Sample consent form – Gloucester integration accelerator pilot

**Evaluating Personalised Care**

**Information on Evaluation**

In Gloucestershire, we are trialling a new approach to helping individuals manage their health and wellbeing as we take part in the NHS England “Personalised Care” programme and Integration Accelerator Pilot. This aims to put you at the centre of planning and receiving your care, giving you greater choice and control.

You are receiving a *personalised care plan and/or a personal health budget* as part of this initiative. We are keen to understand how this approach makes a difference to you.

**Understanding the impact of personalised care plans/ personal health budgets**

Your Social Worker or Care Coordinator will ask you to complete two short questionnaires about your mood and feelings, and heath related quality of life.

We will then contact you in *3, 6 and 12 months* to ask you fill in the same questionnaire again to see if anything has changed. We will also ask if you have any specific feedback that you’d like us to consider.

Alongside this, we would like to collect some information to understand what health and social care services you have had contact with in the last 2 years and what you then use in the next *12 months*.

*This may include data from:*

• Gloucestershire County Council

• 2gether Trust

• Gloucestershire Care Services

• Gloucestershire Hospital NHS Foundation Trust

• Your GP practice

• Out of Hours

• NHS 111

• South West Ambulance Service

• Voluntary organisations who have assisted you with your health and social well-being

This will involve using your NHS number and/or your name and date of birth to identify how many times you have visited/ contacted services. Gloucestershire Clinical Commissioning Group will be receive the information from these organisations and will ensure it is stored safely.

**How will this information be used?**

The information you give will be used to see if there are any differences in your quality of life and the services you use before and after having a personalised plan and/or a personal health budget. Your personal details will not be shared with anyone outside of those listed above unless you decide to participate in a case study (see below for further details).

The information you share will have no effect on decisions about your health or social care.

All personal information will remain confidential, and reports will not identify you unless you have given explicit consent for your story to be used.

The responses to your questionnaire and information on how you have used services will be shared with NHS England, but this will be anonymised and no information that can identify you individually will be included if we do this.

Final analysis and reports about any impact that personalised care plan/personal health budgets have had on people may be shared with other organisations, but this will only include a summary of the findings.

All information about you collected for this evaluation will be securely destroyed once the Integration Accelerator Pilot is complete.

**Sharing your story**

If you are willing, you may be asked to take part in a short interview about your experiences of receiving a personalised plan and/or personal health budget. This would be shared as a case study with the public in order to explain the impact of personalised plans and personal health budgets.

You will be able to choose what form the interview will take and how it will be shared e.g through a video, recording, written case study or similar. The information we use for the case study will be identifiable to you. If you do not want to be able to be identified by the public, we will only use written case studies and change your name and other personal details.

**If you change your mind**

Taking part in this evaluation is entirely voluntary. If you do not wish to take part you do not have to give a reason and you will not be asked again.

Similarly, if you do agree to take part you are free to change your mind at any time during the study by simply letting staff know that you wish to withdraw. This will have no effect on the service you receive.

If you change your mind, please let your social worker or care coordinator know as soon as possible.

**Evaluation Consent Form**

I have read and understood the information above and have no objections to being part of the evaluation to understand the impact of a personalised care plan and/or personal health budget on my health and wellbeing.

I understand that I can withdraw my consent for the collating and sharing of information as part of this evaluation at any time by speaking in the first instance to a care professional.

**Understanding the impact**

I consent for care professionals to contact me by telephone as part of this evaluation.

I consent for care professionals to contact me by email as part of this evaluation.

**Sharing my story**

I agree to share my story as a case study with the public.

I agree for my story be shared in the following ways:

Video

Audio

Written case study

Written case study with photos

Please confirm how you would like to be identified for the purposes of the case study:

I am happy to be identified and agree that information about my wellbeing, experience and the cost of my care is made publicly available

I am happy for information about my wellbeing, experience and the cost of my care to be shared but would like my name and personal details (location etc) changed

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Signed: …………………………………………………..

Date:…………………………………

Name: ……………………………………………………

Date of Birth………………………………………….

Address:………………………………………………………………………………………..

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Postcode:……….…………………….

Tel No: ……………………………………… Email: …………………………………..…

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**For Staff Use Only**

Please ensure that the referring organisation is removed from the list of options above and any organisations that the patient receives services from is added to the list.

Ensure that a copy is provided to the patient, a copy is stored in the patient’s care record and a copy is provided to the Administrative Support of the Group.

Should the above named patient indicate that they wish to amend the organisations that they have consented to share with, please ensure that a new form is completed with the revised choices and then shared and stored as above.

If the above named patient indicate that they wish to withdraw from the evaluation, please confirm in writing and store with this form.