable for research include the following:

- Hold separate spreadsheets for clients and volunteers in order to separate activities undertaken by and for volunteers (such as promotion, training, networking) from those delivered to clients. The status of client and volunteer should be clearly defined. This would clarify whether a client's carer or spouse is also considered to be receiving support from Solva Care. It would also distinguish activities required or undertaken to support clients from those which occur as part of overseeing or delivering the Solva Care project.
- Routinely assign an identification code, uniquely linked to each client and volunteer, in order to remove any opportunity that a code is transferred between individuals. A system could also incorporate features to distinguish volunteer and client codes, thereby further eliminating risk of confusion. A separate document should hold identifiable data about each individual. This, and a separate register linking identifiable and anonymous data, should be kept securely in a different place to ensure the anonymity of clients and volunteers is maintained at all times.
- Use Excel functions, for example to automatically count time spent, once a start and end time has been entered. Use of functions will allow production of graphs and other visual methods of presenting information about numbers and types of activity.
- Use predefined drop-down menus to code routine information in detail to ensure consistent data collection and minimise use of free text. Now that the project has been operating for more than a year, these categories should be generally evident. If more categories become evident, these should be added. There should also be minimal entries in the 'other' column.
- Record the mileage of any transport provided, even when not claimed by volunteers, to illustrate the number, distance and destinations of journeys provided to clients through Solva Care. This information also has potential to be used as match funding when seeking grants for future Solva Care activity.

## **2: What data are available in the SAIL databank which are relevant to the evaluation of the Solva Care project and the Solva community?**

### **Method**

We scoped the data items which are kept in the SAIL databank (see Box 1Box 1) at Swansea University<sup>16</sup> to identify:

- whether Solva area data (based on the SA62 postcode) are routinely submitted to the SAIL databank
- what routine data are held (e.g. primary, secondary and community health service use; social care services; any other routinely collected data)

- what time periods were covered within each dataset
- how often they are updated
- the local demographics of the Solva residents using the SA62 truncated postcode
- whether it is feasible to find a comparator site, to be used to assess any effect of Solva Care in a future study

#### Box 1: The SAIL databank

SAIL Databank (<https://saildatabank.com/>) is a safe haven for billions of person-based records combined with a complete data linkage and analysis toolset that helps researchers answer important questions for the benefit of society.

The databank is a world-class flagship for the robust secure storage and use of anonymised person-based data for research to improve health, well-being and services. This anonymised data about the population of Wales is internationally recognised. The SAIL Databank receives core funding from the Welsh Government's Health and Care Research Wales. Subject to safeguards and approvals, the anonymised person-based records can be linked together to address important research questions. This advanced data linkage research platform is the UK's first single resource for population, health and social care data intended solely for research. SAIL Databank is home to the broadest and most accessible source of anonymised population data in the world. It is a secure environment to conduct research analysis.

## Results

We confirmed that data about the Solva area (SA62) are routinely submitted to the SAIL databank. These data include:

- secondary care activity in the Patient Episode Database Wales (PEDW) database including:
  - admissions to hospital
  - inpatient activity
  - daycase/outpatient activity
  - emergency admissions to A&E departments
- contacts with general practice including:
  - medication prescribed
  - tests ordered/performed
  - symptoms
  - telephone consultations
  - referrals to secondary care
- Information from the Welsh Demographics Service (WDS) on age, gender and social deprivation status. (See Box 2).

Databases are updated monthly at source but only uploaded to the SAIL databank every three to six months, depending on which dataset is being uploaded. This means that timelags in the data are to be expected. For example, secondary care data is always at least three months old and the most recently available GP data is up to six months old.

## Box 2: Databases

The Patient Episode Database for Wales (PEDW) records all episodes of inpatient and daycase activity in NHS Wales hospitals. This includes planned and emergency admissions, minor and major operations, and hospital stays for giving birth. Hospital activity for Welsh residents treated in hospitals in England is also included. The data are collected and coded at each hospital. The records are then electronically transferred to the NHS Wales Informatics Service (NWIS) where they are validated and merged into the main database. Diagnoses are coded using the International Classification of Diseases (ICD). Procedures are coded using the Office of Population Censuses and Surveys (OPCS) classification of surgical operations.

The Welsh Demographic Service (WDS) database records patients resident in Wales and registered with a GP practice in Wales. The data provide the demographic characteristics of people registered with GP practices in Wales. The WDS maintains a register of Welsh residents' demographic details, including name, address, date of birth, general practice and NHS number.

We requested from the SAIL team the basic demographics of people residing in the Solva and surrounding areas (SA62 postcode). The SAIL analyst identified 983 active postcodes for this area. The Welsh Demographic Service (WDS) dataset contains an address history for all individuals registered to a Welsh General Practice. This dataset was used to select all individuals that lived in the Solva area (Lower Super Output Area) codes = 'W01000581', 'W01000612', 'W01000618'. SAIL provided the data for 01/03/2014. We looked at gender, age and deprivation score defined according to the Welsh Index of Multiple Deprivation (see Box 3).

## Box 3: Welsh Index of Multiple Deprivation and Lower Super Output Areas

The Welsh Index of Multiple Deprivation (WIMD) is the official measure of relative deprivation for small areas in Wales. It is designed to identify those small areas where there are the highest concentrations of several different types of deprivation including income; employment; health; education; access to services; community safety; physical environment and housing. There are five bands on the WIMD – 1 is most deprived and 5 is least deprived.

A Lower Super Output Area (LSOA) is the geographic unit used in the Welsh Index of Multiple Deprivation (WIMD). LSOAs are built from groups of Output Areas (OAs) used for the 2001 Census. There are 1,896 LSOAs in Wales each with a population of about 1,500 people. Three LSOAs were examined in this study, covering the St Davids Peninsula as far north as Mathry and Castle Morris (approximately 12 miles away) and east to Newgale (approximately five miles away).

Table 2 reports the age and gender of people living in the SA62 area. Overall there were almost the same number of men and women, giving a ratio of males to females of 1:1. Just over half the population (56%) was aged between 40 and 80 years with the highest numbers (760/4435: 17%) aged between 60 and 70.



Table 2: Number of individuals grouped by age and gender (on 1 March 2015 in SA62).

Age group (years)	Male	Female	Total
0 - 4	94	87	<b>181</b>
5 - 9	107	77	<b>184</b>
10 - 14	114	113	<b>227</b>
15 - 19	136	139	<b>275</b>
20 - 24	103	94	<b>197</b>
25 - 29	103	73	<b>176</b>
30 - 34	108	102	<b>210</b>
35 - 39	114	106	<b>220</b>
40 - 44	116	145	<b>261</b>
45 - 49	161	150	<b>311</b>
50 - 54	164	143	<b>307</b>
55 - 59	149	172	<b>321</b>
60 - 64	196	205	<b>401</b>
65 - 69	198	174	<b>372</b>
70 - 74	137	141	<b>278</b>
75 - 79	109	104	<b>213</b>
80 - 84	64	74	<b>138</b>
85 - 89	29	49	<b>78</b>
90 +	11	29	<b>40</b>
<b>Total</b>	<b>2,213</b>	<b>2,177</b>	<b>4,390</b>

Many residents in the SA62 area (68.3%) lived in a level 3 area defined as neither deprived nor affluent, although almost a third (31.7%) lived in an area of slightly higher affluence (level 4) (see Table 3).

Table 3: Number of individuals on the Welsh Index of Multiple Deprivation (2014), grouped by level and gender (on 1 March 2015 in SA62)

WIMD fifth	Male	Female	Total
1 - most deprived			
2			
3	844	861	<b>1,705</b>
4	1,369	1,316	<b>2,685</b>
5 - least deprived			
<b>Total</b>	<b>2,213</b>	<b>2,177</b>	<b>4,390</b>

All the databases within the SAIL databank are available for communities in Wales. It is therefore possible to select one or more comparator sites which match specific characteristics of the Solva area, for example age, deprivation. These sites can then be compared within different databases to identify any changes over time, for example changes in health care usage.

### 3: Linking participants' data with routine health services data held in the SAIL databank

#### Method

We asked Solva Care clients and volunteers to indicate their consent to data linkage in the consent form attached to a questionnaire (this questionnaire is described later in this report in section 4). We then asked an analyst in the SAIL databank to link these individuals with routinely collected data held within the SAIL databank in order to present information about their use of health services at selected timepoints.

We requested SAIL data for three time points: March 2014, March 2015 and March 2016. We chose these because they covered comparable snapshots for the time periods before Solva Care began operation in 2015 and the first full year of Solva Care activity.

We requested permission to access the following types of data for consenting participants:  
GP data

We requested permission to access the following types of data for consenting participants:

- secondary care inpatient data from the Patient Episode Database for Wales (PEDW – see Box 2)
- emergency care data from the Emergency Department dataset within PEDW
- GP data

We evaluated the SAIL data provided for each consenting Solva Care study participant to determine whether it was complete (i.e. no missing fields) and that data were correct (i.e. not anomalies in the data such as incorrect dates).

#### Results

Of the 57 participants who returned study questionnaires, 48 (84.2%) agreed their data could be linked with data held in the SAIL databank. We then successfully linked information about all 48 participants using their name, address and date of birth. We identified participants' contacts with health services using the PEDW and GP databases.

##### *Secondary care*

We retrieved PEDW data for all three time points (March 2014, March 2015 and March 2016). However, there were only nine contacts with secondary care by five participants during each of those months. Two participants had secondary care contacts in March 2014 (one had two contacts and the other only had one contact). Three participants attended secondary care in March 2015 (one had two contacts and the other two participants each had one contact). In March 2016, two participants had one secondary care contact each.

The PEDW database identified that six of the nine contacts were for an elective procedure and three of the nine were an emergency. The database listed up to 15 diagnostic codes which were assigned to each participant during the period in hospital. The first code was the diagnosis on discharge whilst the others were conditions the patient was also discharged with (typically comorbidities). The database was also able to identify up to 15 procedures which had been coded while the patient was receiving treatment and typically included surgical procedures, scans, blood tests and x-rays.

### *Primary care*

The GP database was only available for March 2014 and March 2015 at the time of analysis. This was because it typically takes up to six months for the data to be uploaded to the SAIL databank and to be cleaned ready for use. Whilst the data should have been in place, there were delays which meant that the deadline for data extraction was not met and 2016 data were not available.

The databases for March 2014 and 2015 held multiple records per patient, describing information relating to:

- a) Medication prescribed
- b) Tests ordered / performed
- c) Symptoms
- d) Telephone consultations
- e) Referrals to secondary care
- f) Accident & Emergency (A&E) attendances
- g) Any other relevant information (e.g. whether the patient has a carer)

For the month of March 2014, there were 519 records in the database extract, 41 of whom were study participants who had visited their GP. A year later, for March 2015, 38 study participants were identified from 537 GP records.

### *Emergency admissions*

We cross referenced the GP and PEDW databases for matching records of emergency admissions. For March 2014, we found that the PEDW database had no emergency admissions recorded whereas the GP database had three records (for two different patients) indicating that an A&E admission had occurred. At the next timepoint of March 2015, the PEDW database recorded two episodes (for the same patient) but we found that only one of those episodes was recorded in the GP dataset.

## 4: Solva Care study questionnaire with volunteers and clients

### Method

We administered a questionnaire to all those who volunteered with Solva Care and to those people receiving help through Solva Care. This questionnaire was presented as a booklet and contained four validated tools:

- EQ-5D-5L (<http://www.euroqol.org/>) a multi attribute utility instrument which collected data on health related quality of life
- ICECAP-O

(<http://www.birmingham.ac.uk/research/activity/mds/projects/HaPS/HE/ICECAP/index.aspx>) which collected data on capability for older people. Use of the ICECAP-O measure was registered with the ICECAP developers

- Social Disconnectedness and Perceived Isolation Scale<sup>17</sup> which explored participation in social networks and activities, loneliness and available social support
- Client Services and Receipt Inventory which collected data on emergency, primary and secondary health service usage

The questionnaire booklet also included an information sheet and consent form (relevant to the volunteer or the client receiving the document). Respondents were invited to read the information sheet and sign the consent form before completing the questionnaire (see appendix 2 and 3). Each questionnaire was delivered in an unmarked open envelope in early October 2016 and collected two weeks later by a member of the Solva Care team. Completed questionnaires were returned in sealed envelopes and collected, unopened, by a Swansea University research team member and returned to Swansea, to ensure results remained confidential from the Solva Care members.

The completed questionnaires were opened at Swansea University by a researcher. The identifiable information was stripped off and stored separately and securely. The anonymised responses were recorded in a database. We examined how well the Solva Care study participants completed each section in terms of completeness and accuracy.

A count of the total number of questionnaires sent out was used as a denominator to calculate the response rate for this survey. We undertook descriptive analysis of the data provided which we split by type of validated tool. For the EQ-5D-5L, the patient responses generated a five dimension profile that we converted to an individual utility score to represent that person's current health related quality of life from 1 (perfect health) to worst possible health (-0.594). The utility scores are derived from a survey of the general public and represent a preference based valuation of a health state characterised by the EQ-5D-5L. This in effect is the 'tax payers' valuation.

## Results

We distributed 72 questionnaires and received 57 (79%) back: 44 were distributed to Solva Care clients of which 35 (80%) were returned completed and 28 to Solva Care volunteers of which 22 (79%) were returned completed. Characteristics of respondents are shown in Table 4.

Table 4: Characteristics of Solva Care clients and volunteers who returned completed questionnaires

	Clients	Volunteers
<b>Male:Female</b>	10:25	2:20
<b>Mean age (SD*)</b>	79.2y ( $\pm$ 12.3)	70y ( $\pm$ 8)
<b>Age range</b>	45.5y - 98y	57.4y - 70y

\* Standard deviation

### Health related quality of life

We asked respondents what they thought about their health related quality of life using the EQ-5D-5L which collected information in two ways. Firstly, patients were asked to report their assessment of their health state on five dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. At least a third of clients reported difficulties with selfcare. Two thirds of clients reported some problems with usual activities and a third of these experienced severe or extreme problems. Just over half reported slight or moderate levels of anxiety or depression and almost half reported mobility problems. A small number of volunteers also reported slight problems with their usual activities and just over half of them reported slight problems with pain or discomfort. Results are shown in Table 5.

Table 5: responses to questions about day-to-day health.

Question	Participant type	Response (%)					
		No problems	Slight problems	Moderate problems	Severe problems	Unable / Extreme problems	Missing
<b>Mobility – Walking about</b>	Client	28.6	22.9	20	22.9	2.9	2.9
	Volunteer	77.3	13.6	4.5	0	0	4.5
<b>Self-care – washing and dressing</b>	Client	65.7	11.4	5.7	0	14.3	2.9
	Volunteer	95.5	0	0	0	0	4.5
<b>Usual activities</b>	Client	28.6	22.9	14.3	11.4	20	2.9
	Volunteer	72.7	22.7	0	0	0	4.5
<b>Pain / discomfort</b>	Client	22.9	37.1	28.6	2.9	2.9	5.7
	Volunteer	36.4	54.5	4.5	0	0	4.5
<b>Anxiety / depression</b>	Client	40	14.3	37.1	0	2.9	5.7
	Volunteer	81.8	13.6	0	0	0	4.5

The analysis of the utility scores calculated from the five dimensions allowed us to understand the extent to which respondents' daily quality of life was affected by their health. Results are presented in Table 6. The mean EQ-5D 5L score for volunteers was 0.863, and for clients the score was 0.581. This lower score indicated that health had a substantial impact on utility for clients compared to the Solva volunteers and also the UK population norm<sup>18</sup>.

Table 6: comparison between utility scores for clients, volunteers and the UK population

EQ-5D-5L	No of respondents	Mean	Standard Deviation	Median	Minimum response given	Maximum response given
<b>Clients</b>	35	0.581	0.284	0.676	-0.135	1
<b>Volunteers</b>	22	0.863	0.108	0.837	0.698	1
<b>Population Norm</b>		0.857				

We asked respondents to score their health on that day using a thermometer-type scale known as a Visual Analogue Scale (VAS). The scale ranged from 0 (lowest) to 100 (highest), to give a figure for how they felt that day. Volunteers consistently reported higher scores, all between 70 and 100. Client scores were more widely spread: just one person reported a score of 100; 16 (47%) were grouped between 30 and 65; one respondent reported a score of zero. See Figure 2.

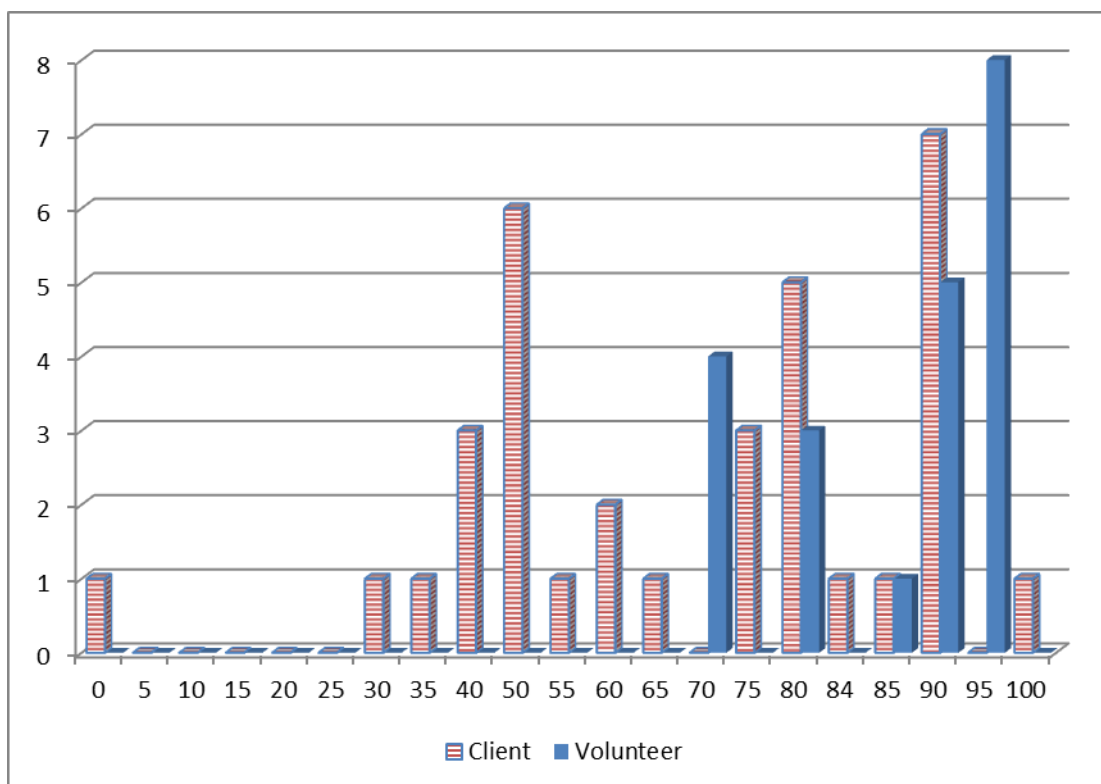


Figure 2: How respondents rated their health on the EQ-5D-5L Visual Analogue Scale (0-100) split by client (n = 34) and volunteer (n = 21)

A comparison of the VAS scores between clients and volunteers, and the population norm, mirrored the findings of the EQ-5D-5L utility scores. VAS scores for volunteers were higher than the UK population norm at 86.4<sup>18</sup> compared to 82.8 and considerably lower for the client group at 66.1 (Table 7).

Table 7: comparison between Visual Analogue scores for clients, volunteers and the UK population

EQ-5D	No of respondents	Mean	Standard Deviation	Median	Minimum response given	Maximum response given
Clients	34	66.1	23	75	0	100
Volunteers	21	86.4	9.6	90	70	95
Population Norm		83.8				

We also asked participants to rate some other aspects of capability and wellbeing using the ICECAP-O instrument. These domains included: love and friendship; the future; their role; enjoyment; independence. In general, volunteers chose the higher scores while clients mostly recorded scores across the available range of options. See Table 8.

Table 8: Responses to questions about wellbeing

Question SCORE (4 is best; 1 is worst) (* = No response recorded)	Clients (%)					Volunteers (%)				
	4	3	2	1	*	4	3	2	1	*
Love and friendship	25.7	48.6	22.9	0	2.9	57.1	38.1	0	4.8	0
Thinking about the future	5.7	37.1	31.4	17.1	8.6	9.1	77.3	9.1	0	4.5
Doing things that make you feel valued	8.6	28.6	37.1	20	5.7	45.5	45.5	4.5	0	4.5
Enjoyment and pleasure	5.7	31.4	51.4	8.6	2.9	40.9	54.5	0	0	4.5
Independence	22.9	31.4	22.9	20	2.9	68.2	27.3	0	0	4.5

### Feeling connected to other people

Respondents were asked to record the number of friends they had and how often they socialised with family, friends and in the community. Clients and volunteers mostly reported having many friends, from two to more than 20 although clients tended to have a smaller number of friends than volunteers. Reported levels of social activity varied: clients were more likely to attend meetings or socialise with friends less often and they infrequently volunteered; volunteers reported doing all these activities more often. However, two respondents reported that they 'never' volunteered, despite being recorded as Solva Care volunteers. See Table 9 and Table 10 for details.

Table 9: Responses to questions about numbers of friends

How many friends would you say you have?	% responses	
	Clients	Volunteers
0	2.9	0
1	5.7	0
2-3	17.1	4.5
4-9	20	27.3
10-20	31.4	36.4
More than 20	17.1	22.7
No answer recorded	5.7	9.1

Table 10: Responses to questions about social activities.

How often do you:	Participant type	Scale used (%)							No response
		1 (Never)	2	3	4	5	6	7 (Several times a week)	
Attend meetings of an organized group	Client	31.4	40	11.4	11.4	0	0	2.9	2.9
	Volunteer	4.5	22.7	27.3	13.6	9.1	0	18.2	4.5
Socialise with friends and relatives	Client	11.4	25.7	17.1	11.4	17.1	0	14.3	2.9
	Volunteer	0	9.1	18.2	9.1	18.2	9.1	31.8	4.5
Volunteer	Client	71.4	14.3	2.9	2.9	0	0	5.7	2.9
	Volunteer	9.1	13.6	13.6	13.6	9.1	4.5	31.8	4.5

We also asked participants about how connected they felt to family and friends. Respondents reported strong networks of support and friendship, particularly within families. However about half of clients who responded reported they sometimes felt left out, isolated from others and lacked companionship. Respondents who lived alone found some questions were not relevant to them and did not give an answer. See Table 11.



Table 11: Responses to questions about networks and isolation

How often do you:	Participant type	Scale used (%)			No response (%)
		1 (Never)	2	3 (Often)	
Feel that you lack companionship?	Client	28.6	51.4	17.1	2.9
	Volunteer	90.9	4.5	0	4.5
Feel left out?	Client	28.6	51.4	17.1	2.9
	Volunteer	90.9	4.5	0	4.5
Feel isolated from others?	Client	31.4	40	25.7	2.9
	Volunteer	90.9	0	0	9.1
Open up to members of your family?	Client	25.7	31.4	37.1	5.7
	Volunteer	0	40.9	54.5	4.5
Rely on members of your family?	Client	8.6	14.3	74.3	2.9
	Volunteer	0	22.7	72.7	4.5
Open up to your friends?	Client	31.4	37.1	25.7	5.7
	Volunteer	13.6	45.5	36.4	4.5
Rely on your friends?	Client	11.4	54.3	28.6	5.7
	Volunteer	13.6	27.3	54.5	4.5
Open up to your spouse or partner?	Client	22.9	22.9	22.9	31.4*
	Volunteer	4.5	27.3	45.5	22.7*
Rely on your spouse or partner?	Client	28.6	11.4	28.6	31.4*
	Volunteer	9.1	13.6	54.5	22.7*

\* Many respondents were living alone and did not find the question relevant

### Use of health services

We asked Solva Care clients (n=35) and volunteers (n=22) what health services they had used in the past three months.

#### Hospital visits

Two thirds of Solva Care clients (65.7%; n=23) and 41% (n=9) of volunteers reported they had visited a hospital in the past three months.

Nine clients (25.7%) reported they had visited the A&E department during that time: four visited only once; two visited twice; one person visited three times; one visited four times; and one person recorded six visits. One client reported being taken by a Solva Care volunteer to the A&E department. Six clients reported that their visit to A&E had resulted in an admission. Only one volunteer (4.5%) had visited the A&E department during the previous three months and only one visit was reported for that person.

Ten clients (28.6%) reported staying overnight as an inpatient during the past three months compared with only two volunteers (9.1%). For clients, the length of stay ranged from one night to 56 nights; for the volunteers, the length of stay ranged from one to 12 nights.

Sixteen clients (45.7%) and nine volunteers (40.9%) reported they had attended an outpatient or day surgery appointment in the previous three months. Table 12 illustrates how many appointments were attended by each type of respondent. One client reported being taken by a Solva Care volunteer to the appointment.

Table 12: number of outpatient or day surgery appointments reported by respondents

No. appointments as an outpatient / day surgery case	Number	
	Client	Volunteer
1	6	5
2	2	1
3	3	1
4	2	1
5	0	0
6	2	0
7	0	0
8	1	0

Five clients (14.3%) reported going to hospital day care, with visits ranging from one to six visits during the previous three months. Only one volunteer reported visiting hospital day care but they reported going four times.

#### GP services

Table 13 describes how many primary care services were reportedly used by Solva Care clients and volunteers in the previous three months. Two thirds of clients had attended one or a few face-to-face appointments with their GP, although one reported 15 in-person GP appointments. Four clients said they required two or three out-of-hours GP appointments. Nearly two thirds of clients and a half of volunteers reported at least one appointment with the practice nurse.

Table 13: reported use of primary care services in the previous three months

Primary care service	Clients N (%)	Volunteers N (%)
<b>No. appointments with GP (in person)</b>		
1	6	3
2	7	2
3	4	0
5	1	0
15	1	0
Not answered	5	5
Total no. GP appointment (in person)	24 (68.6%)	10 (45.5%)
<b>No. phone appointments with GP</b>		
1	2	1
2	1	0
3	1	0
4	1	0
5	1	0

Not answered	2	1
Total no. phone appointment with GP	8 (22.9%)	2 (9.1%)
<b>No. GP home visits</b>		
1	2	0
2	1	0
3	1	0
4	2	0
10	1	0
Not answered	2	0
Total no. GP home visits	9 (25.7%)	1 (4.5%)
<b>No. appointments with practice nurse</b>		
1	10	6
2	6	1
3	0	1
4	1	0
6	1	0
30	1	0
Not answered	2	4
Total no. appointments with practice nurse	21 (60%)	12 (54.5%)
<b>No. visits to a clinic at the GP surgery (e.g. diabetes, asthma)</b>		
1	2	1
2	2	0
30	1	0
Not answered	1	1
Total no. visits to a clinic at the GP surgery	6 (17.1%)	2 (9.1%)
<b>No. times contacted their GP out of hours</b>		
2	3	
3	1	
Not answered	0	
Total no. times contacted their GP out of hours	4 (11.4%)	0

#### Other services

From a list provided, we asked respondents to select any other health or care services they had used in the previous three months (see Table 14). The services most commonly selected by clients were home help (29%) and visiting an occupational therapist (20%). Five volunteers reported using the community or district nurse but no other services.

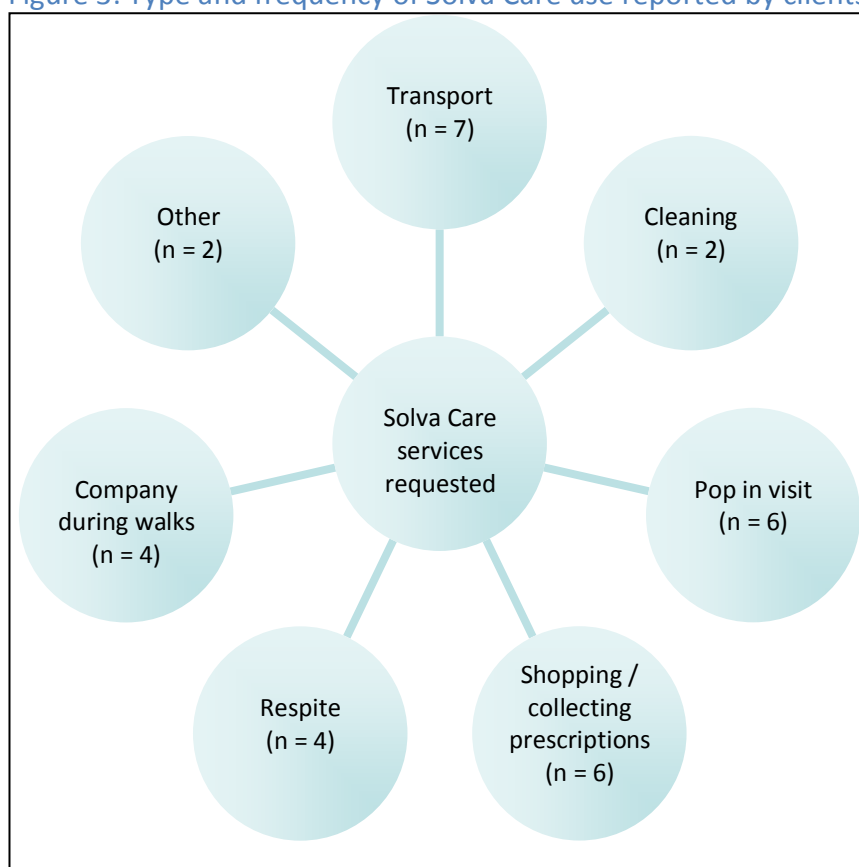
Table 14: other services used by respondents in the previous three months

Service	Client N (%)	Volunteer N (%)
NHS Direct	3 (8.6%)	0
District nurse	5 (14.3%)	1 (4.5%)
Community nurse	4 (11.4%)	4 (18.2%)
Health visitor	5 (14.3%)	0
Counsellor	2 (5.7%)	0
Physiotherapist	5 (14.3%)	0
Clinical psychologist	4 (11.4%)	0
Occupational therapist	7 (20%)	0
Psychological therapies	0	0
Speech therapist	0	0
Home help	10 (28.6%)	0
Community support worker	3 (8.6%)	0
Social worker	4 (11.4%)	0

**a) Solva Care services**

Twenty one (36.8%) clients who returned the questionnaire reported using one or more of the Solva Care services in the last three months. Service use ranged from three people using it once to one person using it 48 times. The type and frequency of requests reported for the Solva Care service during that time are illustrated in Figure 3.

Figure 3: Type and frequency of Solva Care use reported by clients in the past three months



## 5: Community survey

### Method

During September 2016, a community survey designed by Solva Care team members was delivered by them to all Solva households (see appendix 4). This included 12 questions concerning social care needs of residents, awareness and experience of Solva Care and quality of life. It was closely based on a survey administered in 2014, which informed development of Solva Care. This second survey was carried out in order to explore awareness and any changes in views and needs since 2014. Completed anonymous questionnaires were given to a Swansea University research team member by a Solva Care member and taken to Swansea.

We recorded community survey responses in a database. We looked for the completion rates of each section and whether any questions were incorrectly answered. A count of the total number of questionnaires sent out was used as a denominator to calculate the response rate for this survey. We undertook descriptive analysis of the data provided which related to Solva Care.

### Results

Out of 342 community surveys delivered to Solva residents, 288 were returned to Swansea University for analysis. Of these, 14 were blank or refusals, leaving 274 (80.1%) questionnaires for analysis.

Nearly two thirds of respondents were men and 42% were aged in their 60s or 70s. Most (87%) had lived in Solva full time. More respondents had been residents for 25 years or fewer (n=132) than had lived in the community for more than 26 years (n=109). Characteristics of respondents are shown in Table 15.

Table 15: Characteristics of respondents to the community survey

Category		No. responders
<b>Gender</b>	Male	173
	Female	74
	Not answered	47
<b>Age band</b>	10-20	1
	20-30	6
	30-40	21
	40-50	40
	50-60	34
	60-70	70
	70-80	52
	80-90	27
	>90	8
	Not answered	15
<b>Solva is main residence</b>	Yes	249
	No	13
	Not answered	12
<b>Number of years residing in Solva</b>	1 to 5 years	28
	6 to 10 years	30
	11 to 15 years	33
	16 to 20 years	26
	21 to 25 years	15
	26 to 30 years	32
	31 to 35 years	8
	36 to 40 years	17
	41 to 45 years	9
	46 to 50 years	17
	> 50 years	26
	Not answered	27

### Questions about Solva Care

Most respondents (90.1%, n=247) said they had hear of Solva Care. They were invited to choose how their information sources, from a predefined list and many respondents ticked multiple options. The most popular route was through Solva News (79.4%), followed by a friend or relative (37.2%) and the Solva Care leaflet (35.2%). Other sources of information were the local doctor's surgery (12.1%), a poster (10.9%), a website (3.2%) while one person recorded they had received information from the district nurse.

When asked whether Solva Care was good for the community, most respondents (89.4%) agreed it was good or very good (see Table 16). Most (90.1%) did not give a response when asked whether they were happy with the service from Solva Care. However, of the 27 who confirmed they were happy, 22 (81.5%) indicated they would use the service again and three said 'maybe'.

Table 16: Views on whether Solva Care is good for the community

Response	No. responders	% responders
1 Not very good	4	2.0
2	1	0.5
3	5	2.5
4	16	7.8
5 Very good	171	83.8
Not answered	7	3.4

### Questions about wellbeing

People were asked to respond to five questions about their wellbeing, using a scale of 1 to 10 where 10 was the best possible indicator and 1 was the worst. All questions were rated positively, mostly receiving a score of 8 or more. The largest response was to the question about satisfaction with the area you live in, where half of respondents (n=103) ticked the highest possible score of 10. However, some respondents gave low scores to all the questions indicating low levels of satisfaction, usefulness, self worth and optimism. Responses are recorded in Table 17.

Table 17: responses to questions about wellbeing

Question	Score (N)										No answer
	1	2	3	4	5	6	7	8	9	10	
How satisfied are you with your life?	0	2	2	4	12	7	10	40	39	65	23
How useful do you feel?	34	34	5	4	10	10	14	41	38	50	26
How worthwhile are the things you do in your life?	1	23	1	2	12	5	17	36	38	66	24
How satisfied are you with the area you live in?	1	0	0	2	6	2	6	29	35	103	20
How optimistic do you feel about the future? *	23	24	5	5	13	10	14	47	29	50	27

\* There were a number of comments for this question indicating that the Brexit vote had caused them to feel less optimistic than previously.

## 6: Focus groups

### Method

We carried out two focus groups on 31 October 2016<sup>19</sup>, one with residents receiving help through Solva Care – Solva Care clients - and the other with Solva Care volunteers. All questionnaire respondents who consented to take part in a focus group were invited to attend. The focus groups, held at Solva Memorial Hall, were led by BAE with AK also present and lasted approximately 80 minutes. They were audio-recorded, with participants' consent, and transcribed. We developed a semi-structured schedule of questions which covered:

experience of the service; things that helped and limited involvement; how Solva Care affected individuals; characteristics of Solva Care. The Solva Care team coordinated the focus groups, distributing invitations and making venue arrangements. The focus group schedules are included at appendix 5.

Data were analysed using thematic analysis<sup>20</sup>. BAE and AK read and re-read the transcripts to identify themes which BAE used to guide reporting of the data<sup>21</sup>. Drafts were read by the study team and revised following discussion.

Results from the two focus groups are reported separately. Quotations are presented in italics to illustrate and expand points made by respondents and are typical of views unless otherwise stated. Respondents are identified by a letter which has no link to their name so that their identities remain anonymous.

## Results

### *Solva Care volunteers*

Seven Solva Care volunteers took part in the focus group, six of whom were women.

### **Experience of being a Solva Care volunteer**

Respondents described the support they provided through Solva Care. Within the visits and assistance given, they said they had undertaken the following: carrying and emptying filled dialysis bags; heating prepared food; tidying and folding washing; walking a dog; collecting and delivering daily newspapers; providing lifts to GP and outpatient appointments; providing lifts for shopping and to social events; collecting and delivering weekly prescriptions; collecting small shopping needs; providing respite care; helping prepare weekly luncheon club meals; providing reassurance and company. They knew their clients had the following health conditions and limitations: kidney disease; stroke; dementia; heart failure; reduced or no mobility.

Respondents described the ways they supported Solva Care clients. The tasks they undertook involved practical assistance combined with acts of thoughtful kindness.

Although G's task was to walk a dog, she spent additional time with the dog's owner.

*G: The walk takes about half an hour but I allocate about an hour and a quarter for him each day when I go because I think he just enjoys sharing what he's done the night before or the morning or whatever he's going to do...the enjoyment he gets is so limited out of life*

D visited someone who was housebound, taking magazines and providing the company that professional carers did not provide, she said. She also ran occasional errands for this client.

*D: just chat to her about different things...we talk about fashion...animals...she has the basic care going in but she'd be very lonely...so it's just a way of keeping her happy really*



While visiting a client to provide companionship, F had noticed a recently widowed neighbour and invited her to join them. She explained that it became a regular arrangement and, through the shared visits, that person had gained confidence and started to socialise again.

*F: that's a secondary benefit...I'm not giving her the care but she's giving somebody **else** the care along with me but benefitting from it herself*

Many of them found ways to tailor their care to the clients' needs and give them control over the timing and content of visits. For example: they discussed photographs relating to the client's interests; they read to people rather than force conversation; they walked together on routes chosen by the client; they phoned to confirm visits when a client's health fluctuated. The quality of the relationship between volunteer and client appeared to be important. Volunteers in this focus group spoke of clients with respect, affection and some had become friends. They appeared genuinely concerned about individual clients' wellbeing. Most of the respondents emphasised the importance of talking and listening, explaining that clients valued company as much as any other help.

*A: I just listen to what she wants to say to me. I make the odd comment but she does most of the talking really...I think I am just providing some company for her*

Most respondents visited the same one or few people each week. However, arrangements were also flexible meaning someone could step in when a volunteer was not available. Respondents shared care for some clients who needed frequent visits and also took over duties from another volunteer if they needed to alter arrangements. This meant that some clients were well known to several volunteers. A few volunteers provided the majority of driving duties although most said they were happy to give a lift or collect something if asked and it was not out of their way. The coordinator regularly communicated with them all by phone and email, recruiting volunteers to new requests or asking for help if there was a gap in provision. They agreed the role of coordinator was vital to delivering Solva Care. They valued the coordinator's local knowledge and praised her efficiency and tact in matching people to tasks and individual clients while managing everyone's workload.

All agreed it was easy to volunteer in this system. F had cared for a neighbour when living elsewhere and said she felt the pressure of his dependency, which contrasted with her feelings about being a Solva Care volunteer.

*F: this is a different set up...you can give your time without feeling they are **so** dependent on you...you don't feel **solely** responsible for that person*

As a result, respondents said they did not feel any burden from their volunteering role as this exchange reveals.

*C: If I can't do it on that particular day, there's be someone who will stand in for me*

*L: There's absolutely no pressure on you...I've **never** felt at **any** time I've let her down...it just fits in with your lifestyle*

*C: oh, I mean you **do** make a commitment...*

*L: but it's matching up personalities to individual people*

Respondents had been volunteering with Solva Care since it began operating, or shortly after. When they began, they had been given a talk about volunteering. Some had also

attended a course and a play about dementia. They were briefed about their role with Solva Care but did not have additional, formal training.

### Effects of Solva Care

- *Effects on clients*

Respondents believed their volunteering had a range of effects on clients in addition to the benefits of companionship and social interaction. The care these volunteers provided through Solva Care was reported to have enabled several clients to remain in their homes despite very poor health, or return home from hospital. Respondents said some volunteers had helped one resident move home to more accessible accommodation so she could remain in the village.

*D: I don't think she could be at home...if she didn't live in Solva, I don't know what she'd do*

In another instance, hospital staff contacted Solva Care, to arrange for volunteers to assist a resident in their home in order to supplement the officially arranged care, before discharging a patient, it was stated. C believed Solva Care had made it possible for these patients to live in the village.

*C: those individuals probably wouldn't be in their homes if it weren't for the volunteers and things that the volunteers do...we've made a difference, (Solva Care) made that much difference that he was allowed to come home*

Other effects they described included: enabling people to attend GP and outpatient health appointments; supporting carers by providing respite care; providing comfort to someone in the last weeks of their life; and reducing the risk of one person taking wrong doses of medication by arranging for her tablets to be provided each week in a pre-filled dosette box. In general though, they felt the beneficial effects for clients arose from the sum of many small gestures and actions, as L and C discussed.

*L: It's so many just tiny little things that we're doing but it's like the old ripples in the pond and it spreads out and I think it makes such a difference to people*

*C: they are small things but I think they're small things that have a big impact so I don't underestimate the value of it*

- *Effects on volunteers*

All respondents said they found their volunteering work with Solva Care was rewarding and enjoyable. They felt the role was valuable. They said their volunteering gave them a sense of identity and self-worth because they felt useful, especially when others confirmed this perception.

*B: a couple of people have said to me 'Solva Care is great' and it makes you feel it's worthwhile*

Most respondents were retired and found they had time and energy to contribute to Solva Care. They enjoyed the social interaction and said they felt more involved in the community, as B and C discussed:

*B: you sort of integrate into the village by having contacts you wouldn't normally have*

*C: and showing that you're bothered*

*B: you're putting something in*

*C: you're contributing, yes, yes*

They occasionally felt frustrated by rules which limited what they could do for people and several said they were particularly unhappy that they could not make a cup of tea or sandwich for a client because of food hygiene rules. A few had been upset when their elderly clients died because they had developed such affection for those they visited. After feeling shock, they tried to prepare themselves for future bereavements by staying more detached. But they found that approach was unsustainable because, as L and C agreed, it would make volunteering with Solva Care less rewarding.

*L: It's part of the territory, you're gonna get upset, but then you'll have made a difference to that person's life hopefully*

*C: if we could detach ourselves, we probably wouldn't be doing this*

*L: you do it because you want to do it and because you actually care about what you're doing*

### **What is Solva Care**

These respondents were enthusiastic about Solva Care because they supported its underpinning principles. Many had signed up after attending a talk by the person who conceived the idea, which they described as 'very good...brilliant' (A), 'worthwhile...amazing' (L) because it appeared to address a local need in a simple and effective way.

*B: I remember going home from that meeting thinking I could do that*

*G: well it's such a good idea that actually you want to be part of it*

They welcomed the voluntary element and the focus on everyday tasks to help people. In this way, they felt the scheme provided the extra care that people needed to stay in the community. Respondents agreed the localness of the scheme was also important, not just because people conveniently lived near each other but because it capitalised on a sense of shared belonging and a tradition of community cooperation. They agreed that the quality of neighbourliness was a key part of Solva Care as these four respondents discussed:

*C: it's an organised form of being a good neighbour*

*L: we're just going back 30 years to what people used to be like*

*B: when there were close communities, when everyone looked after everyone else...*

*A: I do feel it's good for us to help each other and to be good neighbours*

They also supported Solva Care's longer term aim to employ local people to provide health care at home. There was a general concern that paid carers provided through existing services lacked time to be caring enough. They felt that local people, employed in that role, would provide better quality care because they would provide continuity and local knowledge and be locally accountable.

### *Solva Care clients*

Four Solva Care clients – three women and one man - attended the focus group. Three currently received support from a Solva Care volunteer; one had used Solva Care services but no longer needed assistance. Three people were widowed and lived alone. One person lived with and cared for her husband.

### **Experience of being a Solva Care client**

Respondents described the support they received from Solva Care. Between them, they had accepted a wide range of practical assistance and all had received a number of the following: lifts to hospital; lifts to the GP; being accompanied to health appointments; someone collecting their medication; practical assistance with regular tasks; lifts to go shopping, attend the hair dresser and chiropodist; someone to walk the dog; social interaction; information.

Except in one case, they were generally unclear how the contact with Solva Care began – whether they initially sought support, had been asked if anything was needed or were offered assistance. One person thought the link with Solva Care had come about through a neighbour he had been talking to.

Generally, each person contacted the Solva Care coordinator to ask for help – for example, a lift or some advice. Some respondents also said the coordinator occasionally phoned them, asking if they needed anything. These respondents discussed how they appreciated this two-way contact.

*U: She (Solva Care coordinator) has rung me...I think it's very nice*

*V: You know somebody cares*

*U: Absolutely, yes...but mostly, I ring her probably a bit more than she rings me. But she does ring.*

All reported they found it easy to access Solva Care services, praising the coordinator for efficiently responding to requests. Respondents often saw the same one or few volunteers and said they enjoyed this continuity because they built friendships with their helpers. All confirmed that they had not had any bad experiences of the care received via Solva Care. Only one respondent could recall an instance where a lift had failed to arrive. They also knew not to abuse the efficiency and goodwill that was inherent in Solva Care's services, demonstrating in their comments that they understood that the remit and resources of Solva Care were limited.

### **Effects of Solva Care on clients**

This group of Solva Care clients described how the Solva Care service had widespread and very positive effects on them and their families. All gave examples of how Solva Care helped them. They described practical and emotional benefits which were inter-related. In all cases, the prompt and unquestioning response to requests for help enabled these respondents to cope with practical challenges, which arose because of changes in their own health or that of a partner. The practical assistance led to emotional benefits such as: providing someone

they could turn to at times of need; making them feel cared for; helping to maintain their independence by giving confidence and a sense of self worth.

Several respondents agreed that regular lifts to hospital or doctor appointments eased the anxiety associated with age and illness. U, whose husband attended hospital regularly, recognised she needed help as a carer. Although the lifts to hospital were to facilitate her husband's medical care, she accepted that they helped her too. She anticipated asking for further support as his health deteriorated and he needed constant company.

*U: I came to the conclusion that if I was going to the hospital...I needed somebody to take me...I was not really fit to drive ...And I just rang up Solva Care and I got help every time, and there was no question. They just helped me...I'm being taken to the hospital with [husband] and that's the best thing...(I'm) really not up to driving.*

Q, who received information, support in the house and lifts for shopping and hospital visits during her partner's illness, said the help from Solva Care was of 'great assistance' at a time of emotional stress. Having Solva Care available to phone as necessary meant she could focus on caring so he could remain at home.

*Q: It made all the difference... So between Solva Care and [another community service], I was able to nurse him at home which meant an awful lot. I'll be eternally grateful for things like that*

V had regular support from one Solva Care volunteer who helped her manage her medications. This person had accompanied her to the GP to review V's list of tablets and arrange a medicines management pack, pre-filled weekly with V's 18 daily doses. She was delighted with the new system.

*V: a great help ... a fantastic box...you're less likely to take a double dose of anything... it's magic*

She said it removed the time-consuming confusion of finding the right pills amongst a carrier bag of different boxes. She admitted she had previously missed her pills at times. She was pleased she no longer risked errors with her medication and showed the box to others in the group. She said she valued the continuity provided by her Solva Care volunteer, their developing friendship and the comfort of having someone on hand.

*V: She gets a new tray for me every Thursday from the pharmacy which is so nice because it's in the same place as all the appointments and she sort of followed it through. I'm happier being with the same person who **wanted** to stay and follow something through than I would be than in having a stranger every time*

Although a Solva Care volunteer took W's dog for a regular walk, exercising it further than he was able to do each day, he said he put more value on knowing that Solva Care was available to provide 'reliable' information, as he saw it, to help him with any problems. W said he had good neighbours but welcomed the extra safety net which Solva Care provided.

*W: I didn't use Solva Care [coming home from hospital], but, it gave me confidence to know that they were there, if I needed them*

While valuing his independence, he also enjoyed the opportunity for social interaction at Solva Care events and hoped Solva Care would continue, implying he expected to use it more in the future.

### **What is Solva Care?**

Respondents described Solva Care as having the qualities of a good neighbour with the benefit of coordination and structure.

Several members of the group said their family lived far afield, leaving a gap in their care network which Solva Care filled. They all spoke warmly of the community spirit in Solva, giving many examples of how people stepped in, sometimes without asking, to support friends and neighbours. They also listed the number of community activities and events centred on the village and run by local groups which contributed to community identity, although they suggested more day time activities such as matinee cinema shows. In general, they did not distinguish between the social occasions and assistance coming through Solva Care or other organisations. W and V agreed it was important for communities to be mutually caring.

*W: I suppose it all comes under the community spirit, or Solva Care I suppose, because it's neighbours taking care of one another*

*V: and a lot of it goes on without being involved with Solva Care*

*W: I mean, my neighbours are fantastic*

*V: there was already a structure here of helping people I think*

They suggested that Solva Care seemed to add another layer of help, formalising some of the arrangements, creating extra social events to bring people together and coordinating a network to fill the gaps. They all felt Solva Care helped the whole community by bringing people together, at the same time as meeting individual needs and coordinating a collective approach to caring for residents in the area. They understood the scheme was innovative, naming and praising one person they believed had devised the idea. They welcomed being part of something new and potentially special.

*V: I think I like the reason it started, that it was somebody's dream to serve a community like this and we're kind of guinea pigs. It's so nice for someone to think that, after all the mental planning they've probably done, it's actually come to fruition and it's really making a difference to people's lives because they've got more contact with other people.*

Although efficiently run and reliable, they did not feel Solva Care imposed on or limited them. Rather it enabled them to retain a sense of independence and control, they said. They felt that its use of volunteers gave it a special quality.

*Q: when people step in as volunteers, it means an awful lot*

The operation of Solva Care appeared to be built on good relationships. Two respondents described how they were able to give something back, to the whole community or to their carer, while also receiving support. In this way, Solva Care appeared to have a light touch on them, enabling them to maintain their dignity and control over when they asked for help.

*Q: I managed it as much as I could, because I'm very independent but there were times when it was impossible and they (Solva Care) were great...I found it invaluable and I want to put something back that they've given me.*

Later, she added,

*Q: just because we're getting on in years, it doesn't mean to say we can't contribute*

For V, the small gestures of support added up to enabling her to remain an active member of the Solva community despite declining mobility.

*V: I'm in the process of keeping myself independent for as long as possible...she'll ring up and say 'I'm going to St Davids, can I get you anything?'*

W believed Solva Care could be used more widely and continue over the years, helping people as they needed. He said the scheme protected local people.

*W: I think it's a wonderful thing...it's like an umbrella, Solva Care is. You know, it's something to shelter you under*

## **7: Willingness to take part in research**

### **Method**

We reviewed response rates and questionnaire completeness to assess how willing people were to provide data to a study evaluating Solva Care. We also explored responses to filling in questionnaires and taking part in focus groups during the two focus group discussions.

### **Results**

We received good response rates to the questionnaires administered in this study. Of the study questionnaires distributed to Solva Care volunteers and clients, 79% were completed and returned and 84% of these respondents agreed to have their information linked to routinely collected data held in the SAIL databank. Most questions were completed. The community questionnaire, distributed by Solva Care members to each household, received a 60% response rate.

At the end of the two focus group meetings, we asked respondents about their experiences of completing the questionnaires and participating in the group discussions. In the client group, V commented that the some questions were '*funny...weird*' (V) although W thought they were '*very good*' (W). In the focus group with Solva Care volunteers, several respondents agreed that some of the questionnaire sections seemed more relevant to the clients rather than to them as volunteer. For example, they queried why they were asked to complete questions about their health, wellbeing and social connectedness. When the facilitator explained that volunteering could affect their self worth and sense of community, as they had already alluded to in the discussion, they accepted the questions had some relevance. All confirmed they had completed the questionnaires, despite uncertainty, F: I did! [laughs...Probably out of obligation. It felt I had to – for a greater cause.

Both focus groups were jolly events with wide-ranging chat and also laughter at times. The four clients joked together and said it was pleasant as a social occasion, as well as being a chance to contribute to research. Several volunteers said they had enjoyed the focus group discussion because they rarely talked with other volunteers about their activities. They had liked sharing experiences and reflections, as these three respondents agreed.

A: Well, I think it's been very good, actually, because I've found out what other people are doing.

L: Yes.

B: I find, when you're actually doing things, you're sort of isolated with your client, you're helping, but then we have a meeting like this, and exchange views and it makes you feel more part of it, not just an isolated person.

Some volunteers said they had helped their client complete the questionnaire. When assisting them with personal questions, such as about their support networks and mental health, they said they felt uncomfortable because these were personal issues which they did not wish to intrude upon.

## **8: Views on future research opportunities**

### **Method**

We gave a workshop presentation in Solva, hosted by the Solva Care team in Solva, to report emergent findings. After a slide show delivered by BAE, attendees were invited to ask questions and discuss results (see Figure 4). There was further opportunity for discussion during a buffet.

We also reported findings to the Solva Care team for discussion about future research opportunities.

### **Results**

Solva Care hosted an evening event, combining discussion of the interim study findings with an early Christmas social gathering. The meeting, on 25 November 2016 in the Harbour Inn, Solva, was attended by 43 people including Solva Care volunteers and clients. There was strong interest in the study. In the discussion following presentation of the initial findings, the following points were made:

It is important to understand the processes and effects of Solva Care in order to: understand how it impacts on participants, volunteers and the wider community; identify good practice and ways to improve the scheme.

Routinely collected health services data does not give enough detail about how Solva Care affects clients' use of health and care services: for example, understanding how Solva Care could change or increase use of community based services to avoid demand on secondary care. Use of case studies which describe individual contacts with primary, community and social services could be used to map the web of services which clients may access and to identify how these change over time.



Solva Care needs to formally record incidents where their input appears to have reduced or removed need for emergency care. A recent incident was described, when the paid-for care service was delayed and a bedridden client was unable to reach medication which was immediately required. Solva Care had attended to place the medication within reach of the individual.



Figure 4: Bridie Evans presenting interim study results to Solva residents

## Discussion

### *Summary of findings*

We confirmed that it is feasible to collect data which can be used to describe and assess the impact of Solva Care.

We found that Solva Care maintains an electronic spreadsheet to record the services provided for each client, noting service, time spent and volunteer who provides it. Services provided included dog walking, shopping, pop-in visits, transport and respite. Demand for Solva Care increased between August 2015 and July 2016. We identified ways to increase consistency and accuracy of record keeping so the data can be thoroughly interrogated, described and therefore used for managing and evaluating the service.

We gathered data from Solva Care clients and volunteers in order to describe them and their experiences of Solva Care. We received a 79% response rate to questionnaires and carried out two focus groups, one each with clients and with volunteers. Of those who returned questionnaires, 84% consented to their data being linked with routine data held in the SAIL databank. We were able to link information about all these participants with secondary care records in the Patient Episode Database for Wales and primary care records in the General Practice database. We also confirmed that databases in the SAIL databank contain records about the Solva area and that it is possible to link with these. It is also

possible to cross-reference data from routinely completed databases with information collected in the community although accuracy may be questionable.

Solva Care clients and volunteers appear to have strong networks of friends and family members who they socialise with and rely on for support, companionship and friendship. Clients tend to have slight or moderate difficulties with some aspects of their day-to-day health and scored their overall health lower than volunteers. Approximately two thirds of clients and nearly half of volunteers had used hospital services in the previous three months and the same number had visited a GP in person.

Solva Care clients praised the service. In addition to receiving practical assistance, they valued the emotional support they received and felt it enabled them to remain independent and active in the community. Volunteers found their role was rewarding, enjoyable and felt it gave them a sense of identity and self-worth. They believed they provided companionship and practice care and had enabled some clients to remain in their homes, or return home from hospital, despite very poor health.

The community survey administered by Solva Care gained an 80% response rate. Most Solva residents believed Solva Care was good for the community. They heard about the scheme through multiple routes including Solva News, a friend or relative and the Solva Care leaflet.

### *Strengths and limitations*

We gained high response rates to our study questionnaires from clients and volunteers. Although a small number of questions were not completed by some respondents, the majority of Solva Care clients and volunteers reported information about their health, wellbeing, social connectedness and use of health care services. The volunteer focus group was well attended. However, only four clients came to the client focus group suggesting it was more difficult for them to travel to a community venue for a group discussion. There was a high degree of consistency at each focus group discussion among clients and also volunteers.

Although we confirmed the feasibility of linking data in the SAIL databank, lack of resources limited our ability to undertake this for the current study. Delays in uploading GP data for 2016 meant we only received information for March 2014 and March 2015. However, the number of study participants identified in the GP database was similar for those two years.

We had anticipated being able to cross reference the information about health service usage provided in the study questionnaire with the SAIL data, but the GP dataset was not available to allow this. Additionally, the databases about secondary, primary and emergency care usage (PEDW and GP datasets) were not reliable when we did cross-reference between information sources since each held conflicting information about emergency admissions. We were also unable to compare data in the Solva Care databases and questionnaires because the timepoints were different and we could not match respondents.

### *Implications for research*

We demonstrated that it is feasible to collect data using the methods piloted in this study: documentary data; routine and linked health records; surveys collecting self-reported data; focus groups.

This study allowed us to understand the limitations and advantages of SAIL data when evaluating a service such as Solva Care. We undertook a snapshot of information available in the SAIL databank, for a 'Solva' area (defined by postcode SA62) much wider than the Solva Care catchment area. This showed that SAIL data are available and have the potential to report how health and care services are used over time in Solva, map changes and also to verify self-reported data, thereby enhancing the validity of data about the impact of Solva Care. Using routine data provides the potential to undertake economic analysis of costs and benefits. We also demonstrated it is possible to report data for fairly small geographic areas. While we used SA62, it is feasible to look at an even smaller area (SA62 X--) as long as this does not provide data from which individuals can be identified.

However, data in the SAIL databank are not complete. For example, although records can show that a patient has experienced a General Practice contact, they will not distinguish between consultation (face to face or by telephone), with a GP or other staff member, to initiate or follow up a medical issue or gain a repeat prescription. This is important to distinguish in order to undertake robust economic analysis. We also found that ability to link data is limited by their quality and completeness.

We demonstrated that surveys and validated questionnaires can be successfully administered in this population and have gathered a baseline to measure change over time. Queries over data recall, appropriateness of some questions and who should complete them highlight potential doubt over accuracy of responses and the value of good participant information to support respondents<sup>22-24</sup>. Results from future administration should adjust for population changes. Use of other comparator populations strengthens the role of these questionnaires in assessing effects within a small population such as Solva<sup>25</sup>.

However, these data do not provide the story of individual needs and how Solva Care can and does meet those. The inter-related nature of practical assistance and emotional support, richly described by clients and volunteers, along with a sense of the complex network of services and support that people with poorer health require to remain in the community, is better captured through qualitative data collection<sup>20,21</sup>. We have therefore shown that multiple methods<sup>26</sup> are suited for future evaluation of a service like Solva Care.

Comments made in focus groups and at the community meeting suggest Solva Care has the potential to reduce length of hospital stay and use of unscheduled health services by providing community based support and empowering patients.

Given the focus on these issues<sup>15,27-31</sup> it is important to understand the processes and effects of the Solva Care model, how the model changes over time, the potential for generalising and sustaining this way of working and how it integrates with other services. There are opportunities for wider learning through network activities so that Solva Care shares experiences with communities and health and social care providers.

Depending on the research questions, potential research designs include:

- A case control study using one or more communities matching the characteristics of Solva and where good quality data (including routine data) are available
- A longitudinal study to understand any longer term impact of Solva Care on clients and volunteers
- An economic evaluation to understand the relative impact of Solva Care compared with a community without such a care model
- A case study using qualitative and ethnographic methods to gain an indepth understanding of what is the Solva Care model, its operating processes, how it developed to meet changing local needs and effects in the community.

### *Implications for practice*

Study questionnaire data provided an insight into the views and experiences of clients and volunteers. Both groups reported having friends and socialising. Yet most clients also reported some degree of feeling left out, isolated from others and lacking companionship. They also reported poorer health than the UK norm and higher use of hospital and general practice services than volunteers. Although most said they also relied on and opened up to friends and family members, a large minority did not. It is possible that they felt unable to burden those closest to them with worries about their mental or physical health<sup>32, 34</sup>. The results do seem to support the need for a support service such as Solva Care.

Although not set up as an evaluation tool, the Solva Care database maintained by the coordinator could provide very useful data to evaluate the project over time and also support effective management of the service. We found self reported accounts of using Solva Care, in the questionnaires and focus groups, underestimated use of the service. It also appeared that people's perception was unclear of where formal Solva Care activities ended and informal support associated with good neighbourliness started<sup>13</sup>. The strong community spirit in Solva appears to contribute to the enthusiasm surrounding Solva Care. But it does emphasise the importance of rigorous record keeping to monitor and manage the service for the longer term. Robust systems should be established so that data are available to enhance daily and forward management and for retrospective and prospective research and evaluation.

In the focus group, clients talked about the importance of companionship, feeling greater self worth and becoming more sociable because of the project. They interwove the practical and emotional effects of receiving the Solva Care service, suggesting each supports and complements the other. Volunteers spoke of the quality of the time they spent with clients, describing shared activities such as walking, sharing magazines and exchanging photographs, suggesting they saw these activities as the service rather than the formal check-up their visit was also providing. That participants and residents more widely had such high regard for Solva Care suggests the way it is integrated within the identify of Solva may be part of the distinguishing characteristic which people value. The service seemed to be part of the Solva community spirit rather than being perceived as a charitable act by participants. It also appeared to give pleasure, increase self worth and create friendships,

suggesting benefits were generated more widely than just through the actual care support which was provided<sup>34</sup>.

Volunteers and clients praised the way Solva Care was organised. In their comments, they focused on the professional and personal qualities of the coordinator and the role she provided. Alongside good organisational skills, local knowledge and tact were identified as vital to the operation of Solva Care. They also described how they felt they had control of their relationship with Solva Care. The way volunteers are supported and empowered in their role is known to affect how people experience their volunteering<sup>35-37</sup> and how this supports health and aging. It may also have contributed to the way they formed friendships with clients and many of the client-volunteer relationships were perceived to be equal and reciprocal.

## **Conclusion**

This study has demonstrated the feasibility of describing and assessing impact of Solva Care.

In its first year of operation, demand for Solva Care services increased. Clients received practical assistance and emotional support which enabled them to remain independent and active in the community. Volunteers found their role was rewarding and made it possible for clients to remain in their homes despite poor health. Most Solva residents believed Solva Care was good for the community. The service appears to be needed and has the potential to reduce use of unscheduled care services and length of hospital stay.

Further research is needed to understand how Solva Care operates, assess its impact and potential to be delivered and sustained in other communities. Self reported baseline data has been collected and some routine linked health data are available. Robust data collection systems within Solva Care should be established to help ensure long term data are available to achieve this.

## **Acknowledgements**

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We are grateful to the clients and volunteers of Solva Care for taking part in this study by completing questionnaires and attending focus groups to share their experiences of life in Solva.

The assistance and advice of the Solva Care Research, Management and Evaluation (RME) Group has been extremely helpful in carrying out this work and we thank members for their involvement.



## Appendices





## **Appendix 1: Solva Care leaflet**



Who do I contact to use the service?

How can I become a volunteer?

Please contact:  
Co-ordinator Lena Dixon

Phone: 07805 717556  
email: solvacare@solva.gov.wales

or visit Lena at

Solva Surgery  
Cysgod-yr-Eglwys  
Haverfordwest  
Pembrokeshire  
SA62 6TW

Open every Friday 10 - 12

please call 01437 721306  
for further information.

*Connecting our Community*



## Solva Care Background

Solva Care will pilot a model of care that is ground breaking and unique in the UK.

The Pilot Project is the first phase of the full Solva Care Community Initiative.

The long-term aim is to establish the full Solva Care Project, which will provide care packages at a variety of levels according to need.

For the next phase, the work of locally recruited paid carers will be supported and enhanced by a team of volunteers.

Our local focus will allow:

- flexibility of response to individual need
- more preventative work to be done
- improved continuity of care
- older people to stay active in our community

resulting in fewer emergency admissions to hospital, fewer people going into residential care and work being created locally.



If you are finding that...

- you would like to get out and about more
- some household chores are getting too much
- your carer needs a little support
- you spend too much time on your own

then support services provided by the Solva Care Pilot Project may be the answer!



*Connecting our Community*

## What is Solva Care Pilot Project and who can use the service?

Solva Care Pilot Project is a not for profit social enterprise, which has been set up by Solva Community Council to offer friendly, local support and help to those who need it in Solva and the surrounding area.

Our aim is to improve health and quality of life, by

- enabling residents to stay in their own homes and remain part of the community,
- offering a way to counteract loneliness, isolation and social disadvantage,
- providing extra support for those who are caring for relatives.

## Who will provide the help and support?

Local volunteers (some Welsh speaking) who are willing to assist their fellow villagers in various ways.

The support can be provided on a regular basis or just occasionally.

## Who pays?

We have secured funding to cover the costs of the Pilot Project, so there will be no charge for the services delivered by the volunteers.

## How does it work?

You make contact with the Co-ordinator, who will take all relevant information and then find the most suitable and available volunteer to deal with your request.

The Co-ordinator will also act as a link to other sources of help and information, if the requested service would be more appropriately handled by another organisation.

## How safe is it to use the service?

The Services are provided by volunteers recruited locally, who have

- been DBS checked\*
- signed a Confidentiality Agreement
- received induction & training and are insured.

\*DBS Disclosure & Barring Service

The Co-ordinator is employed by Solva Community Council and handles the organisation and management of the day to day operation of the project.

Solva Care Pilot Project is monitored by Solva Community Council as part of its Quality Assurance Procedures. Evaluation is done by an independent organisation.

## How we can help

- Pop in visits
- Phone calls
- Shopping & Picking up prescriptions
- Help with correspondence & form filling
- Conversation & reading
- Transport (if normal transport is unavailable)
- Walks
- Trips out
- Minor repairs & maintenance
- Small domestic & garden chores
- Dog walking
- Help with electrical devices & internet
- Signposting to other services



*Connecting our Community*

## **Appendix 2: Solva Care study questionnaire to volunteers**



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## Does Solva Care make a difference?

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September, 2016

### Dear Solva Care volunteer

Thank you for your interest in our research project about Solva Care, run by Swansea University and the Solva Care team. During this autumn, we are asking Solva Care clients and volunteers about the Solva Care scheme to help us understand how it works and what difference it makes to Solva. My name is Bridie Evans from Swansea University.

This letter is the first page of a booklet which contains a consent form and a questionnaire. As well as this booklet, we have given you an information sheet which tells you more about the research and who you can ask if you have any questions. We have also given you an envelope for the completed questionnaire.

We are inviting you to take part in our study. If you are happy to go ahead, please sign the consent form on the next page and then complete the questionnaire. The completed questionnaire will be collected in about a week. There are instructions on the next page to help you.

I hope you do decide to take part.

Best wishes

**Dr Bridie Evans**  
**Study lead**  
**Swansea University Medical School**  
**Tel: 01792 602346**

### **Completion instructions**

- Please read the Information Sheet for more information and who to contact if you want to ask about anything
- Please complete the consent form before you start answering the questions. We can only use your answers if you have signed the consent form
- Please answer every question. If you find it hard to answer a question, please do the best you can
- If you find the questionnaire difficult to complete, you can ask someone to help you
- Please put the completed questionnaire in the enclosed envelope and seal it
- Please return the sealed envelope containing your completed questionnaire to Fran, Lena or Sue
- You can tell us you do not want to take part by returning the questionnaire without filling it in

# **THANK YOU**

### **Who should I contact for further information?**

Bridie Evans

01792 602346

[b.a.evans@swansea.ac.uk](mailto:b.a.evans@swansea.ac.uk)



**Title of Project:** To assess the feasibility of evaluating Solva Care

**Research contact:** Dr Bridie Evans, Swansea University – 01792 602346

Please *initial* each box:

I confirm that I have read the information sheet, understand it and have had an opportunity to ask questions

 initial

The information sheet has explained why the study is being undertaken and how it is being undertaken

 initial

I understand that my participation is voluntary and that I may withdraw at any time without giving reason

 initial

I agree to take part in the study by completing a questionnaire

 initial

I agree to having my personal information being used to link with my medical records data by the SAIL databank

 initial

We would like to find out more about your experiences.

If you are willing to take part in a discussion by attending a focus group, please initial the box below.

I agree to being invited to take part in a focus group

 initial

.....  
**Name in capitals**

.....  
**Signature**

.....  
**Date**

**BLANK PAGE**

**Please record your personal information here.**

This information will be held at Swansea University in a secure location separate from your study information and will not be seen by the Solva Care team.

FULL NAME:

GENDER:  Male  Female

DATE OF BIRTH: 

		/			/				
--	--	---	--	--	---	--	--	--	--

 (dd/mm/yyyy)

POSTAL ADDRESS: 


POSTCODE: 

--	--	--	--	--	--	--	--

**BLANK PAGE**

**ABOUT YOUR QUALITY OF LIFE**

By placing a tick (✓) in ONE box in EACH group below, please indicate which statement best describes your quality of life at the moment.

1. Love and Friendship

I can have all of the love and friendship that I want	<input type="checkbox"/>	4
I can have a lot of the love and friendship that I want	<input type="checkbox"/>	3
I can have a little of the love and friendship that I want	<input type="checkbox"/>	2
I cannot have any of the love and friendship that I want	<input type="checkbox"/>	1

2. Thinking about the future

I can think about the future without any concern	<input type="checkbox"/>	4
I can think about the future with only a little concern	<input type="checkbox"/>	3
I can only think about the future with some concern	<input type="checkbox"/>	2
I can only think about the future with a lot of concern	<input type="checkbox"/>	1

3. Doing things that make you feel valued

I am able to do all of the things that make me feel valued	<input type="checkbox"/>	4
I am able to do many of the things that make me feel valued	<input type="checkbox"/>	3
I am able to do a few of the things that make me feel valued	<input type="checkbox"/>	2
I am unable to do any of the things that make me feel valued	<input type="checkbox"/>	1

4. Enjoyment and pleasure

I can have all of the enjoyment and pleasure that I want	<input type="checkbox"/>	4
I can have a lot of the enjoyment and pleasure that I want	<input type="checkbox"/>	3
I can have a little of the enjoyment and pleasure that I want	<input type="checkbox"/>	2
I cannot have any of the enjoyment and pleasure that I want	<input type="checkbox"/>	1

5. Independence

I am able to be completely independent	<input type="checkbox"/>	4
I am able to be independent in many things	<input type="checkbox"/>	3
I am able to be independent in a few things	<input type="checkbox"/>	2
I am unable to be at all independent	<input type="checkbox"/>	1

**Tick one box only in each section**

How many friends would you say you have?  
(please tick only ONE response)

- 0
- 1
- 2-3
- 4-9
- 10-20
- More than 20

**Social participation** (Please circle a number on the scale to indicate your response)

How often do you:

- a) Attend meetings of an organized group

1	2	3	4	5	6	7
(Never)			(Several times a week)			

- b) Socialise with friends and relatives

1	2	3	4	5	6	7
(Never)			(Several times a week)			

- c) Volunteer

1	2	3	4	5	6	7
(Never)			(Several times a week)			

(please tick only ONE response)

How often do you...

- |                                      |                     |                          |
|--------------------------------------|---------------------|--------------------------|
| a) Feel that you lack companionship? | Hardly ever / never | <input type="checkbox"/> |
|                                      | Some of the time    | <input type="checkbox"/> |
|                                      | Often               | <input type="checkbox"/> |
| b) Feel left out?                    | Hardly ever / never | <input type="checkbox"/> |
|                                      | Some of the time    | <input type="checkbox"/> |
|                                      | Often               | <input type="checkbox"/> |
| c) Feel isolated from others?        | Hardly ever / never | <input type="checkbox"/> |
|                                      | Some of the time    | <input type="checkbox"/> |
|                                      | Often               | <input type="checkbox"/> |

How often can you...

- |                                       |                     |                          |
|---------------------------------------|---------------------|--------------------------|
| a) Open up to members of your family? | Often               | <input type="checkbox"/> |
|                                       | Some of the time    | <input type="checkbox"/> |
|                                       | Hardly ever / never | <input type="checkbox"/> |
| b) Rely on members of your family?    | Often               | <input type="checkbox"/> |
|                                       | Some of the time    | <input type="checkbox"/> |
|                                       | Hardly ever / never | <input type="checkbox"/> |
| c) Open up to your friends?           | Often               | <input type="checkbox"/> |
|                                       | Some of the time    | <input type="checkbox"/> |
|                                       | Hardly ever / never | <input type="checkbox"/> |
| d) Rely on your friends?              | Often               | <input type="checkbox"/> |
|                                       | Some of the time    | <input type="checkbox"/> |
|                                       | Hardly ever / never | <input type="checkbox"/> |
| e) Open up to your spouse or partner? | Often               | <input type="checkbox"/> |
|                                       | Some of the time    | <input type="checkbox"/> |
|                                       | Hardly ever / never | <input type="checkbox"/> |
| f) Rely on your spouse or partner?    | Often               | <input type="checkbox"/> |
|                                       | Some of the time    | <input type="checkbox"/> |
|                                       | Hardly ever / never | <input type="checkbox"/> |

Under each heading, please tick the ONE box that best describes your health TODAY.

**MOBILITY**

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

**SELF-CARE**

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

**USUAL ACTIVITIES** (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

**PAIN / DISCOMFORT**

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

**ANXIETY / DEPRESSION**

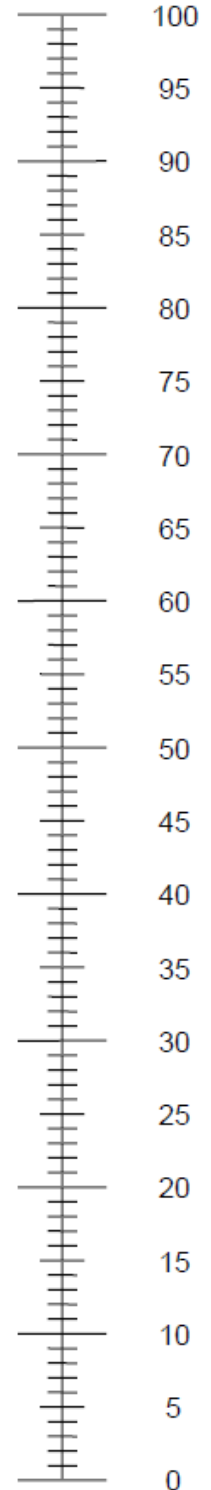
- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed



- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.  
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health  
you can imagine



The worst health  
you can imagine

## Service use

This section asks about health and social care services used **in the last 3 months**.

**Q1. Have you visited any hospital in relation to your own health (i.e. as a patient)?**

Yes	<input type="checkbox"/>	<i>Continue below</i>
No	<input type="checkbox"/>	<i>Go to Q6</i>

**Q2. Have you attended Accident and Emergency (A&E) in relation to your own health?**

Yes	<input type="checkbox"/>	<i>Go to Q2a, b and c below</i>
No	<input type="checkbox"/>	<i>Go to Q3</i>

**Q2a. If yes, how many times have you attended A&E in relation to your own health?**

--	--

**Q2b. Please record the number of times you travelled to A&E using the methods listed below:**

1. Ambulance service
2. Spouse or friend
3. A lift from a Solva Care volunteer
4. Other method (please describe below)


--

**Q2c. How many of these A&E visits resulted in an admission into hospital immediately after your A&E visit?**

--	--

**Q3. Have you stayed in hospital overnight (i.e. as an inpatient)?**

Yes	<input type="checkbox"/>	<b>If yes, how many nights have you stayed in hospital?</b>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<i>Go to Q4</i>		

**Q4. Have you had a hospital outpatient or day surgery appointment (i.e.it did not involve a stay in hospital)?**

Yes	<input type="checkbox"/>	Go to Q4a and b
No	<input type="checkbox"/>	Go to Q5

**Q4a. If yes, how many outpatient / day surgery appointments have you had?**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**Q4b. Please record the number of times you travelled to each outpatient / day surgery appointment using the methods listed below:**

1. Ambulance service
2. Spouse or friend
3. A lift from a Solva Care volunteer
4. Other method (please describe below)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

<input type="text"/>
----------------------

**Q5. Have you attended hospital day care in relation to your own care?**

Examples of day care provision are day care for people with dementia and the cancer and palliative day care unit at Withybush Hospital.

Yes	<input type="checkbox"/>	Go to Q5a and b
No	<input type="checkbox"/>	Go to Q6

**Q5a. If yes, how many separate day care visits have you made?**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**Q5b. Please record the number of times you travelled to each day care stay using the methods listed below:**

1. Ambulance service
2. Spouse or friend
3. A lift from a Solva Care volunteer
4. Other method (please describe below)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

<input type="text"/>
----------------------

**Q6. Please give details of any GP services you have used in relation to your own care.** For each service, please put an X in the appropriate box to let us know if it was “used” or “not used”. For those you have used please write in the approximate number of times you have used the service.

Service	Used	Not used	Approximate number of contacts, visits or appointments
GP consultation (in person)			
GP consultation (by telephone)			
GP consultation (home visit)			
Practice nurse (at GP surgery)			
Clinic provided in GP practice (e.g. diabetes, asthma, chronic conditions)			
GP Out of Hours Service			
Other service (please describe below)			

**Q6a. Please record the number of times you travelled to your GP using the methods listed below:**

1. Ambulance service
2. Spouse or friend
3. A lift from a Solva Care volunteer
4. Other method (please describe below)


--

**Q7. Please give details of any other services you have used in relation to your own care.** For each service, please put an X in the appropriate box to let us know if it was “used” or “not used”. For those you have used please write in the approximate number of times you have used the service.

Service	Used	Not used	Approximate number of contacts, visits or appointments	Location of each visit e.g. at home, at the GP surgery, a community facility, etc
NHS Direct (telephone service)				
District Nurse				
Community Nurse (e.g. respiratory, diabetes, oxygen, chronic conditions)				
Health Visitor				
Counsellor				
Psychological therapies				
Physiotherapist				
Clinical Psychologist				
Occupational therapist				
Speech therapist				
Other therapist or service (please say what kind in the rows below)				

**Q7a. Please record the number of times you travelled to these services using the methods listed below:**

1. Ambulance service
2. Spouse or friend
3. A lift from a Solva Care volunteer
4. Other method (please describe below)


--

**Q8. Please give details of any of the following additional services that you have used in relation to your own care.**

For each service, please put an X in the appropriate box to let us know if it was “used” or “not used”. For those you have used please write in the approximate number of times you have used the service.

<b>Service</b>	<b>Used</b>	<b>Not used</b>	<b>Approximate number of contacts, visits or appointments</b>
Home help / home care worker			
Community support worker			
Social worker			
Solva Care			
Other community or support group			
Day care (non-hospital based)			

**Q8a. If you have used the Solva Care service, what help did you ask for? Please describe below:**


**Thank you for completing this questionnaire**

**Please put the completed questionnaire in the envelope and seal it**

**Please give the sealed envelope containing the questionnaire to Fran, Lena or Sue**

## **Appendix 3: Solva Care study questionnaire to clients**





## Does Solva Care make a difference?

---

September, 2016

### Dear Solva Care service user

Thank you for your interest in our research project about Solva Care, run by Swansea University and the Solva Care team. During this autumn, we are asking Solva Care clients and volunteers about the Solva Care scheme to help us understand how it works and what difference it makes to Solva. My name is Bridie Evans from Swansea University.

This letter is the first page of a booklet which contains a consent form and a questionnaire. As well as this booklet, we have given you an information sheet which tells you more about the research and who you can ask if you have any questions. We have also given you an envelope for the completed questionnaire.

We are inviting you to take part in our study. If you are happy to go ahead, please sign the consent form on the next page and then complete the questionnaire. The completed questionnaire will be collected in about a week. There are instructions on the next page to help you.

I hope you do decide to take part.

Best wishes

**Dr Bridie Evans**  
**Study lead**  
**Swansea University Medical School**  
**Tel: 01792 602346**

### **Completion instructions**

- Please read the Information Sheet for more information and who to contact if you want to ask about anything
- Please complete the consent form before you start answering the questions. We can only use your answers if you have signed the consent form
- Please answer every question. If you find it hard to answer a question, please do the best you can
- If you find the questionnaire difficult to complete, you can ask someone to help you
- Please put the completed questionnaire in the enclosed envelope and seal it
- The sealed envelope containing your completed questionnaire will be collected from you in about a week
- You can tell us you do not want to take part by returning the questionnaire without filling it in

# **THANK YOU**

### **Who should I contact for further information?**

Bridie Evans

01792 602346

[b.a.evans@swansea.ac.uk](mailto:b.a.evans@swansea.ac.uk)

**Title of Project:** To assess the feasibility of evaluating Solva Care

**Research contact:** Dr Bridie Evans, Swansea University – 01792 602346

Please *initial* each box:

I confirm that I have read the information sheet, understand it and have had an opportunity to ask questions

 initial

The information sheet has explained why the study is being undertaken and how it is being undertaken

 initial

I understand that my participation is voluntary and that I may withdraw at any time without giving reason

 initial

I agree to take part in the study by completing a questionnaire

 initial

I agree to having my personal information being used to link with my medical records data by the SAIL databank

 initial

We would like to find out more about your experiences.

If you are willing to take part in a discussion by attending a focus group, please initial the box below.

I agree to being invited to take part in a focus group

 initial

.....  
**Name in capitals**

.....  
**Signature**

.....  
**Date**

**BLANK PAGE**

**Please record your personal information here.**

This information will be held at Swansea University in a secure location separate from your study information and will not be seen by the Solva Care team.

FULL NAME:

GENDER:  Male  Female

DATE OF BIRTH: 

		/			/				
--	--	---	--	--	---	--	--	--	--

 (dd/mm/yyyy)

POSTAL ADDRESS: 


POSTCODE: 

--	--	--	--	--	--	--	--	--

**BLANK PAGE**

### ABOUT YOUR QUALITY OF LIFE

By placing a tick (✓) in ONE box in EACH group below, please indicate which statement best describes your quality of life at the moment.

1. Love and Friendship

I can have all of the love and friendship that I want	<input type="checkbox"/>	4
I can have a lot of the love and friendship that I want	<input type="checkbox"/>	3
I can have a little of the love and friendship that I want	<input type="checkbox"/>	2
I cannot have any of the love and friendship that I want	<input type="checkbox"/>	1

2. Thinking about the future

I can think about the future without any concern	<input type="checkbox"/>	4
I can think about the future with only a little concern	<input type="checkbox"/>	3
I can only think about the future with some concern	<input type="checkbox"/>	2
I can only think about the future with a lot of concern	<input type="checkbox"/>	1

3. Doing things that make you feel valued

I am able to do all of the things that make me feel valued	<input type="checkbox"/>	4
I am able to do many of the things that make me feel valued	<input type="checkbox"/>	3
I am able to do a few of the things that make me feel valued	<input type="checkbox"/>	2
I am unable to do any of the things that make me feel valued	<input type="checkbox"/>	1

4. Enjoyment and pleasure

I can have all of the enjoyment and pleasure that I want	<input type="checkbox"/>	4
I can have a lot of the enjoyment and pleasure that I want	<input type="checkbox"/>	3
I can have a little of the enjoyment and pleasure that I want	<input type="checkbox"/>	2
I cannot have any of the enjoyment and pleasure that I want	<input type="checkbox"/>	1

5. Independence

I am able to be completely independent	<input type="checkbox"/>	4
I am able to be independent in many things	<input type="checkbox"/>	3
I am able to be independent in a few things	<input type="checkbox"/>	2
I am unable to be at all independent	<input type="checkbox"/>	1

**Tick one box only in each section**

How many friends would you say you have?  
(please tick only ONE response)

- 0
- 1
- 2-3
- 4-9
- 10-20
- More than 20

**Social participation** (Please circle a number on the scale to indicate your response)

How often do you:

d) Attend meetings of an organized group

1	2	3	4	5	6	7
(Never)			(Several times a week)			

e) Socialise with friends and relatives

1	2	3	4	5	6	7
(Never)			(Several times a week)			

f) Volunteer

1	2	3	4	5	6	7
(Never)			(Several times a week)			



*(please tick only ONE response)*

How often do you...

- |                                      |                     |                          |
|--------------------------------------|---------------------|--------------------------|
| d) Feel that you lack companionship? | Hardly ever / never | <input type="checkbox"/> |
|                                      | Some of the time    | <input type="checkbox"/> |
|                                      | Often               | <input type="checkbox"/> |
| e) Feel left out?                    | Hardly ever / never | <input type="checkbox"/> |
|                                      | Some of the time    | <input type="checkbox"/> |
|                                      | Often               | <input type="checkbox"/> |
| f) Feel isolated from others?        | Hardly ever / never | <input type="checkbox"/> |
|                                      | Some of the time    | <input type="checkbox"/> |
|                                      | Often               | <input type="checkbox"/> |

How often can you...

- |                                       |                     |                          |
|---------------------------------------|---------------------|--------------------------|
| g) Open up to members of your family? | Often               | <input type="checkbox"/> |
|                                       | Some of the time    | <input type="checkbox"/> |
|                                       | Hardly ever / never | <input type="checkbox"/> |
| h) Rely on members of your family?    | Often               | <input type="checkbox"/> |
|                                       | Some of the time    | <input type="checkbox"/> |
|                                       | Hardly ever / never | <input type="checkbox"/> |
| i) Open up to your friends?           | Often               | <input type="checkbox"/> |
|                                       | Some of the time    | <input type="checkbox"/> |
|                                       | Hardly ever / never | <input type="checkbox"/> |
| j) Rely on your friends?              | Often               | <input type="checkbox"/> |
|                                       | Some of the time    | <input type="checkbox"/> |
|                                       | Hardly ever / never | <input type="checkbox"/> |
| k) Open up to your spouse or partner? | Often               | <input type="checkbox"/> |
|                                       | Some of the time    | <input type="checkbox"/> |
|                                       | Hardly ever / never | <input type="checkbox"/> |
| l) Rely on your spouse or partner?    | Often               | <input type="checkbox"/> |
|                                       | Some of the time    | <input type="checkbox"/> |
|                                       | Hardly ever / never | <input type="checkbox"/> |

Under each heading, please tick the ONE box that best describes your health TODAY.

**MOBILITY**

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

**SELF-CARE**

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

**USUAL ACTIVITIES** (*e.g. work, study, housework, family or leisure activities*)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

**PAIN / DISCOMFORT**

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

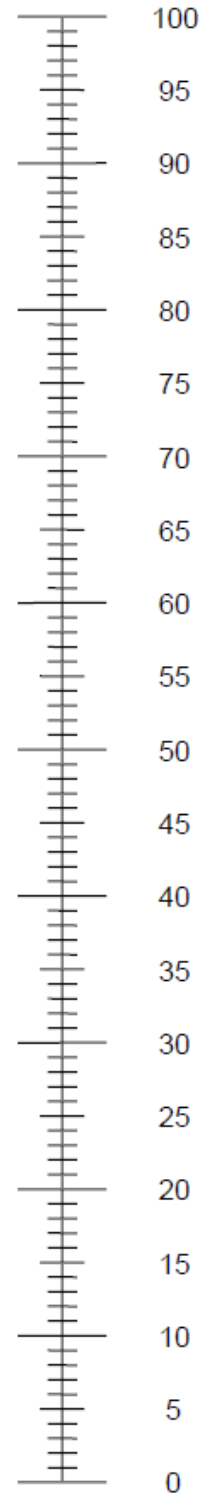
**ANXIETY / DEPRESSION**

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.  
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health  
you can imagine



The worst health  
you can imagine

## Service use

This section asks about health and social care services used **in the last 3 months**.

**Q1. Have you visited any hospital in relation to your own health (i.e. as a patient)?**

Yes	<input type="checkbox"/>	<i>Continue below</i>
No	<input type="checkbox"/>	<i>Go to Q6</i>

**Q2. Have you attended Accident and Emergency (A&E) in relation to your own health?**

Yes	<input type="checkbox"/>	<i>Go to Q2a, b and c below</i>
No	<input type="checkbox"/>	<i>Go to Q3</i>

**Q2a. If yes, how many times have you attended A&E in relation to your own health?**

--	--

**Q2b. Please record the number of times you travelled to A&E using the methods listed below:**

- 5. Ambulance service
- 6. Spouse or friend
- 7. A lift from a Solva Care volunteer
- 8. Other method (please describe below)


--

**Q2c. How many of these A&E visits resulted in an admission into hospital immediately after your A&E visit?**

--	--

**Q3. Have you stayed in hospital overnight (i.e. as an inpatient)?**

Yes	<input type="checkbox"/>	<b>If yes, how many nights have you stayed in hospital?</b>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<i>Go to Q4</i>		

**Q4. Have you had a hospital outpatient or day surgery appointment (i.e.it did not involve a stay in hospital)?**

Yes	<input type="checkbox"/>	Go to Q4a and b
No	<input type="checkbox"/>	Go to Q5

**Q4a. If yes, how many outpatient / day surgery appointments have you had?**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**Q4b. Please record the number of times you travelled to each outpatient / day surgery appointment using the methods listed below:**

5. Ambulance service	<input type="text"/>	<input type="text"/>
6. Spouse or friend	<input type="text"/>	<input type="text"/>
7. A lift from a Solva Care volunteer	<input type="text"/>	<input type="text"/>
8. Other method (please describe below)	<input type="text"/>	<input type="text"/>

--

**Q5. Have you attended hospital day care in relation to your own care?**

Examples of day care provision are day care for people with dementia and the cancer and palliative day care unit at Withybush Hospital.

Yes	<input type="checkbox"/>	Go to Q5a and b
No	<input type="checkbox"/>	Go to Q6

**Q5a. If yes, how many separate day care visits have you made?**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**Q5b. Please record the number of times you travelled to each day care stay using the methods listed below:**

5. Ambulance service	<input type="text"/>	<input type="text"/>
6. Spouse or friend	<input type="text"/>	<input type="text"/>
7. A lift from a Solva Care volunteer	<input type="text"/>	<input type="text"/>
8. Other method (please describe below)	<input type="text"/>	<input type="text"/>

--

**Q6. Please give details of any GP services you have used in relation to your own care.**

For each service, please put an X in the appropriate box to let us know if it was “used” or “not used”. For those you have used please write in the approximate number of times you have used the service.

Service	Used	Not used	Approximate number of contacts, visits or appointments
GP consultation (in person)			
GP consultation (by telephone)			
GP consultation (home visit)			
Practice nurse (at GP surgery)			
Clinic provided in GP practice (e.g. diabetes, asthma, chronic conditions)			
GP Out of Hours Service			
Other service (please describe below)			

**Q6a. Please record the number of times you travelled to your GP using the methods listed below:**

5. Ambulance service

6. Spouse or friend

7. A lift from a Solva Care volunteer

8. Other method (please describe below)


--

**Q7. Please give details of any other services you have used in relation to your own care.** For each service, please put an X in the appropriate box to let us know if it was “used” or “not used”. For those you have used please write in the approximate number of times you have used the service.

Service	Used	Not used	Approximate number of contacts, visits or appointments	Location of each visit e.g. at home, at the GP surgery, a community facility, etc
NHS Direct (telephone service)				
District Nurse				
Community Nurse (e.g. respiratory, diabetes, oxygen, chronic conditions)				
Health Visitor				
Counsellor				
Psychological therapies				
Physiotherapist				
Clinical Psychologist				
Occupational therapist				
Speech therapist				
Other therapist or service (please say what kind in the rows below)				

**Q7a. Please record the number of times you travelled to these services using the methods listed below:**

- 5. Ambulance service
- 6. Spouse or friend
- 7. A lift from a Solva Care volunteer
- 8. Other method (please describe below)


--

**Q8. Please give details of any of the following additional services that you have used in relation to your own care.**

For each service, please put an X in the appropriate box to let us know if it was “used” or “not used”. For those you have used please write in the approximate number of times you have used the service.

<b>Service</b>	<b>Used</b>	<b>Not used</b>	<b>Approximate number of contacts, visits or appointments</b>
Home help / home care worker			
Community support worker			
Social worker			
Solva Care			
Other community or support group			
Day care (non-hospital based)			

**Q8a. If you have used the Solva Care service, what help did you ask for? Please describe below:**


**Thank you for completing this questionnaire**

**Please put the completed questionnaire in the envelope and seal it**

**The sealed envelope will be collected from you during the coming week**



## **Appendix 4: Solva Community Survey**



# Cyngor Cymuned Solfach Solva Community Council



## SOLVA CARE PILOT PROJECT SURVEY

This questionnaire will be collected on..... by.....

Dear Solva Resident

We surveyed all households a few years ago to see if people wanted Solva Community Council to set up a care project. Most people were in favour of the idea so we have been busy setting up and running a voluntary service called Solva Care. The purpose of Solva Care is to meet the support needs of people and to safeguard the wellbeing of the community.

We now want to do another survey to see what you think of Solva Care, so this questionnaire has been distributed to all households in Solva and Whitchurch. Please help us by filling it out. We are collecting as many responses as possible so that we can plan ahead and secure more funding for the village. All the information you provide will be treated in strictest confidence and your identity will not be divulged to anyone.

Many thanks

Mollie Roach

Tel: 01437 721 580

Email: [alanmollie@btinternet.com](mailto:alanmollie@btinternet.com)



*Connecting our Community*

For all questions please tick the box that applies, circle the answer or write in the space provided.

1. Did your household complete the Solva Care Project Survey in 2014?

Yes  No  Don't know

2. Are you willing to take part in this survey?

Yes  No

If you have answered no to Q2 then you do not need to do anymore, just return the questionnaire. It would, however, still be helpful if you put your name and address at the end.

To be completed by those who answered 'yes' to Q2

3. We would like to know about care provision in your household

a. Is anyone in your household receiving care? Yes  No

To be completed by those whose households are receiving care

b. Who provides the care? (please tick any that apply)

A registered care agency

A private care provider

A family member, friend or relative

Other (please specify)

c. How often is personal care received per week and what is the length of the care sessions? (please circle the answers that apply)

Days of the week: Mon Tues Wed Thurs Fri Sat Sun

Number of visits each day: 1 2 3 4 5

Length of each care session: 15mins 30mins 45mins 1hour

Other( please specify)



Connecting our Community

**d. How is the personal care funded?** (please tick the answer that applies)

I meet all the costs

I meet some of the costs, social services meet the rest

I use the Social Services Direct Payment option

No direct costs as care provided by family with carers allowance

Other (please specify)

**To be completed by all**

**4. Solva Care consists of a Coordinator and local volunteers who assist people with a variety of tasks.**

**a. Had you heard of Solva Care?** Yes  No

**b. If you had heard about Solva Care, what was the source of your information?**

Solva news  Leaflet  Poster  Website  Friends/relatives  Surgery  District nurse

Other (please specify)

**c. For those who have used Solva Care.**

**Were you happy with the service provided?** Yes  No  Not sure

**Would you use Solva care again?** Yes  No  Maybe

**d. For those who have not used Solva Care yet**

**Why have you not made use of Solva Care yet?** (please tick one answer)

I have no need for such service

I do not think Solva care can help me with my problem

I do not know how to contact Solva Care

Other (please specify)

**5. We would like to know your views on the value of Solva Care Do you think Solva Care is good for the community?** (please tick a number on a scale of 5 very good to 1 not very good )

**There is space on the end of Q11 for you to expand on your answer if you wish.**

5  4  3  2  1



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6. Did you know that the Solva Care Coordinator is available in the surgery on Fridays, 10-12 noon?

Yes  No

7. Did you know that Solva Care is a source of information about accessing services?

Yes  No

Please comment on Solva Care in the space below– your likes and dislikes , suggestions etc

8. We would like to know about your wellbeing. For each question below please give an answer on the scale form 0 to 10 where 0 is not at all and 10 is completely.

a. Overall how satisfied are you with your life nowadays?

10 9 8 7 6 5 4 3 2 1 0

b. Overall how useful do you feel?

10 9 8 7 6 5 4 3 2 1 0

c. Overall how worthwhile are the things you do in your life?

10 9 8 7 6 5 4 3 2 1 0

d. Overall how satisfied are you with the area you live in?

10 9 8 7 6 5 4 3 2 1 0

e. Overall, how optimistic do you feel about the future?

10 9 8 7 6 5 4 3 2 1 0

9. We would like to know more about the person filling out this questionnaire. Which of the following best describes you? (Tick any that apply)

a. I am a family member  I am a carer

I am a person receiving care  Other (please specify)

b. I am female  male

c. My age falls in the following age band in years

10-20  20-30  30-40  40-50  50-60  60-70  70-80  80-90



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10. Does your household have access to private transport? Yes  No  Sometimes

11. Tell us about your residence in Solva

a. Is Solva your main residence? Yes  No

b. If yes, how long have you lived in Solva?  years

c. If your answer was no to question a above, how much time do you spend in Solva in a typical year?

More than 6 months  1-5 months  less than 1 month

12. Some further information would help us to improve Solva Care

a. Are you a registered Solva Care volunteer? Yes  No

b. If you are not a volunteer at present, would you consider becoming a volunteer in the future?  
(please tick the answer that applies)

yes I would and please contact me on Telephone:

no sorry I cannot be involved

maybe I can help in the future

13. Your contact details.

You don't have to provide this but it would help us in case we wanted to contact you in the future.

Name .....

Address .....

.....

.....

.....

Tel Number .....

.....

Email address .....

.....

**Thank you for taking time to complete this questionnaire**



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## **Appendix 5: Focus Group schedules**



Before starting:

- Thank for taking part
- Explain purpose and assure anonymity
- Discuss confidentiality
- Invite questions
- Confirm consent to take part
- Confirm consent for audio-recording

### **A: Focus group schedule: Solva Care volunteers**

I know Solva Care has details of your volunteering activities but I don't know very much about what you do. To help me understand Solva Care better, could you describe to me your role with Solva Care

How often you volunteer

The type of support or help given: please give examples

The number of people you visit

Can you tell me why you volunteered with Solva Care?

How did you hear about the project

How did you express your interest

What helps you to be a volunteer with Solva Care?

What has limited your ability to be a volunteer with Solva Care?

How has volunteering affected you?

Positive effects

Negative effects

Practical issues

Is there anything that could be done differently

How do you think Solva Care has affected the people you support?

Practical changes

Health changes

Emotional/wellbeing changes

How do you think Solva Care has affected the way your clients use services?

Social services

Health services – GP, practice nurse, district nurse, other health care staff

Hospital services – emergency, outpatients

Voluntary services

Community services

Other?

How has Solva Care affected the wider community?

How do you feel about taking part in this group discussion for a research study?

Understand purpose?

How easy to talk?

Anything we could do to improve the experience?

**Would anyone like to add anything about the discussion we have had today?**

**Any questions?**

**Thank you for taking part in today's discussion**

### **B: Focus group schedule: people who receive support from Solva Care**

Can you describe what happens when a Solva Care volunteer comes to your home

What do they do

How is this decided

How long are they with you

How often do they come

Is it the same person each time

Give examples

What is helpful about Solva Care

What makes it difficult for you to use Solva Care

Is there anything you would like to change

Why did you contact Solva Care?

How did you think Solva Care could help you?

How did you hear about the project

How did you express your interest

How has Solva Care affected you?

Positive effects

Negative effects

Practical issues

Is there anything that could be done differently

How do you think Solva Care has affected the way you use services?

Social services

Health services – GP, practice nurse, district nurse, other health care staff

Hospital services – emergency, outpatients

Voluntary services

Community services

Other?

How do you feel about taking part in a research study?

Understand purpose?

How easy to talk in this group discussion?

Views on the questionnaire you completed

Anything we could do to improve the experience of taking part in research?

**Would anyone like to add anything about the discussion we have had today?**

**Any questions?**

**Thank you for taking part in today's discussion**



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