Living it Up
Practitioner Survey Report

June 2016

By

Impact Generation
The Home of Behaviour Change
# Table of Contents

**SECTION 1: Introduction** .......................................................................................................................... 3  
1.1 About Living it Up ................................................................................................................................. 3  
1.2 Evaluating Living it Up .......................................................................................................................... 3  

**SECTION 2: Survey design** ......................................................................................................................... 4  
2.1 Purpose ................................................................................................................................................... 4  
2.1.2 Survey Approach ............................................................................................................................... 4  

**SECTION 3: Field research** ........................................................................................................................ 5  
3.1 Field research .......................................................................................................................................... 5  
3.1.1 Response and completion rate ........................................................................................................... 5  
3.1.2 Location ............................................................................................................................................ 5  
3.1.3 Types of participants, organisations and practitioners by health board area ................................ 6  
3.1.4 Employment sector & status ............................................................................................................. 6  

**SECTION 4: Survey Findings and Analysis** .................................................................................................. 8  
4.1 Estimated number of people with long-term conditions supported by practitioners per week .......... 8  
4.2 Use of Living It Up (online and community service elements) by practitioners .............................. 10  
4.2.1 Initial Introduction ............................................................................................................................ 10  
4.2.2 Top 3 reasons for use of LiU by practitioners .................................................................................. 11  
4.2.3 LiU features that are recommended by practitioners ....................................................................... 13  
4.3 Practitioner perceptions ........................................................................................................................ 16  
4.4 The stages at which Living it Up is used by practitioners .................................................................... 20  
4.5 Practitioner satisfaction levels with Living it Up ............................................................................... 20  
4.6 Practitioner suggestions for improvement to Living it Up ................................................................. 21  

**SECTION 5: Conclusions** .......................................................................................................................... 23  

**SECTION 6: Recommendations** ............................................................................................................. 25
SECTION 1: Introduction

This report is an addendum to the report entitled 'Evaluation of Living it Up, a self-management hub for those aged over 50 with a long-term condition/s and carers’ by Impact Generation: The Home of Behaviour Change (April 2016)’. It details indicative findings from a survey conducted with health and care practitioners who have been linked and/or are directly connected to the Living it Up (LiU) initiative.

1.1 About Living it Up

LiU is an online self-management hub that aims to inspire and help people over 50 with long-term conditions and/or their carers to improve their health and wellbeing. Its services are currently active in five areas across Scotland: Forth Valley, Highland and Argyll & Bute, Lothian, Moray and the Western Isles.

The overall aim of ‘LiU’ is:

‘To develop and deliver a digitally enabled, thriving community that provides holistic opportunities to support better health, wellbeing and active lifestyles in Scotland. The initiative is aimed at people over the age of 50, with particular interest to carers, and people living with long term health conditions’

By using familiar technology like computers, tablets and smartphones, users of LiU are enabled to access innovative and trusted health, care and wellbeing services, local information volunteering opportunities, interactive tools to support self-care and be sign-posted to join peer support groups.

1.2 Evaluating Living it Up

Impact Generation was appointed to develop and deliver a robust evaluation for LiU in August 2015 and report by April 2016.

As part of the overall evaluation, a practitioner survey was recommended as part of the primary research to provide verification or triangulation of any outcomes and/or impacts detected in the qualitative primary research (diary and depth interview) conducted. However, due to an initial low response rate to the practitioner survey, a new field research method was employed and the primary research timescale was extended to the end of May 2016. This report is therefore an addendum to the main report which was finalised in April 2016.

---


SECTION 2: Survey design

2.1 Purpose
The purpose of the practitioner survey was to;
- understand how practitioners use Living it Up in practice;
- detect correlations (if any) between the use of Living It Up by practitioners and the extent to which it may or may not contribute to outcomes and levels of self-care and self-management for people living with long term conditions.

A practitioner is defined as someone paid or non-paid and working to support those with long-term health conditions in Scotland from the health and care sector. Such practitioners may be those whom have been linked and/or directly connected to LiU via its development and/or use to date.

2.1.2 Survey Approach
The survey examined correlations between LiU and practitioner capacities across three areas: knowledge, efficacy and behaviour / practice change. This was done by adjusting questions used within the Patient Activation Model (PAM) to make them relevant from a practitioner perspective. This approach has been undertaken elsewhere and internationally to gauge practitioner perceptions about a patient’s sense of self-care and self-management. PAM is a validated approach.

PAM is based on a theory of change approach\(^3\). Theory of change methodologies are selected for the purpose of measuring behaviour change and impact - even if small. This is because they can be validated by long-standing theories from social science.

The survey was also designed to maximise responses in that it takes less than 10-minutes to complete.

\(^3\) The theory of change practice survey used Hibbard’s Patient Activation Theory(2002)\(^3\) featured in PubMed: Health Services Research (HSR) Journal (2005) Impacting Health Practice and Policy Through State of the Art Research and Thinking where they were used to detect levels of activation in patients living with heart failure\(^3\); and, draws on social cognitive theory (Bandura 1993\(^3\))
SECTION 3: Field research

3.1 Field research
The practitioner survey was designed for online completion to reflect the nature of the LiU service. The total population of practitioners who had been exposed to Living it Up was unknown by NHS24 with some estimates by the LiU team given at 150-170 and digital data suggesting far higher rate of usage of LiU by practitioners. A minimum sample size of approx. 50 practitioners or more for the survey was therefore identified which would potentially represent a potential 30% - 34% of the total population that had been personally introduced to LiU within the local partnership areas. In research terms, this gives the survey findings a confidence level that they are 90% accurate against a population of 150⁴ care and health practitioners.

3.1.1 Response and completion rate
During the initial field research period of the practitioner survey (Dec 2015 - Feb 2016), there was a low response rate. The surveys had been issued by NHS24 via email link to the five Strategic Leads for each of the local partnership areas involved in LiU but this generated only 14 survey responses (11 fully completed online surveys, 3 not fully completed).

It was felt the low response rate was influenced by the busy schedules of practitioners and the extent of changes which were occurring in the health and care sector around the time of the issue of the survey. The initial survey response was considered too small to be accurate or useful for the purpose of the evaluation and an alternative research method required.

A new field research method was identified by Impact Generation and the timescale for the practitioner survey research was extended to the end of May 2016. The new method involved contacting 75 potential participants by phone, email, text to conduct face to face surveys in the five local partnership areas. This increased the survey responses to 54 (46 fully completed, 8 not fully completed).

3.1.2 Location
Table 1.0 identifies the number of respondents by local partnership area. Unfortunately, as no responses were received from the Moray partnership, their approach is not reflected in the survey. Those respondents who answered ‘other’ reported that they represented NELO, ‘National’ and Dumfries and Galloway.

<table>
<thead>
<tr>
<th>Local Partnership Area</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forth Valley</td>
<td>14</td>
</tr>
<tr>
<td>Lothian</td>
<td>12</td>
</tr>
</tbody>
</table>

3.1.3 Types of participant/s, organisation/s and practitioner/s by health board area
The table below outlines the organisations within each of the local partnership areas in each health board area that were approached and/or took part.

In total, Impact Generation contacted 75 participants by phone, email, text, face to face meetings or a combination of these to conduct the face to face survey. Table 2.0 details each of the organisations that were approached and/or took part in the survey.

Table 2.0: Table to show the breakdown of the employment status of respondents in the Living it Up Practitioner Survey

<table>
<thead>
<tr>
<th>LOCAL PARTNERSHIP AREA</th>
<th>LOCATION/ORGANISATION/PRACTITIONER TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forth Valley</td>
<td>Clackmannanshire Healthcare Centre, Sauchie - Adult &amp; Elderly Mental Health Physiotherapists, Occupational Therapists and Community Group such as Ferry Strollers</td>
</tr>
<tr>
<td>Highland</td>
<td>Raigmore Hospital (Heartbeat Centre) Cardio Nursing, LGOWIT (Self-management partnership), Get Active Walking Group, Walking Group Leaders from Active Cairngorm/Aviemore, Citizens Online Beginner Internet Group Leaders covering Grantown on Spey, North &amp; West Region Community Nurses, COPD Nurse, Dementia Friendly Helmsdale, GP Practice Nairn</td>
</tr>
<tr>
<td>Lothian</td>
<td>Astley Ainslie Hospital, NHS Lothian innovation team</td>
</tr>
<tr>
<td>Western Isles</td>
<td>Leisure Centre teams in Benbecula and Stornoway Medical Centres, Long Term Conditions team at Western Isles Hospital, Stornoway</td>
</tr>
<tr>
<td>Moray</td>
<td>No surveys were completed by participants located in this area</td>
</tr>
</tbody>
</table>

3.1.4 Employment sector & status
All respondents completed this question, although multiple responses were possible due to the employment status element, with 56 responses recorded. A breakdown of the respondent’s employment sector and status is displayed in table 3.0 below.

- 45.6% of participants were working full or part-time in a health role
- 20.4% working full or part-time in an integrated health/social care role
- 16.7% were working full or part-time in a social care role
- 14.9% were working on a voluntary basis in a health or care role
- 5.6% were carers.
Table 3.0 Table to show the breakdown of the employment status of respondents in the Living it Up Practitioner Survey

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed full time in a social care role</td>
<td>7.4%</td>
<td>4</td>
</tr>
<tr>
<td>Employed part time in a social care role</td>
<td>9.3%</td>
<td>5</td>
</tr>
<tr>
<td>Employed full time in a health care role</td>
<td>20.4%</td>
<td>11</td>
</tr>
<tr>
<td>Employed part time in a health care role</td>
<td>25.9%</td>
<td>14</td>
</tr>
<tr>
<td>Employed full time in an integrated health/social care role</td>
<td>13.0%</td>
<td>7</td>
</tr>
<tr>
<td>Employed part time in an integrated health/social care role</td>
<td>7.4%</td>
<td>4</td>
</tr>
<tr>
<td>Volunteering in a health care role</td>
<td>5.6%</td>
<td>3</td>
</tr>
<tr>
<td>Volunteering in a social care role</td>
<td>7.4%</td>
<td>4</td>
</tr>
<tr>
<td>Volunteering in an integrated health/social care role</td>
<td>1.9%</td>
<td>1</td>
</tr>
<tr>
<td>Caring for a friend or family member due to illness, disability, etc.</td>
<td>5.6%</td>
<td>3</td>
</tr>
</tbody>
</table>
SECTION 4: Survey Findings and Analysis

4.1 Estimated number of people with long-term conditions supported by practitioners per week

A total of Forty-six respondents answered this question, six respondents skipped answering this question. The majority of these (69%) advised that they support between 1-29 people living with a long-term condition per week⁵. 13% of respondents estimated they supported between 45-75+ people living with long-term conditions per week. This demonstrates that the majority of practitioner respondents have regular engagement with people living with long term conditions, with some having very significant levels of contact with those with LTCs.

In addition, respondents were invited to indicate the nature of long-term conditions that they were involved in supporting. Graph 1.0 reports the type of long-term conditions supported by survey respondents.

---

⁵ When the survey was first launched in Dec 2015 this question was first included to inform calculations for social return on investment calculation.
Graph 1.0 Number of people each month that are supported by survey respondents according to type of long-term condition

Thinking about the people you signpost to or help to use Living it Up, how many each month…?

- Are carers
- Have diabetes
- Have breathing problems or COPD
- Have a heart condition

No. of respondents

- None
- 1-5
- 6-10
- 11-15
- 16-20
- 21+
4.2 Use of Living It Up (online and community service elements) by practitioners

4.2.1 Initial Introduction
Survey respondents were asked how they introduce LiU in practice to the people they support living with a long term condition. A total of 46 responses were received to this question. This question sought to identify whether LiU was simply ‘sign posted’ to people living with Long Term Conditions or whether some provided more focused support/advice as part of the introduction.

Approximately 50% (n=26) of those answering this question advised that they ‘signposted’ those that they support with long-term conditions (LTCs) to Living it Up.

However, a large proportion of respondents (n=35 out of a possible 46 respondents answering this question) reported that they did not provide ‘support to use’ LiU.

Graph 2.0 A graph to show how practitioners currently use LiU when supporting those with long-term conditions

In addition, survey participants were asked about the specific nature of their use of LiU when introducing people with LTCs to LiU. A total of 46 responses were received to this question. Multiple responses were possible. Of those responding, up to 71.1% reported that they used LiU to provide information about self-care, and/or to give help to those with LTCs to manage their condition or to support a carer of someone with a LTC. All answers from this question are listed in Table 4.0.
Table 4.0 shows the main purpose of practitioner use Living it Up (in descending order)

**What do you mainly use/suggest Living it Up for?**

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about self-care for people with a long term condition</td>
<td>71.7%</td>
<td>33</td>
</tr>
<tr>
<td>Help for people to manage their own long-term condition</td>
<td>63.0%</td>
<td>29</td>
</tr>
<tr>
<td>Support for a carer of someone with a long term condition</td>
<td>47.8%</td>
<td>22</td>
</tr>
<tr>
<td>To support your own professional practice</td>
<td>23.9%</td>
<td>11</td>
</tr>
<tr>
<td>To support the professional practice of others</td>
<td>21.7%</td>
<td>10</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

4.2.2 Top 3 reasons for use of LiU by practitioners

Those surveyed (n=42) were also asked to indicate their top three reasons for using Living it Up. In order of preference, the top reasons that were selected by respondents were:

1. For information on local/community events/activities (n=24)
2. For information on improving wellbeing (n=19)
3. To increase someone’s confidence in managing their own long-term condition (n=18)
4. For help to encourage people to care for themselves (n=15)

Table 5.0 shows a full breakdown of respondent’s reasons for suggesting LiU to those with LTCs. This table appears on the next page.
Table 5.0 Table to shows the top 3 uses of Living it Up

In order of priority, please list the three main reasons that you use Living it Up:

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>1st reason</th>
<th>2nd reason</th>
<th>3rd reason</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>For information on local/community events/activities</td>
<td>5</td>
<td>8</td>
<td>11</td>
<td>24</td>
</tr>
<tr>
<td>For information on improving wellbeing</td>
<td>5</td>
<td>7</td>
<td>7</td>
<td>19</td>
</tr>
<tr>
<td>To increase someone’s confidence in managing their own long term condition</td>
<td>10</td>
<td>5</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>For help to encourage people to care for themselves</td>
<td>9</td>
<td>3</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>For information about long-term conditions</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>To share tips and experience with others</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>To improve your knowledge about caring for someone with a long term condition</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>For information on volunteering opportunities</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>To create an action plan for falls prevention</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>To help co-ordinate care for someone</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>To set up a care plan for someone</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>To engage with a professional through the ‘connect’ function</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
4.2.3 LiU features that are recommended by practitioners

The survey asked respondents to select the likelihood of suggesting particular LiU features to those with LTCs.

The highest number of those surveyed reported that they would be very likely or quite likely to suggest LiU to those with LTCs to ‘Be more social’ (n=28) and to ‘Take more regular exercise’ (n=28).

Other main recommendations would be to identify opportunities to use their skills and/or interests (n=27) and search for information about community organisations and services to support health and well-being (n=15).

The findings show that practitioners were least likely to suggest using LiU for information about how to video conference with a doctor (n=18), pre-book a check-up with a social care provider (n=18) or attend care check-ups (n=16).

Graph 3.0 shows a full breakdown of answers given by practitioners in terms of the likelihood to suggest particular features of Living it Up to those with LTCs. The features of Living it Up that practitioners are most likely to suggest to those with Long-term conditions are noted in Graph 3.0 below:
Graph 3.0 shows a full breakdown of answers given by practitioners in terms of the likelihood to suggest particular features of Living it Up to those with LTCs.

When using or singposting Living it Up, how likely are you to suggest the person uses it to...?

- Find out about local news and events
- Find information about video conferences with a doctor
- Find information about pre-booking health care check ups with social care provider
- Find out about local digital skills classes
- Learn about digital tools to connect with friends and family
- Search for information about local community organisations or services to support health and wellbeing
- Take more regular exercise

Likelihood scale: Very unlikely, Quite unlikely, Neutral, Quite likely, Very likely.
Graph 3.0 continued

When using or signposting Living it Up, how likely are you to suggest the person uses it to...?

- Attend care check-ups
- Volunteer to help their community
- Persist to obtain attendance allowance/social benefit review
- Eat more healthy food
- Look for local opportunities to use skills and interests
- Identify their skills and interests
- Be more social e.g. join a local group and see friends

Likelihood categories:
- Very unlikely
- Quite unlikely
- Neutral
- Quite likely
- Very likely
4.3 Practitioner perceptions

The survey also explored practitioner perceptions regarding the types of self-care and management behaviour/s that Living It Up is contributing to when used by people with LTCs.

To gauge this, practitioners were asked to rate their perceptions of Living it Up against eleven Patient Activation Model statements. The 'Patient Activation Model' (PAM) are patient-reported measures that have been extremely well validated in the United Kingdom⁶.

For this study and studies elsewhere internationally, PAM statements have been adjusted to gauge practitioner perceptions about a patient’s sense of self-care and self-management. As such, they are therefore a powerful and reliable measure and have been robustly demonstrated to predict a number of health behaviours⁷ across a wide range of studies involving the detection of self-management in people with long-term conditions⁸.

When used to inform the design of the practitioner survey, the PAM model is a useful tool for informing which LiU elements are perceived to be the most useful in supporting the management of LTC’s. There were 43 responses to this question.

Results

Responses to the question demonstrates that practitioners perceive that there are a number of self-care and self-management tasks that LiU helps to support for people living with LTCs.

The areas of self-care and/or self-management that practitioners believe are likely to be supported by LiU are:

- Confident that they can figure out solutions when new situation or problems arise (n=20)
- Active in selecting the right mix of health and care for them (n=22)
- Able to maintain the lifestyle changes to reduce the risk factors for their long-term health condition that they have made (n=23)
- Are motivated to take greater control to direct their own care (n=24)
- Responsible for managing their own health condition (n=25)
- More self-assured that they can maintain lifestyle changes like diet and exercise even during times of stress (n=25)

- Able to start new lifestyle changes in view of their long-term condition (n=26)

Graph 4.0 outlines the full respondent scores against each PAM statement.
Graph 4.0. Shows the extent to which survey respondents believed that Living it Up contributes to self-care and self-management.

To what extent do you believe that Living It Up is supporting those with long-term conditions to feel...

- In 'the driving seat' so they feel they can take greater control to direct their own care
- More certain to tell their healthcare and/or social care provider their concerns even when they are not directly asked
- Confident that they can detect when they need professional care
- Confident in taking actions that will help to prevent or minimise symptoms or problems associated with their health condition
- Active in selecting the right mix of health care and/or social care for them
- Able to start new lifestyle changes in view of their long-term health condition
- Responsible for managing their own health condition
<table>
<thead>
<tr>
<th>Statement</th>
<th>To a great extent</th>
<th>To some extent</th>
<th>To a little extent</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confident that they can figure out solutions when new situations or problems arise with their health condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledgeable about how to prevent further problems with their health condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to maintain the lifestyle changes to reduce the risk factors for their long-term health condition that they have made</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware of various medical treatments and/or social care options available for their long-term condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand the nature and causes of their long-term health condition and/or the care needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are motivated and committed to take greater control to direct their own care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-assured that they can maintain lifestyle changes like diet and exercise even during times of stress</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.4 The stage/s at which Living it Up is used by practitioners

Practitioners were also surveyed to get insight into the stage at which they used Living it Up to support people living with long-term conditions. There were 42 responses to this question. Sixty-six percent (66.7%) of those responding advised that they used Living it Up during the time when those with LTCs were managing their condition and 26.2% advising they used LiU in the immediate post-diagnosis period. However, nearly twenty-four percent (23.8%) of those surveyed stated that they used LiU over multiple stages within the ‘life span’ of a long-term condition i.e. from prevention to statutory service exit.

Table 6.0. A table to show the stage at which practitioners believe Living it Up makes the biggest difference to people with Long-term conditions

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>11.9%</td>
<td>5</td>
</tr>
<tr>
<td>Assessment</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>At diagnosis</td>
<td>19.0%</td>
<td>8</td>
</tr>
<tr>
<td>Immediate post-diagnosis period</td>
<td>26.2%</td>
<td>11</td>
</tr>
<tr>
<td>Management of long term condition</td>
<td>66.7%</td>
<td>28</td>
</tr>
<tr>
<td>Transitions i.e. when people move between services</td>
<td>9.5%</td>
<td>4</td>
</tr>
<tr>
<td>At service exit (longer term)</td>
<td>11.9%</td>
<td>5</td>
</tr>
<tr>
<td>At statutory service exit</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>End of life</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>All of the above</td>
<td>23.8%</td>
<td>10</td>
</tr>
<tr>
<td>None of the above</td>
<td>4.8%</td>
<td>2</td>
</tr>
</tbody>
</table>

4.5 Practitioner satisfaction levels with Living it Up

Survey findings suggest that there is a mixed picture regarding the level of satisfaction of practitioners with Living it Up (n=42).

Whilst 42.9% of those responding were quite satisfied or very satisfied with Living it Up, 19.1% reported that they were quite dissatisfied or very dissatisfied with Living it Up and 33% felt neutral i.e. neither satisfied or dissatisfied. It should be noted that the satisfaction levels reported via the survey, refer to version 2.0 of Living it Up and not V3.0 which was launched in May 2016. Some of the improvements recently made to the site, address suggestions made by practitioners.
Graph 5.0 The pie chart illustrates the level of satisfaction of practitioners surveyed with Living it Up

<table>
<thead>
<tr>
<th>Satisfaction Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very dissatisfied</td>
<td>4.8%</td>
</tr>
<tr>
<td>Quite dissatisfied</td>
<td>14.3%</td>
</tr>
<tr>
<td>Neutral</td>
<td>33.3%</td>
</tr>
<tr>
<td>Quite satisfied</td>
<td>28.6%</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>14.3%</td>
</tr>
<tr>
<td>Don't know</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

4.6 Practitioner suggestions for improvement to Living it Up

Twenty-three respondents completed the section of the survey that asked for improvement suggestions.

The suggestions have been collated and listed below in no particular order:

- Make LiU easier/simple to use
- Place more mental health and wellbeing features on LiU e.g. mindfulness
- Make more links to more local information
- Organise a chat forum
- Better links to support organisations
- Promotional materials that explain the LiU services to make it easier to understand and promote it to potential users
- More local information on different conditions
- Organise a health forum
- More personal stories
- More practical information like ‘driving rules when having diabetes’, housing or benefit applications
- Sensory support features
- More interactive features
- Expansion to more remote areas
- Ask users to run the website
- Access to person-owned care plans
- Support to help us put together self-management plans
Examples and stories of how those with long-term conditions have been helped via practitioners when using Living it Up were requested in the practitioner survey. However, only one response to this was received where ‘patient newly diagnosed with diabetes’ was written in the free get box provided. However, no telephone number was left to follow-up with this respondent to explore/capture this story in more detail.
SECTION 5: Conclusions

The initial practitioner survey approach was not successful and a more personalised approach was necessary to obtain a sufficient number of responses on which to base conclusions.

The indicative findings from the practitioner survey identify that Living it Up is used by a range of practitioners who are supporting people living with LTC’s and who are involved within a wide variety of community care and health settings.

Practitioners advise they signpost people to LiU, very few practitioners support those with long-term conditions to navigate/use Living it Up whilst supporting them.

The majority of practitioner respondents advised they use LiU to provide information about self-care, and/or to give help to those with LTCs to manage their condition or to support a carer of someone with a LTC, with the top reasons for using Living it Up being:

- For information on local/community events/activities
- For information on improving wellbeing
- To increase someone’s confidence in managing their own long-term condition
- For help to encourage people to care for themselves

Survey respondents reported that they would be very likely or likely to suggest LiU to those with LTCs to be more social, to look at opportunities to gain regular exercise, closely followed by using Living it Up to identify opportunities to use their skills and/or interests. The findings also show that practitioners were least likely to suggest using LiU for information about how to video conference with a doctor (n=18), pre-book a check-up with a social care provider (n=18) or attend care check-ups (n=16).

The areas of self-care and/or self-management that practitioners believe are likely or very likely to be supported by LiU are:

- Confident that they can figure out solutions when new situation or problems arise
- Active in selecting the right mix of health and care for them
- Able to maintain the lifestyle changes to reduce the risk factors for their long-term health condition that they have made
- Are motivated to take greater control to direct their own care
- Responsible for managing their own health condition
- More self-assured that they can maintain lifestyle changes like diet and exercise even during times of stress
- Able to start new lifestyle changes in view of their long-term condition

The indicative findings also suggest that Living it Up is currently used by practitioners during the full ‘journey’ of those with a long-term condition.

Themes from suggestions for improvement put forward include the following:
1. **Theme 1:** Improvement of navigation to the online site, clarity of purpose and ease of use for those with long-term conditions, including the use of interactive and sensory features.

2. **Theme 2:** Increased number, quality and type of links within Living it Up that feature local activities, exercise and mental health opportunities and support individuals to reflect on their skills and talents. Increase its reach to more remote rural areas and have better ‘search’ facility.

3. **Theme 3:** The improvement of tools for practitioners and those with LTCs such as person-owned care plans and self-management plans, as well as promotional materials that explain LiU to make it easier to understand its benefits so that the promotion of LiU can take place to potential users.

4. **Theme 4:** Greater personalisation of LiU with personal stories and the involvement of those with LTCs and practitioners in the development of LiU in future, including the addition of chat and health forums.

The majority of these have been addressed in version 3.0 of LiU which was launched in May 2016.
SECTION 6: Recommendations

Much of the findings, recommendations and conclusions from this practitioner survey align with recommendations noted in the main Living it Up Evaluation report entitled ‘Evaluation of Living it Up, a self-management hub for those aged over 50 with a long-term condition/s and carers’ by Impact Generation: The Home of Behaviour Change (April 2016)’. These recommendations are such that:

1. Given that the evaluation findings within this study are indicative and largely, act as a baseline of understanding of LiU, we suggest that a further evaluation takes place with a far larger cohort study across the full complement of LiU’s practitioner and partner base, taking into account the dynamic between its mix of online and community services, specifically GetActive and Smartcare with the online services.

A larger cohort study should explore and understand the effect between the digital and community services for beneficiaries in cohorts of specific long-term conditions such as COPD and heart conditions across Scotland and investigate what these are within rural, island and urban settings across specific demographic and psychographic criteria. Equally, an evaluation of this kind could evaluate LiU’s effects on local policy-making and/or service delivery and roll-out specific to ehealth, telecare and telehealth strategies.

2. Explore how LiU could provide an efficient and tangible way to help others linked within NHSScotland to meet preventative care obligations.

3. Forge a network of referral links for LiU within primary and secondary care within NHSScotland as well as the care sector by embarking on a targeted engagement programme to drive referral numbers via engagement within the public sector ‘family’. This could use motivational interviewing training or ‘managing patient expectations and/or managing challenging patient training’ as an incentive for learning more about the benefits of LiU.

4. Develop an information flyer and provide brief seminars and training to frontline care and health staff about the benefits of steering those that they help and support to use LiU on an active basis to derive greater user numbers and further impact.

5. Ensure that accessibility and usability is at the heart of future developments on the LiU website. Carry out further usability testing involving those with long-term conditions, those with varying digital skill levels, disabled people as well as others who are part of the target group for the site.

6. Focus on specific self-care and self-management behaviours that the LiU team wish to support, and develop tools and content based around these.

7. Reconsider how LiU’s service is positioned with regard to carers and how they are incorporated into LiU’s service. Possibly link with carer organisations more explicitly and position content, local community groups differently and more directly to clarify tools, advice, tips and information aimed at supporting them at
differing caring junctures (e.g. assessments of the person they care for or by providing a ‘typical week or day’ tools).

8. Add very simple and ‘fun’ lifestyle tools to LiU like shopping lists and ‘to do’ lists for home modification after falling. Typical ‘day in the life of’ information when living with a specific long-term condition is cited as one of the key tools that is needed when a person is first diagnosed with a long-term condition or when symptoms worsen or change over time.

9. Develop simpler ways for active users to contribute to the future developments of LiU and to share content online and within their communities. Users are likely to have tips and ideas for achieving self-care and self-management goals. Complement this by carrying out traditional search engine optimisation to tackle the modest growth rate of visitor numbers to LiU.