

Appendix

Frequently Asked Questions and Useful Information for GPs



Frequently Asked Questions (1)

How did you select which GP practice to partner with?

Stockport's model for neighbourhood working includes a group operating in each neighbourhood called Team Around the Place (TAP). GP groups are members of the TAPs in their neighbourhood, so when we decided where we wanted to carry out the project we invited the relevant GP practice to collaborate.

Who paid for the letters which were sent out?

Stockport Council paid the postage costs (invoiced by the GP practice). The GP practice paid for the paper and envelopes.

How much admin. time is required by the GP practice?

We have estimated 1.5 minutes/letter sent out.

What is the origin of the list of conditions the GP practice checked against?

A longer list originated from August 2023 DWP figures reported in the press showing the most common conditions present in a successful Attendance Allowance claim.

How did you decide the batch sizes to send the letters out in?

We used the response rate from a previous similar Pension Credit letter to calculate the number of contacts in we could expect per 100 letters, and used this number to match to the resource we had available to assist with applications.

Frequently Asked Questions (2)

What safeguards do your home visiting team have in place for the meetings to complete the application form?

Our Home visiting team only carry out visits in pairs if one is shadowing (for training purposes), otherwise we use a 'buddy' procedure. This means that the person going on the home visit will ensure the name and address of the client is available to their buddy – they will check in by phone when they arrive at the address and will give an expected time of departure. When they end the visit they will contact their buddy to say they are safe and this is reported to the rest of the team. If the visitor or the buddy have a conversation during the visit and the agreed trigger word is used, we know the visitor needs assistance and will contact police. We also have SOLO ID devices – this can summon assistance if a button on the device is pressed, or automatically summons help if the device indicates the visitor has fallen over. We ask some questions before visiting regarding smoking, pets, etc.

Have you done any follow-up with residents to find out the difference receiving Attendance Allowance has made to them?

We did not do this as part of the first iteration of this project, as the objective at this juncture was primarily to establish whether this model provided an effective way of engaging with our older residents. However, we are planning to monitor the support requirements from their GP of residents who make a successful Attendance Allowance claim as part of the second iteration. We will do this by supplying back to the GP practice information about successful claimants.

Do you think the fact that the letter came from the GP practice made a difference to the response rate?

Yes; our anecdotal evidence is that the letter was perceived by residents as coming from a trusted and friendly source.

Health conditions (original list and amended version)

• AIDS • Alcohol and drug abuse • Arthritis • Asthma • Back pain • Behavioural disorder • Blood disorders • Bowel and stomach disease • Cerebrovascular disease • Chronic pain syndromes • Cystic fibrosis • Dementia • Diabetes mellitus • Disease of the muscles, bones or joints • Epilepsy • Frailty	• Haemophilia • Hearing disorders • Heart disease • Hemodialysis • Hyperkinetic syndrome • Infectious diseases: Bacterial disease - tuberculosis • Infectious diseases: Viral disease - Coronavirus covid-19 • Inflammatory bowel disease • Learning difficulties • Major trauma other than traumatic paraplegia/tetraplegia • Malignant disease • Metabolic disease • Motor neurone disease • Multiple allergy syndrome	• Multiple sclerosis • Multi-system disorders • Neurological diseases • Parkinson's disease • Peripheral vascular disease • Personality disorder • Psychoneurosis • Psychosis • Renal disorders • Respiratory disorders and diseases • Skin disease • Spondylosis • Trauma to limbs • Traumatic paraplegia/tetraplegia • Visual disorders and diseases	After consultation with clinical staff, this list was then reduced to the following shorter one for use in the patient record search: • Amputee • Blind • Cerebrovascular Disease • Dementia • Heart failure • Malignant Disease within past 5 years • Motor Neurone Disease • Multiple Sclerosis • Palliative care / gold standards framework • Parkinson's Disease • Peripheral vascular Disease • Severe Frailty • Severely Mentally impaired
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