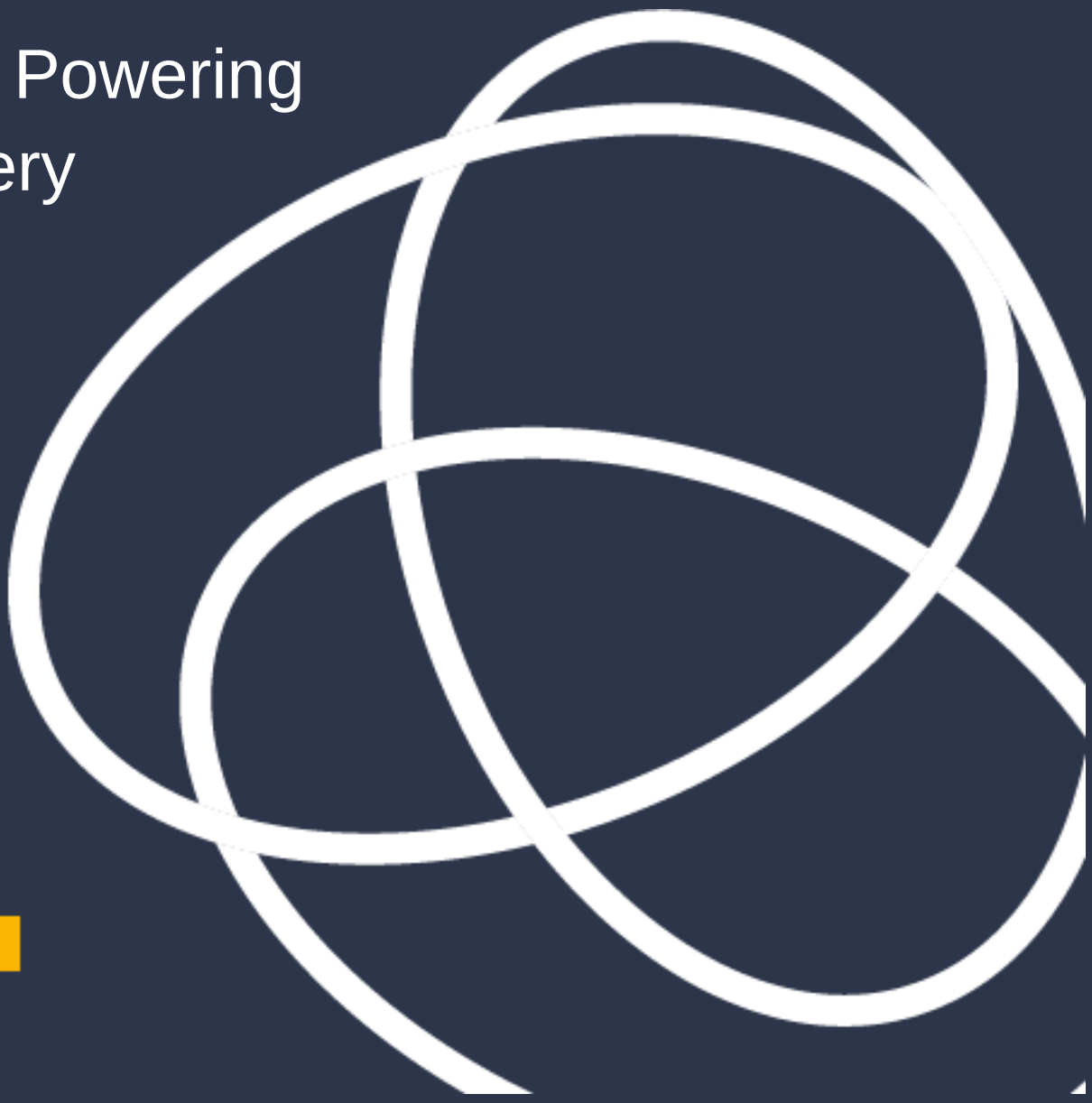
IMPERIAL COLLEGE HEALTH PARTNERS

CW+ / NHS Charities Together

Digital Inclusion Pilots Evaluation

Pilot 2: Powering Recovery



SEPT **2023**

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1. Overview of the Powering Recovery pilot

1.1. Powering Recovery pilot activities and aims

The Powering Recovery project, led by the West London Trust, aimed to "uncover the digital needs of Ealing service users and to support digitally enabled consultations" (see Table 1). The target population for this pilot was patients of the trust with long term conditions. The project originally intended to support shielding and clinically extremely vulnerable patients to access services digitally during the Covid-19 lockdowns.

The pilot went live in April 2022 and it underwent a number of changes during the period of the grant. With Covid-19 lockdowns ending, much of the activity that was happening online moved back to face to face, meaning that demand from West London Trust services decreased. The team changed approach to get more referrals from voluntary sector partners and community organisations. The team composition and structure also changed during the project, having moved to a different team within West London Trust, the Healthier Lifestyle Service. This team was already specialized in health education initiatives and already had contacts within relevant services. This allowed the team to address earlier challenges of lack of engagement identified in the interim report. However, the transition also meant that there was a period of handover in January-February 2023 which again created some delays to delivery. The team was quick to scale-up activity from March 2023, as shown in the following sections.

Aim of programme (from proposal)	Uncovering the digital needs of Ealing service users (shielding and vulnerable) in order to support digitally enabled consultations
Adapted Aim	Providing devices and/or skills trainings to West London Trust patients to enable them to access COPD, Long Covid and dementia rehab and to better support the self-management of long-term conditions (such as diabetes).
Organisations	Delivery organisations: West London Trust (lead); Ealing & Hounslow CVS; Mind, Dementia Concern and Ealing Centre for Independent Living (via Ealing Community Partners), Ealing Community Partners services.
Participants	• Patients of West London Trust (referred by clinicians), focus on pulmonary rehab (COPD), Long Covid, neuro rehab, Long-term condition and the Healthier Lifestyle Services. • Ealing service users (referred by community case workers via Ealing Community Partners service line).
Intervention	• Device and data provision (if required) • Skills training (1:1 or group) on using apps to support recovery and accessing virtual appointments • Linking people with existing online services / support groups
Intended outcomes	• Increased confidence in digital skills • Increased ability to self-manage health (i.e. through app, or remote monitoring) • Greater patient choice between traditional interventions or digitally enabled ones

Figure 1 - Overview of Powering Recovery pilot aims, intervention and outcomes

1.2. Powering Recovery logic model

A logic model was co-developed with the initial Powering Recovery team (see Figure 2) and agreed in early 2022 leading to the development of an outcomes framework. Some of the outcome areas identified in the initial logic model, e.g. ability to attend online appointments, lost some relevance as the focus moved away from supporting access to online appointments exclusively. The team also identified in the interim evaluation that assessments with pilot participants were taking too long so there was a need to focus on essential metrics only. The main areas measured in the final evaluation are shown below in bold.

Inputs	Activities	Outputs	Outcomes – digital inclusion	Outcomes – health, wellbeing & other	Impact
Funding Digital Champion Volunteer Champion Programme management and support from WLT and Ealing & Hounslow CVS	Needs assessments Provision of devices Material/content production Providing skills training – 1:1 or group sessions (depending on need) Connecting individuals with community support	**# of devices handed out** **# of patients supported (skills/confidence)** **Satisfaction with support** # or % of sessions attended face to face vs. virtually % of patients completing 8- or 12-week programme / completion rates **Frequency and length of support**	Increased ability to self-manage health (i.e. through an app, engagement with remote monitoring) Ability to access videos and other content online **Improved digital skills confidence** Use of apps to connect with others	Improvement in attendance (virtual instead of face to face sessions) Ability to self-manage conditions Ability to attend online appointments **Improvement in wellbeing** Developing a wider circle of support that includes convenient/local social interactions Links to relevant community organisations	Greater choice for patients being able to choose between traditional interventions or digitally enabled ones Improvement in health and wellbeing for digitally excluded groups (e.g. older people)

Figure 2 - Powering Recovery logic model

2. Activity and reach to date

Powering Recovery has had some challenges in terms of low referral numbers, as reported in the interim evaluation in November. In the past year Powering Recovery also changed teams in the trust and replaced the existing project manager with a second Digital Health Champion to increase the number of people supported.

Despite these challenges, the team have managed to ramp up activity rapidly following the move earlier this year, going from an average of 4-8 people starting support per month between April 2022 and March 2023 to a peak of 30 people starting support in June 2023 (See Appendix B, Figure 12). Most referrals were from Ealing Community Partners (n=38) and Mind (n=28).

The team has supported 105 participants to date, 75 of which have been “fully supported” and 30 of which are currently undergoing support (Figure 3). Seventeen people withdrew from the programme, some of which had completed the starting assessment. The main reasons for withdrawal were the patient being unwell (n=5), no longer answering when contacted (n=4) and wanting face to face support (n=3).

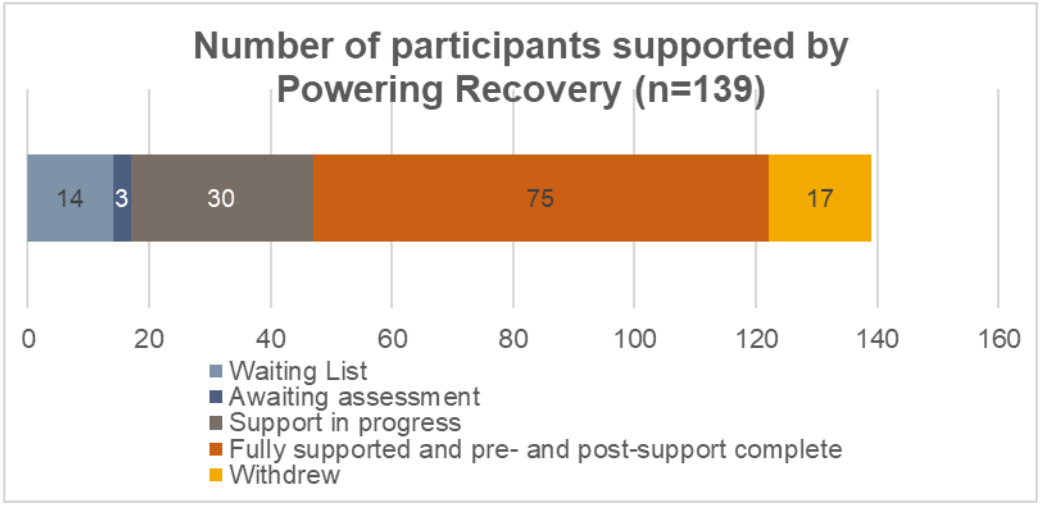

Figure 3 - Number of participants supported to June 2023, by status

There is some inconsistency on how participant status is captured and the extent to which starting assessments were completed which means the numbers in following graphs do not always add up to 105 participants supported.

Most of the participants who completed the initial assessment were female and over 55 years of age (see Appendix B, Figure 15 and Figure 16). Compared to the population of Ealing, where West London Trust and Ealing Community Partners are based, participants of the pilot were overrepresented for Black or Black British ethnicity (51% of Powering Recovery participants vs 11% of Ealing population).

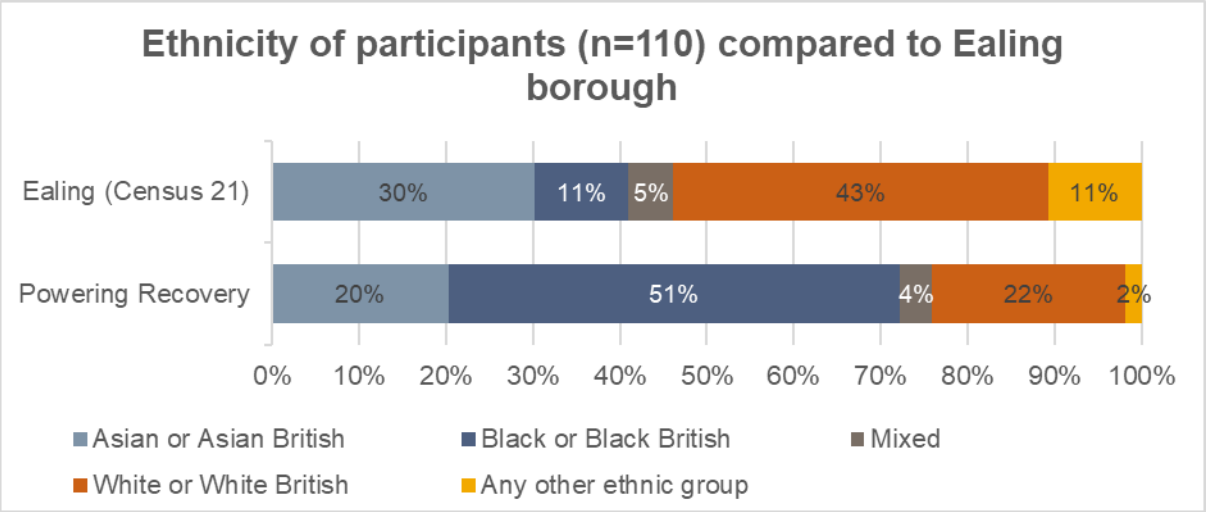

Figure 4 - Number of Powering Recovery participants, by ethnicity. This includes some participants who withdrew from programme.

3. Participant experiences of Powering Recovery

Most participants who completed the programme and the final assessment survey were very satisfied with the support received, with close to 90% rating the service as “Very Good” and the remaining participants as “Good” (see Figure 5). Participants (n=69) reported a wide range of positive benefits in response to the question “How has Powering Recovery helped you” and positive feedback on the personalised support received.

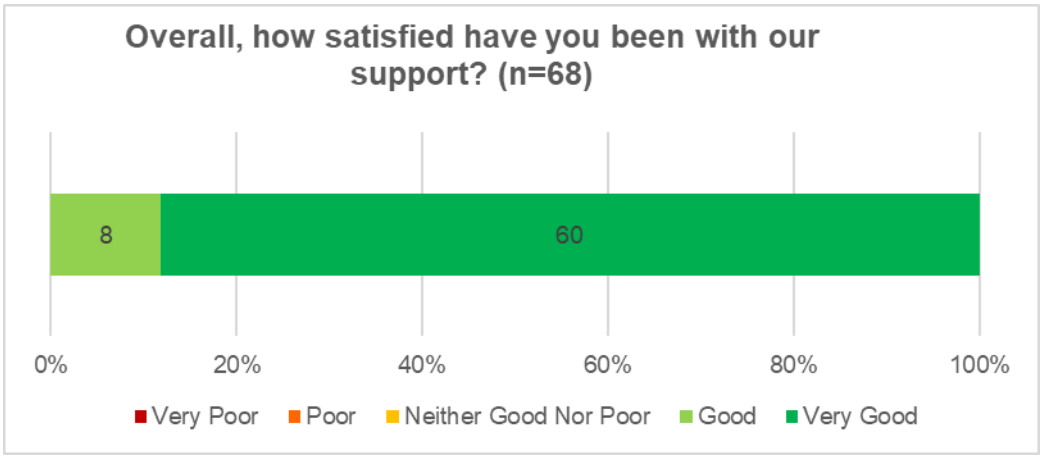

Figure 5 - Participant satisfaction with Powering Recovery after completing programme

Participants identified the following key positive elements of the Powering Recovery programme:

Enhanced access to healthcare

"The service has been really beneficial. I have been able to book a blood test appointment online which I hadn't known to do before. It really has changed the way I can get through to my GP as I would have to have waited for long hours to book this but was able to do it online."

Access to online job search and employment skills (e.g. CV)

"It has helped me gain access to a device to help with my job search."

"You've given me the opportunity and skills for finding employment online. By giving me the tablet, this has made a huge difference. You taught me how to use software, like CV for google docs"

Improved ability to stay in touch

"I am feeling more confident using text messages and making phone calls to relatives and friends."

"It has helped me get back into communication with people I've lost touch with. I am part of the family WhatsApp group and it's made my life a lot easier."

In addition to these top three themes, the benefit of simply having access to a tablet device was also mentioned frequently. It is interesting to note that even though the focus of this programme was on providing access to health services online, the benefits to participants extended to other areas of their lives like employment. This was explained by the programme lead by the fact that some people affected by long term conditions have stopped working due to illness and this could be a specific benefit of the pilot for that cohort.

At the same time, a small number of participants felt that virtual access to health services wasn't the best for their needs.

Preference for face-to-face

"The online appointments […] wasn't that successful because I feel more confident face to face with the clinician.."

"The pulmonary rehab first consultation for the call went alright. But then the second time the clinician got in touch with me to do in person appointments. This means that I could of benefit of the service better"

4. Improvements in digital inclusion skills and confidence

The most commonly listed digital inclusion barrier at the start of the programme was lack of skills, with ~95% of the 139 people referred mentioning they needed upskilling; almost as many needed a device (see Appendix B, Figure 17). Over 90% of participants already had an internet connection. It is important to note that while a lot of participants already had a device (e.g. a smartphone), this was often not meeting their needs and they had to be allocated a different device (e.g. a tablet).

By the end of August 2023, the team had distributed 171 devices and 47 data cards, and supported 140 participants with skills development: 134 1:1 and 30 in group settings (many participants were supported both 1:1 and as part of a group).

The baseline level of confidence and use of the internet in this programme was relatively high: participants rated their level of confidence in using the internet as a 3 out of 5, and over 60% of participants used the internet at least weekly at the start (see Figure 6 and Figure 7). This could be linked to many participants already having a device. Still, an improvement in confidence and use was seen throughout the programme with participants increasing their stated confidence level to a 4.3 out of 5 and close to 100% of them using the internet weekly at the end of the programme.

Participants also increased their confidence in communicating with friends and family digitally (from 2.3 to 3.6 out of 5), using social media (from 2.6 to 3.8 out of 5) and communicating through email (2.7 to 3.7 out of 5) – see Appendix B, Figure 19, Figure 20 and Figure 21.

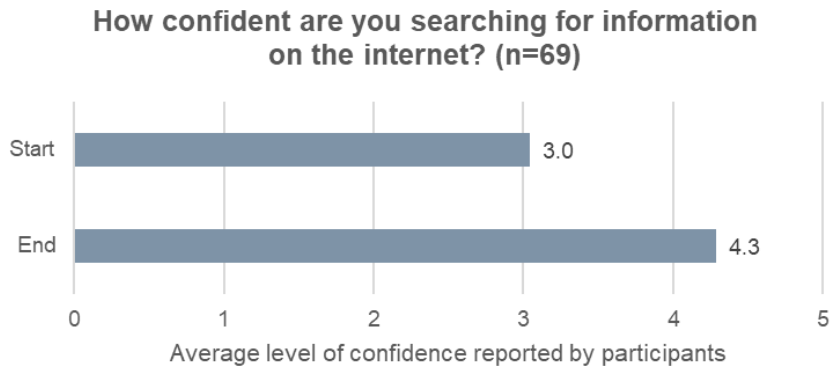

Figure 6 - Average confidence searching for information on the Internet (1-5 scale), at the start and end of the programme

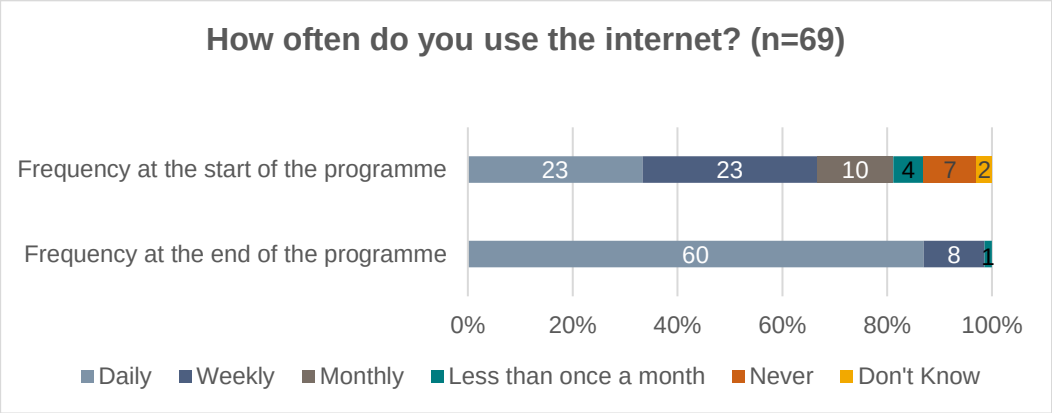

Figure 7 - Frequency of Internet use at the start and end of the programme

5. Improvements in health access and wellbeing

The main focus of the programme was to support participants in accessing online appointments where needed, and indeed participants saw an increase in confidence attending online appointments and video calls (from 2.6 to 3.9 out of 5) – see Figure 8. The vast majority of participants agreed that Powering Recovery helped them to access online appointments (Figure 9). It is important to note that the person asking the question on whether Powering Recovery helped was also the person delivering support, which might have positively skewed some responses; one example of this is a participant who rated themselves as "1" in confidence attending online appointments at the end of support but answered the question on how much Powering Recovery has helped them to access online appointments as a "5".

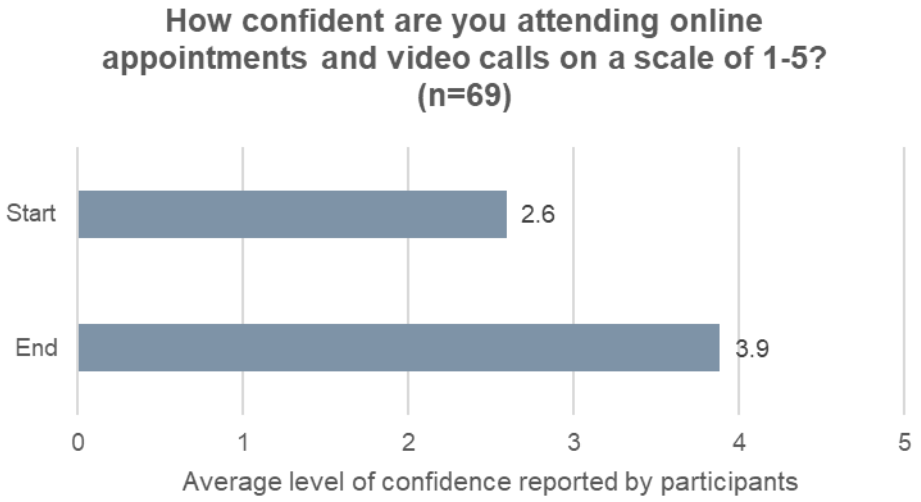

Figure 8 - Confidence in accessing online appointments and video calls on a scale of 1-5, before and after support

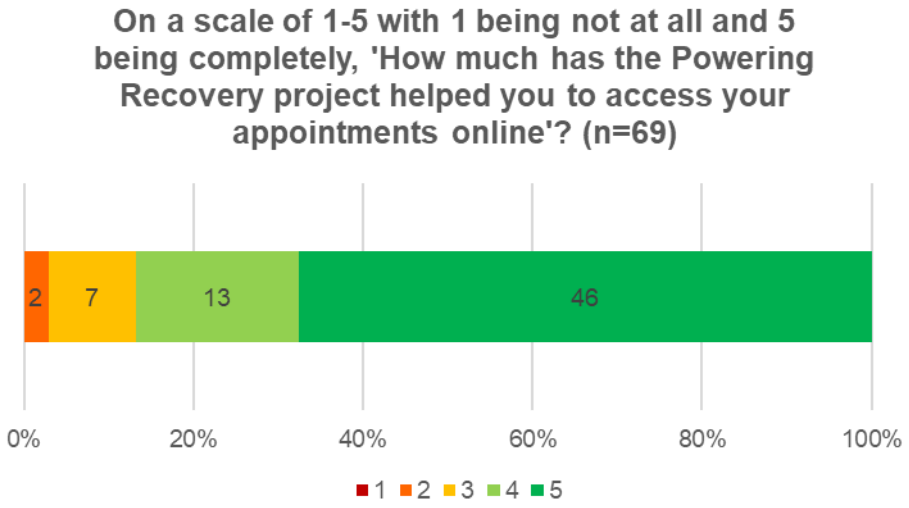

Figure 9 - Participant assessment of extent to which Powering Recovery enabled them to access online appointments

At the end of the programme, 13 more people had accessed online appointments and 13 more people had ordered prescriptions online than at the start (Appendix B Figure 22 and Figure 23). This does not mean only these 13 were able to do so; others may not have needed to order a prescription for the duration of the support. It is important to note that the aim of the programme was to enable people to have a choice between online and face-to-face rather than ensure they attended digital services.

Another key measure to be tracked during the programme was participants' wellbeing (measured by the Office of National Statistics personal wellbeing survey, or ONS4). Wellbeing seemed to improve for participants supported: in particular, participants improved their life satisfaction (Figure 10) and sense of happiness (Figure 11). We also looked at values reported by the ONS for Ealing borough, where West London Trust is based, in 2022. Participants started with much worse levels of wellbeing than those reported for the general population in Ealing borough, and towards the end of support by Powering Recovery their reported values as a whole seemed closer to the average population of Ealing. It is important to note that the duration of support for Powering Recovery was extremely variable: participants started support at different points from April 2022 to June 2023 and were supported for varying amounts of time ranging from less than 4 weeks to several months. This means that it was difficult to make conclusions about improvements in wellbeing over a certain time period.

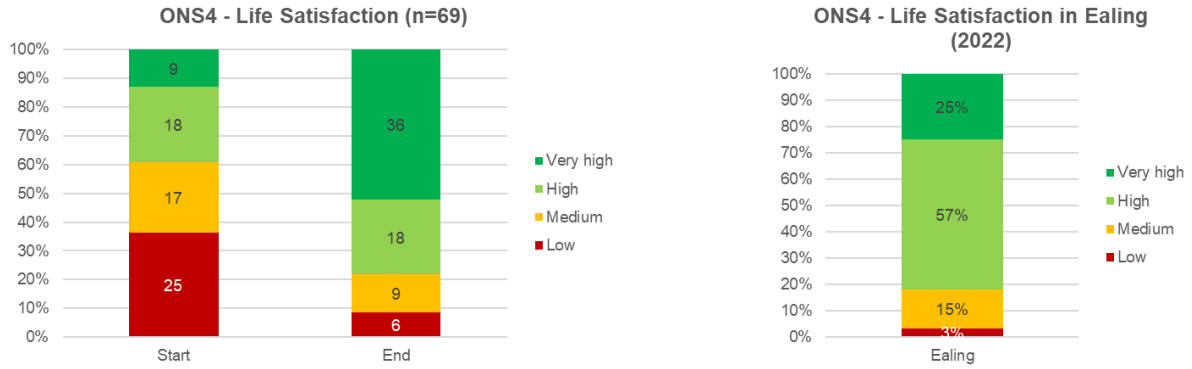

Figure 10 - Participants' life satisfaction at start and end of Powering Recovery programme (ONS4 survey)

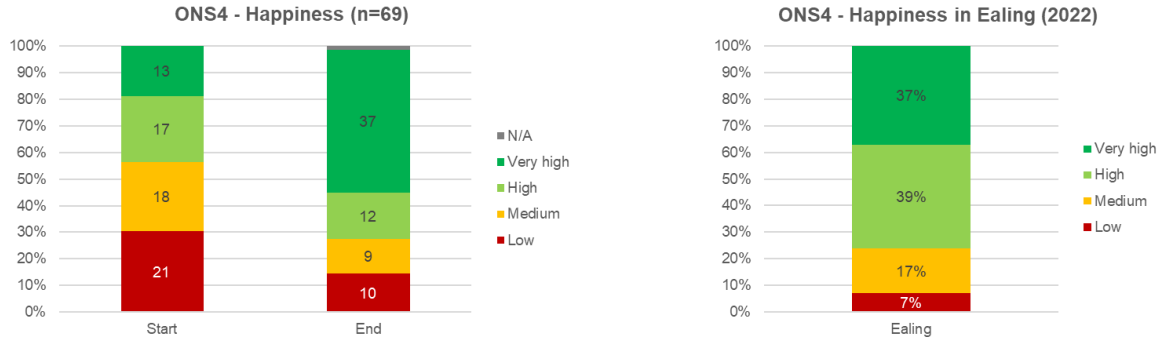

Figure 11 - Participants' happiness at start and end of Powering Recovery programme (ONS4 survey)

6. Pilot delivery and sustainability

6.1. Costs and resources needed to deliver Powering Recovery

Each of the pilots supported by this grant received approximately £300,000. Given that 105 users had started support at the beginning of June 2023, the approximate cost per user supported is £2,857. There are some caveats to this. First, the majority of participants were supported in 2023; while calculating the spend for the last 6 months would bring the cost per user down to ~£1,700 it also means that the cost per user in 2022, where the team struggled to get referrals up, was ~£5,000 per user.

Second, the grant money had not been fully spent as of June 2023 and participants were continuing to be onboarded by the end of June when data was submitted for this report – it is expected that as more and more participants are supported these costs will go down. Some of the primary reasons for the underspend have been:

- The pilot struggled to recruit some of the roles initially and roles were in post later than for other pilots (early 2022). One of the team members resigned in December 2022 which led the team to be understaffed until May 2023.
- Some devices were donated to the pilot e.g. by Ealing Community Partners

The budgeted costs to deliver the Powering Recovery project are shown in Table 2. About two-thirds of costs related to delivery of the service: two full-time roles for digital health champions, payments to partners and equipment. About one-third of costs were related to "central management", i.e. project management, overheads and other office costs not directly related to delivering the service to end users.

	TOTAL (budget, £)	% of total	Type of cost
Staff	**173,072.00**	**58%**	
Trust Line Manager	25,402.00	8%	Central management
Digital Health Champion	64,035.00	21%	Direct delivery
Volunteer Health Champion (replaced with a 2nd digital health champion)	64,035.00	21%	Direct delivery
Ealing CVS Mangement Support	14,000.00	5%	Direct delivery
Mobilisation Project Manager	5,600.00	2%	Central management
Equipment	**26,680.00**	**9%**	Direct delivery
of which devices	15,000.00	5%	
Delivery costs	**100,226.00**	**33%**	
West London Trust costs and overheads	67,226.00	22%	Central management
Payments to delivery partners	33,000.00	11%	Direct delivery
TOTAL	**299,978.00**	**100%**	
Subtotal - Central management	*98,228.00*	*33%*	
Subtotal - Direct delivery	*201,750.00*	*67%*	

Notes: Budget for two years of project rather than actual costs (not available). Actual equipment costs are less than indicated by budget given donated devices and SIM cards. Assumed that the two roles related to supporting users and getting referrals in are "direct delivery" and counted remaining roles and WLT overheads as "central management" costs

Table 1 - Costs of Powering Recovery pilot (budgeted)

6.2. Enablers and barriers to delivery and sustainability

We interviewed three people related to the Powering Recovery project to get their views on how the pilot changed since the interim evaluation.

What went well

- **Responsiveness to recommendations in interim report**: The project team responded to service and referral partners' feedback about what wasn't working with previous processes and have adjusted to align with partners' needs.
- **Streamlining referrals**: Powering Recovery developed short referral form for services and partners with pre-assessment questions has increased referrals. The referral form has helped healthcare professionals to identify and send the right kind of patients.
- **Reaching digitally excluded cohorts**: Powering Recovery has now been better reaching higher-need digitally excluded cohorts.

> **The population that we have been seeing, they've been so grateful for the devices […] I think people have been feeling valued as well, which is something that you expect. But I didn't realise how vast it would be. […] [One patient said] well, now I don't have to wait an hour on the phone for my GP. They got set up online with their GP and they can book an appointment. […] They can check their blood test results on the NHS app rather than ringing and ringing again to receptionist to be able to get those sort of results. And these people are high [intensity] users.**

- **Person-centred approach**: 1:1 support has been very attractive to clients & carers and complements needs of referral partners

Challenges

- **Limited capacity**: Have only worked at half of projected capacity from January due to staff vacancy and long-term sick leave. Now that referrals have gone up, need to balance quality and quantity, and are exploring balance of 1:1 and workshops. Balancing provision type can also be a challenge because of the diversity of cohorts seen by Powering Recovery (e.g. older people living with dementia, younger Mind clients).
- **Project ownership within trust**: The project moving to Healthy Lifestyle within the trust is a better fit, although digital inclusion is still a relatively new area of work within the trust, with recently appointed Digital Director.

> "Because it's a new service, it's going to be difficult to embed and I think some of the challenges, in terms of the services, they are surprised that an NHS Trust is delivering this sort of service that here are free devices and that they are there for the patients"

- **Data collection**: Current data collection might not be capturing wider benefits of the projects: e.g. for people living with dementia and their carers, a device can help provide not only better access and management of healthcare, but also provide respite time for a carer, or help a person with dementia connect with previous hobbies or memories. Some of the measurements, e.g. life satisfaction don't necessarily feel suited to measure some client groups' everyday challenges and physical symptoms; the rationale for this was that the target population of the pilot changed late in the delivery stage not allowing a relaunch of evaluation surveys and measures. It was also not possible to link data from this project with Whole System Integrated Care (WSIC) data which would have enabled a more in depth exploration of how digital inclusion support is affecting participants' usage of the health system.

Enablers of sustainability

The teams reflected on how sustaining the programme would require them to continue to rely on device donations and increased outreach:

- **Device donations**: Devices being gifted by Ealing Community and Voluntary Services, and data packages gifted by Vodafone (6 months of free data, and then £5 for unlimited data and text monthly after this period).
- **Improved outreach**: Developing an outreach model, enabling them to reach more participants via other charities, faith centres, community centres.

Appendices

A. Methodology

This evaluation was conducted in 3 main stages:

- A discovery stage in 2021-early 2022, in which we co-designed logic models for each of the pilots with pilot teams, and compiled outcome frameworks for each pilot
- A data collection stage, where we supported teams to design and implement data collection tools and gather data for the evaluation
- A reporting stage, where we analysed and summarised all data from the evaluation

This final evaluation report was preceded by an interim evaluation which was primarily a process evaluation, capturing key learnings from pilot delivery and outlining recommendations for improvement.

Information for this final evaluation was collected in the following ways:

1. Survey data

Data for each programme was collected via several surveys, and the appropriate data sharing agreements were put in place so that pseudonymised data could be shared with Imperial College Health Partners (ICHP). In the case of Powering Recovery, participant data was pseudonymised with a unique identifier so we could link results from start and end surveys. A recall was not completed for Powering Recovery since the low number of referrals for the majority of the programme made it less meaningful; at the point where the programme ramped up (from April 2023) there was no time to complete a 3-month recall that met the data cut-off deadline, as we did for the other 2 pilots.

The number of responses / participants at the end of June 2023 are shown below.

For Powering recovery, data from three forms surveys was received:

Survey	Pre-support survey	Post-support survey	Patient record*
N responses	N=112	N=71	N=139

*All referrals, including those who withdrew or who are currently awaiting support

There were inconsistencies between the number of survey datapoints submitted and the number of participants whose status indicated they had started support or finished support. Some participants may have chosen not to answer specific questions, so the total number of responses for a given question may not match the totals above.

Survey data was analysed by ICHP and aggregated by unique participant number where relevant, to understand how individual participants' outcomes had changed over time. Where we show data from start and end surveys, we only included participants who had completed both surveys to minimise selection bias; this is especially important for Powering Recovery as the groups of people supported by the programme changed along time so if we included different groups for the start and end results we could be seeing differences in the types of people supported rather than a difference in outcomes for the same group of people.

Thematic analysis was conducted on key open-text fields to identify the main themes mentioned by participants on targets set or satisfaction with the pilots.

2. Semi-structured interviews

We carried out brief semi-structured interviews online with key stakeholders between June-July 2023 including:

- Project delivery teams
- Delivery partners (voluntary organisations)

The aim of these interviews was to capture any main changes to project delivery in the past year and understand how the teams are preparing for project sustainability. The number of interviews for Powering Recovery were as follows:

	Powering Recovery
Project team	2
Delivery partners	1
TOTAL	**3**

Interview findings were analysed using thematic analysis.

Key limitations of this study

This study had several limitations. First, the design used was a before-and-after design. This is one of the weaker types of evaluation design since it does not include a control group: without a control group we cannot conclusively attribute changes seen in the study period to the pilot itself. For example, where there is an improvement in wellbeing we cannot say if that improvement was seen in the overall population (for example, due to the lifting of Covid-19 lockdown policies) or only in those being supported by the pilots.

The pilot interventions being evaluated targeted multiple populations, they comprised multiple formats and variations of the intervention being delivered, flexible targets and varying duration of support. In the case of Powering Recovery, duration of support varied from less than 4 weeks to over 3 months, which is a considerable difference in "dosage" of the intervention received by participants. The intervention included both 1:1 support and group sessions; most participants were supported by a combination of these. While this level of personalisation was done to meet participants' targets, this complicated measurement of the level of improvement for participants as a whole since there is a difference in seeing no improvement because the intervention does not work vs because most participants did not set a target to improve in a specific area.

A particular limitation for Powering Recovery was the change in the cohorts supported for the duration of the programme. While the team had a good rationale to change cohorts especially in light of the few referrals received from the original services, the evaluation logic model and surveys were developed with the original cohorts in mind and could not be redeveloped at a late stage of delivery. This means that the validity of the findings for some of the cohorts (in particular patients with dementia, or those with mental health issues) is likely to be low for some of the outcomes (e.g. wellbeing measures that were developed to pick up changes in the overall population and not people with specific mental health conditions).

B. Additional data charts

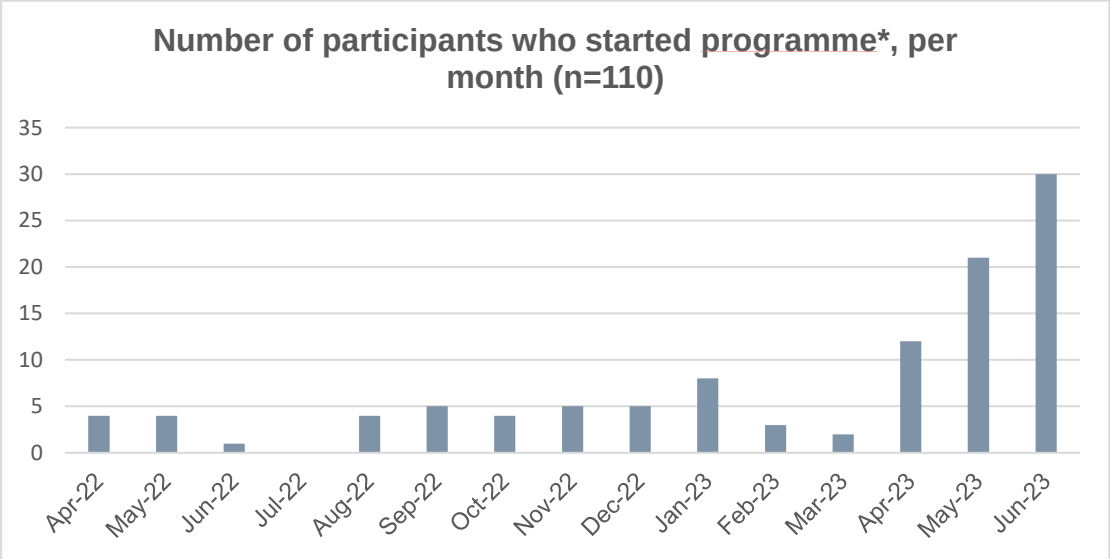

Figure 12 - Number of participants starting support with Powering Recovery per month

**Excludes patients for whom no starting questionnaires completed (n=29), including those on waiting list and awaiting assessment*

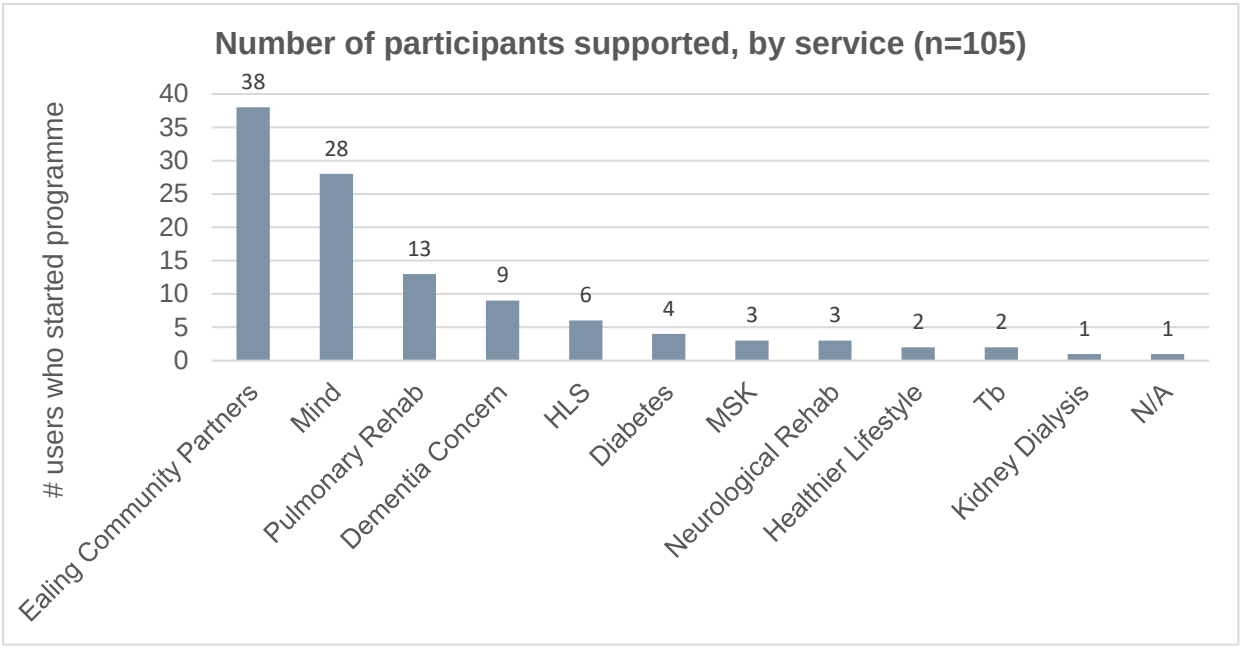

Figure 13 - Participants supported by service that referred them

Referrals have come from different types of organisations and services: while the original focus was on pulmonary rehab services, many of these services moved to face to face delivery and the team has since focused on getting referrals more from other partners e.g. Ealing Community Partners (38 referrals) and the Mind charity.

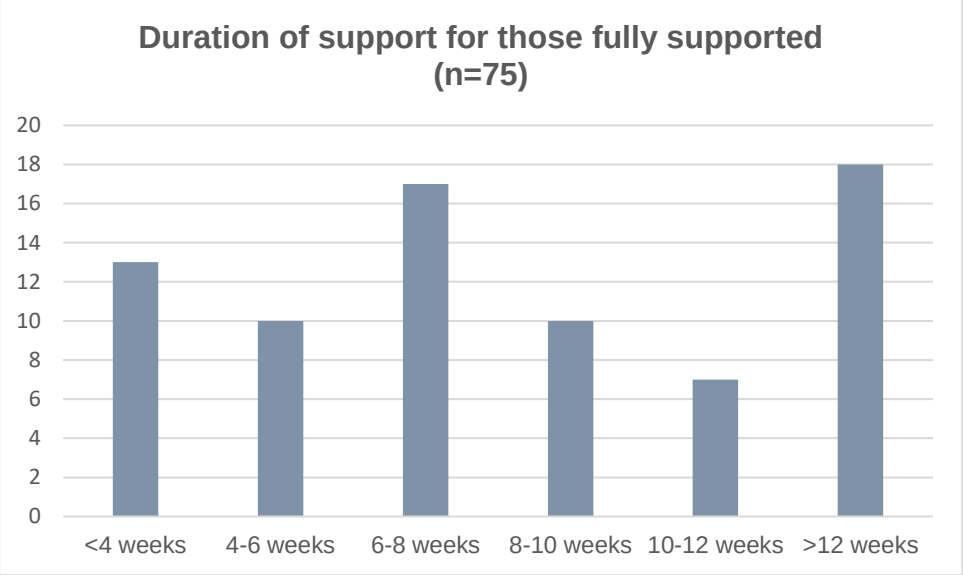

Figure 14 - Number of participants who completed programme, by duration of support

There has been a lot of variation in the duration of support, with users supported for times ranging from under 4 weeks to over 12 weeks.

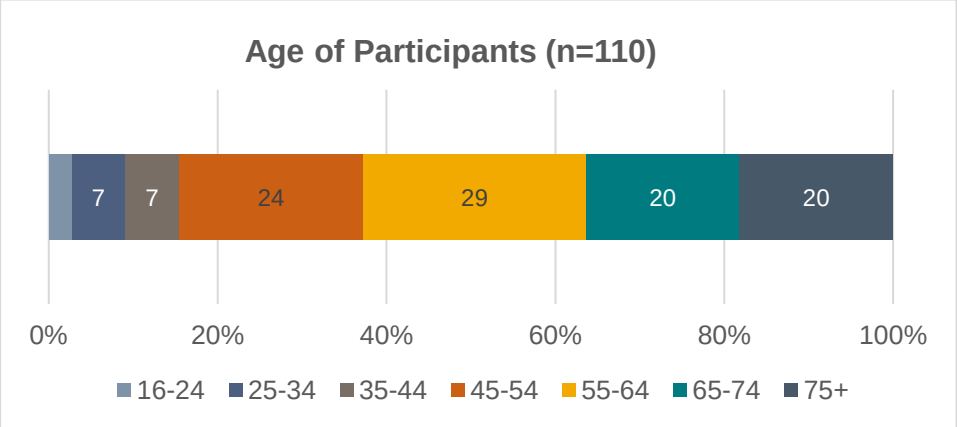

Figure 15 - Number of Powering Recovery participants by age group

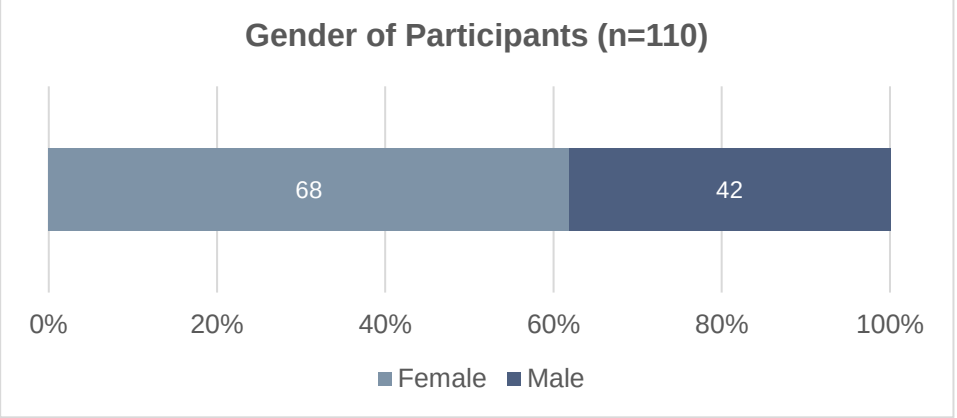

Figure 16 - Number of participants by gender

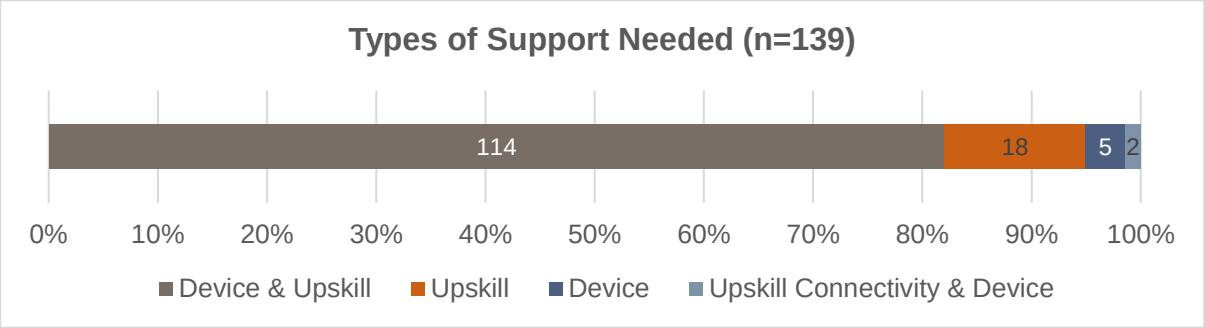

Figure 17 - Types of support required by participants referred to Powering Recovery

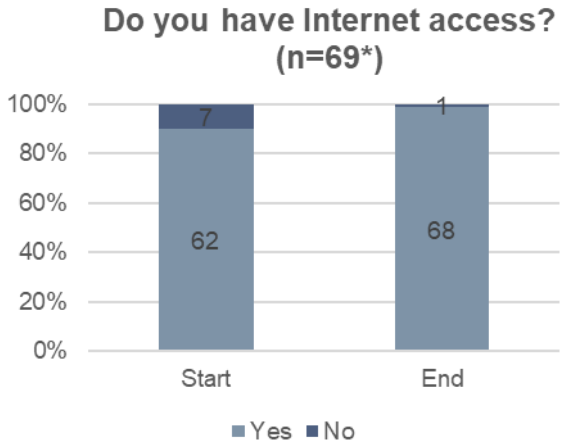

Figure 18 - Participants' internet access at start and end of the programme

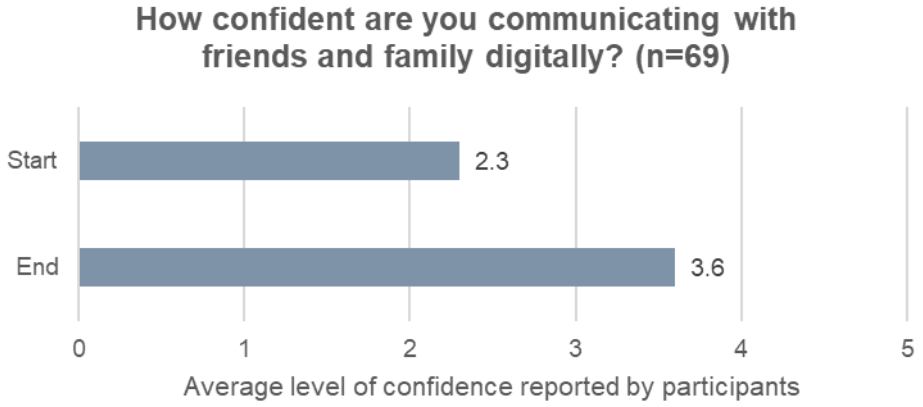

Figure 19 - Confidence communicating with friends and family on a scale of 1-5 at start and end of the programme

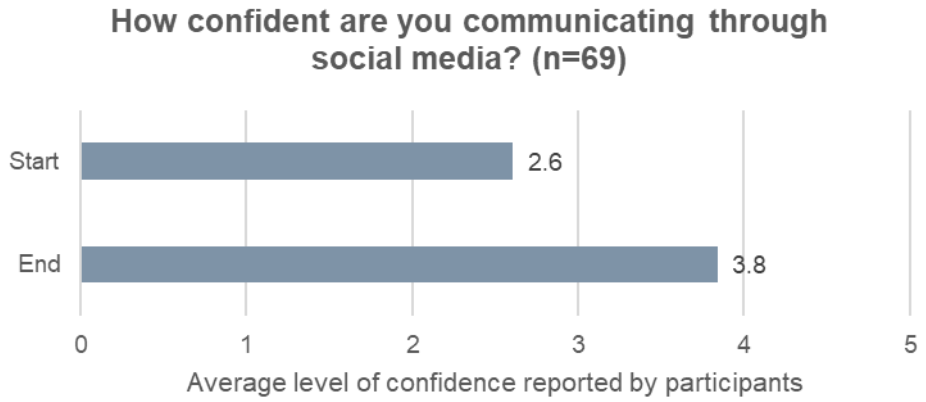

Figure 20 - Confidence communicating through social media on a scale of 1-5 at start and end of the programme

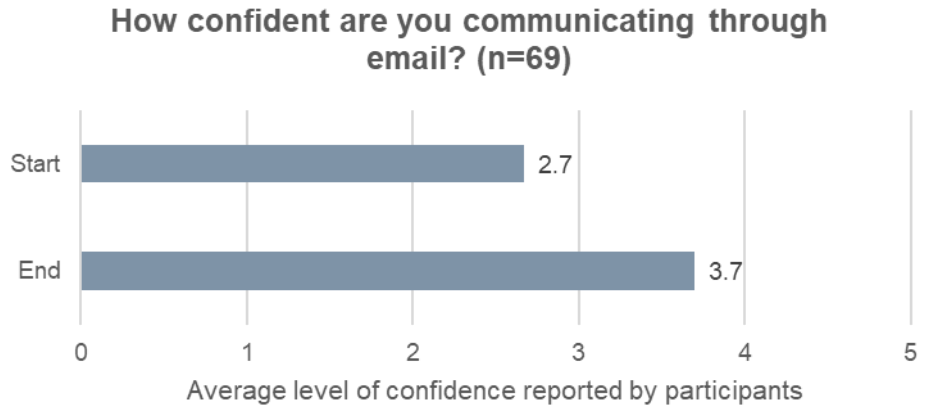

Figure 21 - Confidence communicating over email on a scale of 1-5 at start and end of the programme

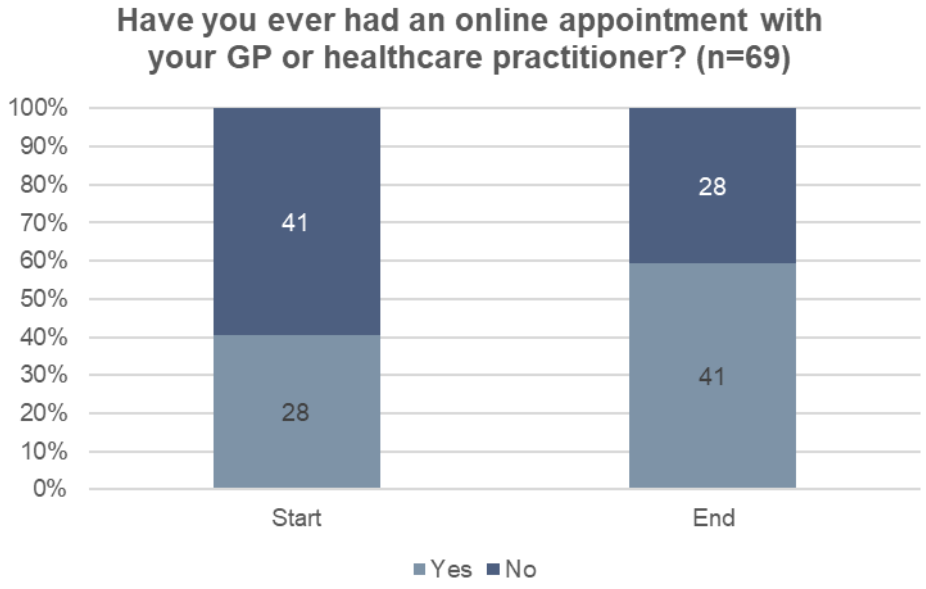

Figure 22 - Number of participants who have had online appointment by the start and end of the programme

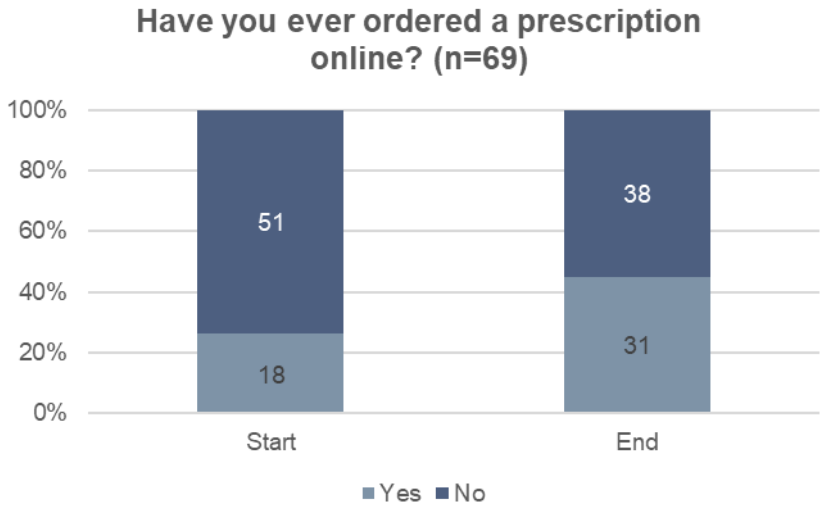

Figure 23 - Number of participants who have ordered a prescription online by the start and end of the programme

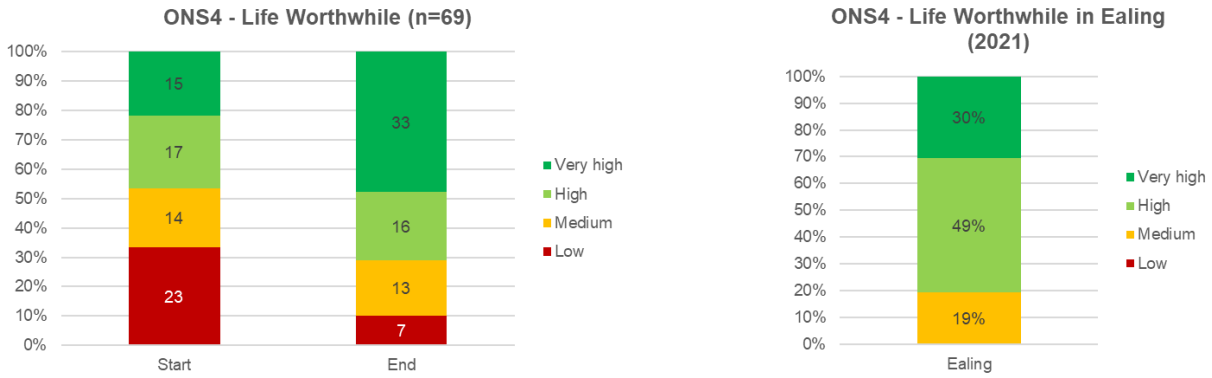

Figure 24 - Participants' "Life Worthwhile" at start and end of Powering Recovery programme (ONS4 survey)

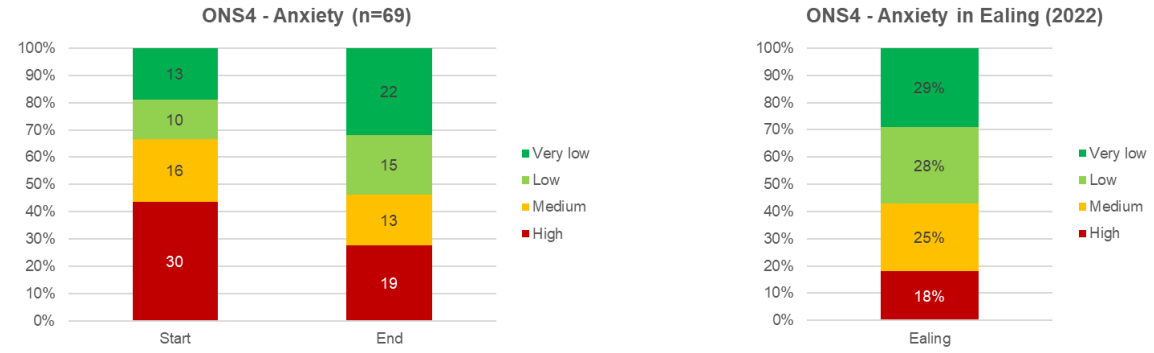

Figure 25 - Participants' anxiety at start and end of Powering Recovery programme (ONS4 survey)