

**Get Well UK and Get Well Camden Learning  
Network –  
A strategic investment by the Wates  
Foundation**

**Evaluation Report**



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Date: 4<sup>th</sup> June 2008

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## 1.0 Executive Summary

This project was conceived as a way of influencing policy, opinion and practice around complementary medicine. Two organisations were involved in the design and delivery: Get Well UK are an organisation who are trying to improve access to complementary medicine (CAM) especially for disadvantaged members of society, whilst Women+Health is a locally based project (Camden, London) delivering low cost complementary therapies to local residents. Funding was provided by the Wates Foundation through their strategic grants programme.

Two project streams were identified - an online map using Google maps which would show the extent of low cost complementary medicine in the UK. By inviting projects to join the map and using this visual technology the project hoped to raise awareness of how many free and low cost providers are supporting healthcare provision in the UK. By raising the visibility they hoped to use it as a tool for campaigning for change: the national perspective. Secondly a local community/network would be initiated who would try and influence policy and local health provision from the grass roots. Their role was to network and share information to '*pilot ideas for support, development and relationships with influencers*': the local perspective. An online network would not be enough so a combination of online needed to be supplemented by face to face encounters. By working at both levels it was hoped that they could influence the provision of low cost CAM.

An online map has been constructed for a notably small budget when comparing with other technical projects and the functionality has been delivered; however currently there are not enough projects displayed there to launch it to the press. The local network has been built, mainly composed of practitioners (representing all sorts of sectors such as private and statutory) and through their meetings have built their knowledge and understanding of local commissioning. They have encountered resistance, obstacles and a lack of participation from the local health and statutory bodies but have not lost desire for change and in fact seem more focussed.

The Wates Foundation funded these two speculative projects as part of their strategic grants programme. The projects had specific aims, but the overall context was not explicit in the written materials. As an evaluator it is clear that these two projects aim to disrupt an embedded and complex system, the NHS. The NHS is possibly the most complex system in the UK. The nature of speculative action research in complex systems (and there is no doubt that the provision of complementary medicine in the setting within which it operates is a complex system) is they face higher risks of failure and are more likely to encounter challenges, however without taking those risks then no change will come. For the map the challenges came in the form of technical problems and

a reluctance of low cost providers to make themselves more visible, their concern being they would open the door to more enquiries when they were already at maximum capacity. This explains the low number of projects and is also symptomatic of the pressures low cost providers are under.

For the Get Well Camden Learning Network (GWCN) the challenges were of navigating the NHS, identifying the influencers and getting access to decision makers: a reflection of the state of public health decision making. The group developed desire and willingness to take on and deliver creative sub-projects such as developing efficacy data and targeting local GPs.

What is in no doubt is that these projects both had a vision of what they could achieve and recognition must go to the funder for having the foresight to see the potential they held and for supporting what are essentially innovative and experimental activities. On reflection the project was bound to bump up against institutional resistance: what does this say about the projects? Is it a reflection of the challenges faced by complementary medicine? The map should give a way into creating new conversations, between interested and relevant parties, that without it would not be possible. There is no doubt that network members have found value in the network, by building their skills, professional and support networks and by coming to a greater understanding of what's needed to influence the commissioning process. They have influenced opinion and practice and created immediate value from the new relationships and insights.

Was it a valuable spend of money - this is difficult to say as more time is needed to exploit the full potential (in a sense this is just the beginning in terms of what both projects can achieve) and it is more difficult to identify value for money from speculative projects. Neither of them has failed and the map certainly could act as a powerful influencing tool whilst the community may be the small local intervention it takes to change an embedded system like the NHS. By its very nature the work has been experimental and should more funding be available and there be the appetite to continue with this experiment then time will tell (see recommendations section for how to move forward with them). It may be, however, that changing commissioning and getting new services delivered through the NHS will take many years and that the resistance to complementary medicine is so great and the beliefs so engrained that neither project can deliver the outcome. However, both projects will have played a role in the further integration of CAM in to the NHS. Whether either is responsible for the necessary tipping point which is needed to change this embedded and stagnant system remains unanswerable at this point in time.

## 2.0 Introduction and Background Information

### 2.1 Context

1 in 5 people use complementary medicine (CAM) in the UK, but 90% of treatments are paid for privately, meaning access to some of the most vulnerable and ill in society is not available.

#### Project Stakeholders:

**Project leads: Get Well UK and Women + Health**

**Project funder: Wates Foundation**

#### Get Well UK

Get Well UK was set up in May 2004 to improve access to complementary medicine:

*“We are driven by a clear vision. Everyone in the UK will have access to the very best of conventional and complementary medicine, with practitioners working together for the benefit of patients.*

*Get Well UK’s mission. To be the best supplier of complementary healthcare to the National Health Service.”*

In particular Get Well UK identified the inequities of health provision specifically around access to complementary medicine for those on low incomes. Get Well UK approached the Wates Foundation who agreed to funding two streams of work which they felt would further Get Well UK’s mission.

#### Women + Health

*“Women & Health is a voluntary sector agency providing low-cost access to complementary therapies, counselling, self-help groups and health classes for local women who either live, work or study in the London Borough of Camden. The centre is currently funded by Camden Council, Camden Primary Care Trust, various grant-making bodies and through service provision. The Centre has developed a reputation within the local community for providing affordable health services in a safe space that are responsive to the needs of the local community. Services are provided free of charge or on a sliding scale of cost according to income”.*

## **The Wates Foundation**

*“The Wates Foundation is a generalist funder making awards to registered charities in the Greater London area, defined generally as the metropolitan area encompassed by the M25 Motorway, with a preference for South London.*

*The Foundation aims to alleviate distress and improve the quality of life by promoting a broad range of social priorities that include the physical, mental and spiritual welfare of the young and disadvantaged aged 5-25;”*

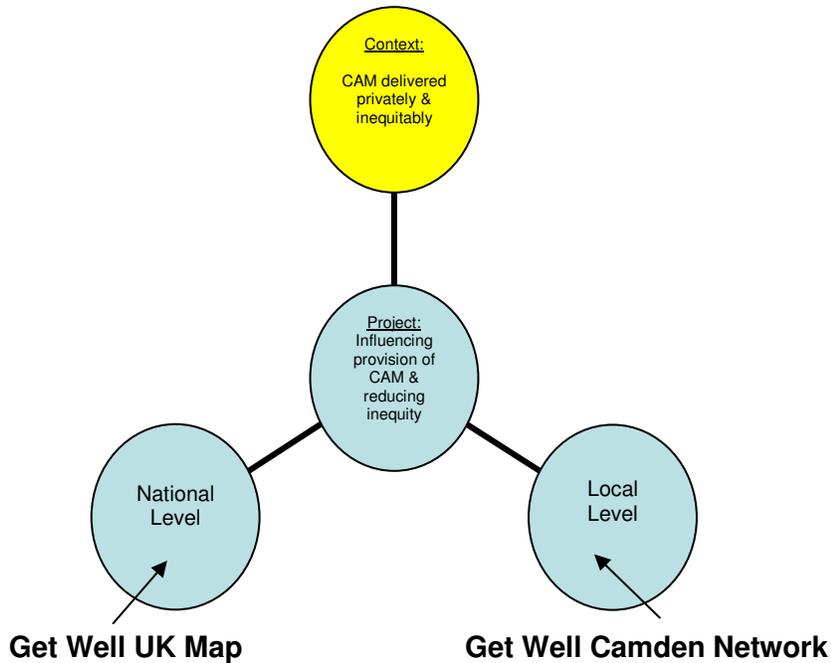
The Wates foundation funded these projects as a speculative piece of work to see what impact could be made on an embedded complex system by doing action projects. The nature of speculative projects is that they face higher risks and failure rates. The ultimate goal of Wates funded projects is to influence policy, opinion or practice.

This evaluation has been commissioned as part of the original program design to see whether the projects have achieved their intended outcomes.

## **2.2 Background**

Get Well UK felt an opportunity existed to help to influence the provision of complementary medicine (CAM) both locally and eventually nationally with funding support. Two projects were identified: to build an online map (Get Well Map) which would highlight existing provision, support three primary goals (help patients, network providers and influence policy) and then to use the map as a campaigning tool with the media thereby putting pressure on the relevant policy makers: the national perspective. Alongside that to run a pilot project to develop a local community at grass roots level in a local area (Get Well Camden Learning Network, GWCN) by galvanising a group to develop skills and actionable plans.

Get Well UK chose to work with a partner, Women + Health, who are a provider of low cost complementary therapies based in Camden to help facilitate and manage the local network project.



Camden was chosen as the locality for a number of reasons: it is a leading provider of complementary medicine, has a strong history of campaigning, the biggest divide between rich and poor in the UK, the highest density of third sector organisations and a history of links to national policy change and politicians.

The project perceived NHS commissioning to be complex and difficult to navigate with obscure operating procedures. The hope was that through the projects new understandings and action could be taken to influence the local agenda.

Get Well UK were successful in obtaining funding from the Wates foundation of £93,000 to deliver the two projects.

## 2.3 Project aims

All Wates Foundation projects aim to influence policy, opinion or practice. The aims of this particular project are stated as

*Extract from The Project Business Plan.....*

A partnership between Get Well UK and Women & Health to raise the visibility of complementary medicine in the UK and to increase the skills and knowledge of providers in Camden, London; helping people become better informed and empowered to make choices.”

### **Project aims**

**Visibility:** Increase the visibility and accessibility of complementary medicine amongst the public and policy makers

**Networking:** Increase range and quality of services available to patients, leading to informed choices, decisions about health and well-being.

Support providers of complementary medicine services to network together in geographical communities or by communities of interest.

### **Beneficiaries**

The project has three beneficiary/target groups:

- the public/potential service users;
- groups and organisations working in the field;
- influencers - media, politicians, purchasers.

### **How will the aims be achieved?**

Two projects will provide the foundation for these changes and will create specific, tangible outcomes.

**Get Well UK Map:** An online map of community based services providing accessible and affordable complementary medicine treatments. The Get Well UK map will increase the visibility and awareness of complementary medicine services in each country of the UK.

**Get Well Camden Learning Network (GWCLN):** A Network of community complementary medicine services in Camden which will pilot ideas for support, development and relationships with influencers.”

### 3.0 Purpose of Evaluation and Methods Chosen

Inclendon Associates (see Appendix 6) was invited by Women + Health and Get Well UK to evaluate the projects; this was part of the original business plan:

*“The Camden Network will be evaluated and a continuation plan written for this and other networks. We will tender out the evaluation to a creative evaluation team, who will work with the network during the last session. The Co-ordinator will conduct ongoing evaluations at each Learning Event to establish what works and what doesn’t. These will help to shape future events. We will contact 20 influencers in the Camden community, such as local councillors and health commissioners, to assess what they know of complementary medicine provision at the start of the project and a year later - to measure whether or not their awareness has changed.*

*The map requires ongoing evaluation and development and this is a crucial part of the Network Co-ordinator’s job. They will use mainly online tools to measure statistics, such as number of services on the map and number of users, as well as using surveys etc to assess what people think of the map and how improvements can be made.”<sup>1</sup>*

Any speculative project trying to tackle a high degree of embedded change resistance and with highly ambitious goals is going to come up against discomfort and challenges. The questions this evaluation hopes to answer are:

- What change/difference/impact has the project had?
- Were the goals, aims and ambition realistic?
- What lessons have been learnt that are important to take forward?
- What recommendations are there?
- Is there scope for further work?

#### 3.1 Aims of Evaluation

The evaluation is a mix of approaches:

- accountability: what the program does, what benefit has it produced, has it achieved its stated outcomes and whether this was the best use of resources.
- developmental: the process of program delivery, the meaning of the program to its stakeholders and do they experience benefits from the program
  - participatory: to encourage learning and reflection in participants of:
    - what could have been done differently

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<sup>1</sup> Excerpt from business plan

- what personal learning is there
- using the assessment as a learning experience as well as outcome focussed
- what can be changed to improve the effectiveness of the projects

This evaluation used narrative techniques which are moving from the experimental into the mainstream domain, specifically to reflect the nature of the work the practitioners do and to keep in alignment with the design philosophies.

The aims of the evaluation are matched to the project objectives:

- did the project affect policy
- what have the two streams achieved against what was stated - see above excerpt from business plan

### ***3.2 Research Methods***

The Map has been assessed using desk research, qualitative interviewing and analysis of the figures available against the plan. Three interviews were carried out with the project participants (see Appendix 1).

The Network has been assessed using desk research, qualitative interviewing, an online questionnaire (20% response rate), paired exercises with the group (Appendix 3) and 3 interviews (see Appendix 1).

The evaluation was conducted between January and May 2008.

## 4.0 Results and Findings: Get Well UK Map

***Get Well UK Map:*** an online map created using Google maps to search for complementary medicine, find background information and contact details. The website will provide background and campaigning information too.

### 4.1 Purpose

The map was to serve as a central place to pull together information on low cost CAM providers and function as a visualisation tool and functional service.

An immediate benefit of the map would be to provide individuals with a place to go to for finding CAM providers in their area; these providers would be quality assured thereby giving individuals the peace of mind that they are using a recommended service.

Primarily the map was to be used as for campaigning to help raise the visibility of the number of providers delivering low cost CAM and demonstrate how far reaching CAM provision is. Many media, such as newspapers, would like to be able to talk more about CAM and the idea for the project was that the map could provide a newsworthy story, raising the visibility of CAM and helping to build awareness of its use and subsequently influencing practice and policy. Underlying the thinking was the sense that new technologies can act as a driver for campaigning and the internet provides a place to bring together information and present it in new effective and far reaching ways. It has potential as a networking tool for practitioners and service providers as well.

### 4.2 What was actually done?

A job specification was drawn up and online tools were initially used for the recruitment process as well as advertising to known associates and networks. The online recruitment services did not attract any suitable candidates and will not be used in future. The role was filled in October 2006.

For the development of the site technical challenges were encountered which impeded the first milestone of 'demonstration site available mid March'. These included:

1. Missing skills in the team to get the technical solution achieved;
2. The proposed software for managing the postcode locator function was US based. Get Well UK had to buy access to Royal Mail's data causing more technical integration difficulties.

The project did manage to get access to the Salesforce software for free through the Salesforce Foundation, one of the key components of the technical solution.

The map has now been built which brings together a number of technologies compiling data to enable the presentation visually of affordable complementary medicine providers. Due to the technical delays the map took longer to create than anticipated. Functionally it provides all the original proposed design features as shown in the screenshots below. The map went online in April 2007.

Following the completion of the map, projects were to be contacted to invite them to show their service on the map. The projection at this point in time was that there would be 500 projects represented on the map by October 2007; there are currently 214 on the map. The project has struggled to fulfil its goal of number of projects; the reasons for this are listed later.

The map was launched to the CAM community and projects were invited to make themselves available on the map. Feedback as been very positive and has generated suggestions which led to improvements, for example in the quality control process.

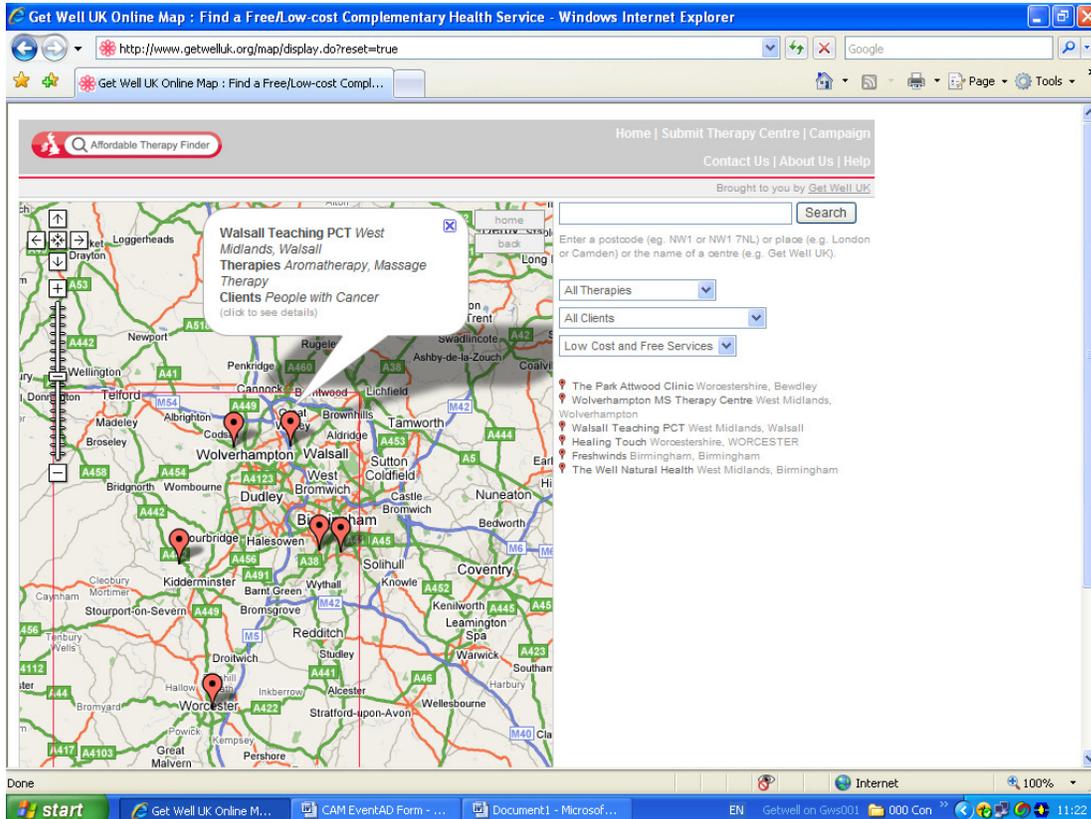
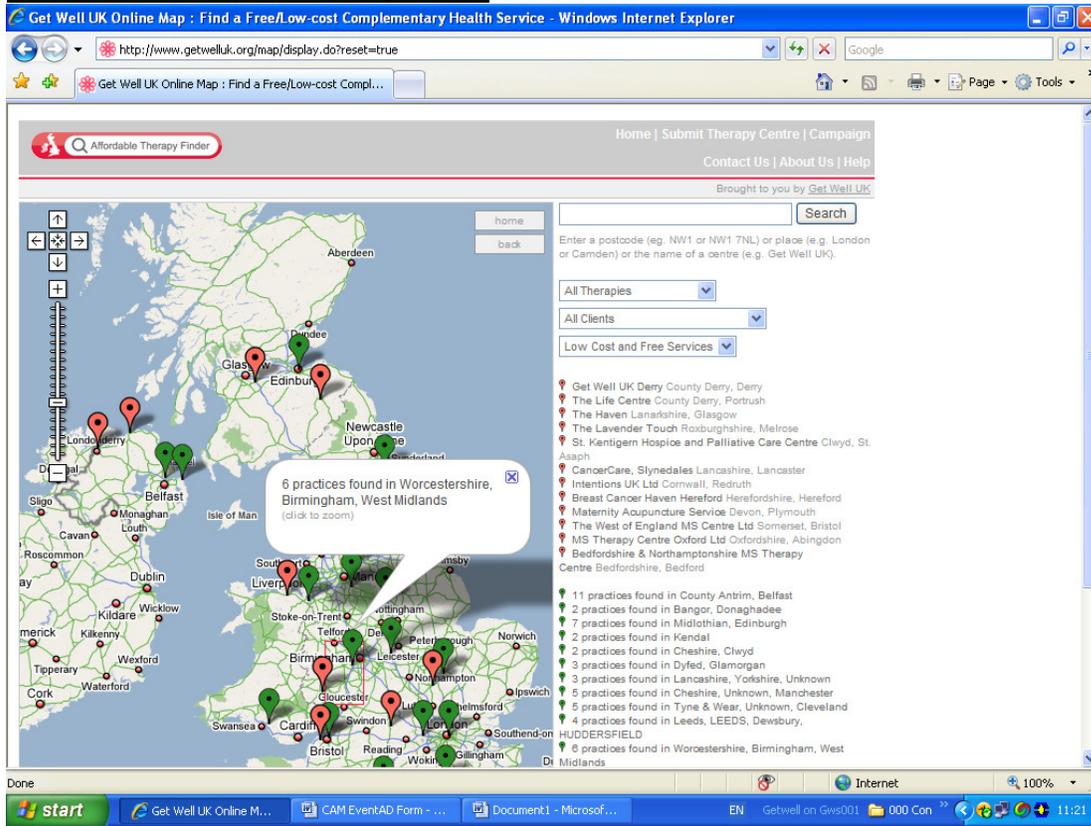
The final stage of the project was to launch the map to the media and use it for campaigning. This has been put back until a suitable number of projects are displayed and the map has the visual impact it needs to achieve its goal of influencing policy and opinion.

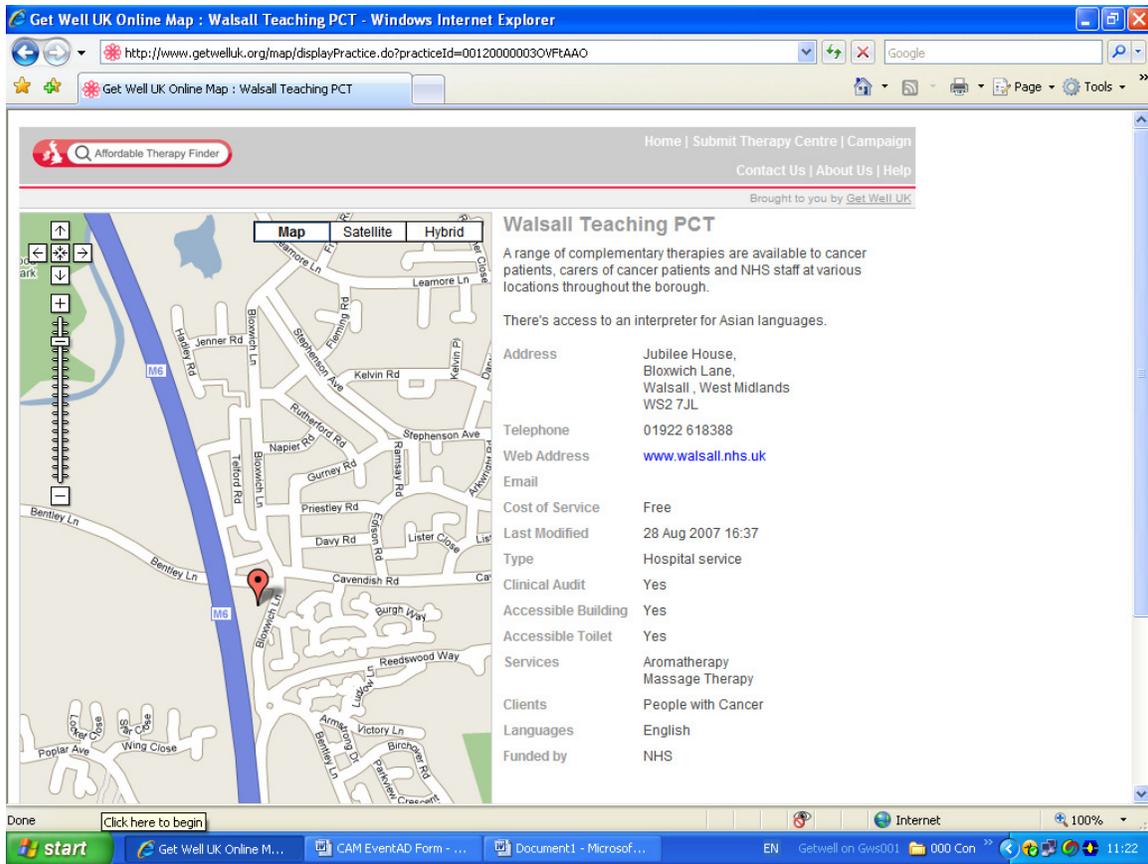
### ***4.3 What has the project achieved, why is there a difference?***

The online map has been built and is visually arresting, compelling and able to communicate messages and information effectively. Information is provided which helps support the project goals of visibility, networking and accessibility. For example other services can search for projects treating similar clients and share knowledge and best practice without relying on an intermediary. Or a potential service user can search for the most appropriate point to access services.

Great potential exists to use the map in a multitude of ways, some at this point have yet to be discovered, and this adds greatly to its future function. We shall call this the 'dandelion effect': dandelions work as a metaphor for a number of reasons. Firstly all the seeds are connected and networked together like the GWCN, the movement of one will affect the other, and more importantly there is the potential to release seeds that could sprout into something new and have a long term change effect.

# Screenshots: How the map looks





There were delays in production: firstly the project lead, a former project manager from Silicon Valley, was a communications person who proved to have limited understanding of the technical code needed to build the system. The idea had been that one person could have done both the technical and communications aspects of the project. This proved unsuccessful and the project had to call on an external volunteer to complete the technical solution. Secondly there were unforeseen difficulties with some of the different products needed to build the map such as the proposed postcode locator not working in the UK. However even with these difficulties the map was built and online by April 2007.

Notable from the evaluation is the capability of Get Well UK to bring people and services together and to achieve support (most often gratis or volunteers) and donations which have helped produce the map for a very low cost. Get Well UK has repeatedly demonstrated an ability to make new connections between people that deliver benefits at unexpected moments. This is a reflection of the sector they work in as all holistic practitioners behave in this way with the health and ill-health of their patients.<sup>2</sup>

<sup>2</sup> <http://www.getwelluk.org/about/>

Once the map had been built, the intention was solely to display accessible and affordable CAM treatments. An unforeseen effect of this design feature was that low cost providers proved reluctant to participate in the map as they feel overloaded already and don't want to make themselves more visible, impacting the number of visible projects. This has been compounded by concerns about quality. The project has responded and put in quality assessment:

**Only projects which sign up to this statement can go on:**

### **Get Well UK Quality Statement**

Get Well UK is committed to making complementary therapies available to all sections of society in the UK. We want our patients to be confident in the service we offer.

#### **Qualifications & Professional Associations**

All the practitioners who work in clinics shown on our map are fully qualified in their field. If they are in training they will tell you this. Please ask them for more information about their qualifications and experience. On the map you can see a list of the professional organisations which the practitioners belong to. Regulation of therapists is undertaken by organisations outside our control; please ask your therapist for more information. If you want to make a complaint about your practitioner you will need to take it up with their professional association or the organisation which regulates them. It will be easiest if you ask the practitioner or a staff member/volunteer at the clinic where you had your treatment.

#### **Insurance**

All practitioners are insured on a professional indemnity basis with an accredited professional insurance company. Again, please ask your therapist for more information.

#### **How practitioners work**

Complementary therapists work within the boundaries of the therapy they practice, and fully engage as a team member working with their patient. In addition, they

- work at all times within the standards of practice of their governing body
- meet legal requirements regarding safety, hygiene, access, public health and infection control, and any policies of the contract site
- guarantee appropriate patient confidentiality and protect patient autonomy

#### **Testing the quality of the map data**

Get Well UK will contact all clinics listed on the map every three months to ensure information is up-to-date. We will also conduct spot checks on organisations, asking for proof that the information supplied is accurate and can be documented. As a minimum we will ask for proof of qualifications, insurance and professional body membership/regulation for all practitioners who work at the clinic.

This should have a meaningful effect on the goal of volume of projects represented on the map.

#### ***4.4 What risks were there to the success of the online map?***

##### Risks:

1. Could the right person be found to manage both the communications and technical aspects of the project?
2. Could the technical solution be achieved?
3. Would low cost complementary health projects want to make themselves visible by participating in the map?
4. Were there any quality issues which needed to be considered?
5. Was the purpose of the map explicit?

##### Findings

1. The plan was to have one person who could undertake both the technical and communication aspects of the role. It seems there was a lack of understanding about how different the skills are which are needed for these roles. In the evaluator's experience technical people and people who build networks are two very different types. In the project the individual tasked with the role struggled to both understand and achieve the desired outcome. The question that needs answering is: was this a result of trying to squeeze the most out of a budget or was this confused thinking?

*Learning:* hiring for roles and defining the skills for roles needs to be tested against a sounding board in future programs.

2. The 'dandelion effect' meant that actually the technical solution of getting the map online by October 2007 with £65,000 worth of funding was achieved. In this case it came in the form of companies offering their software free of charge and the investment Get Well UK has made in creating networks of people who are willing to contribute their time - a core strength of this organisation. This was not an insignificant achievement as many technical obstacles were encountered.

*Learning:* continue to work networks and build on this capability to identify appropriate technical assistance and bring in others when challenges are met.

3. A primary goal involved getting 500 projects on the map by October 2007. This number was 214 by May 2008.

*Learning:* more detailed planning on the risks to the success of the project; this should take the form of piloting (see recommendations).

4. Some projects were invited to be on the map had concerns about quality issues.

*Learning:* more detailed planning on the risks to the success of the project, thinking about all parties and what their response and perspective might be.

5. In the opinion of the evaluator the aims and objectives of the mapping piece did not match up - refer to *7.2 Lessons for the future: doing it differently* for more information.

## 5.0 Results and Findings: Get Well Camden Learning Network

### 5.1 Purpose:

With the map's ambitions aimed at a national level so the community's was targeted at influencing the local agenda. By creating a local network of involved individuals made up of all relevant parties they could come together, share information and be supported to try and understand and influence the decision makers in their local area.

*Extract from the Project Business Plan.....*

**Overall aim:** to empower patients to make informed choices and decisions about their health and well-being using complementary therapies.

**Specific aims and objectives:**

1. To enable the development of a Camden network of complementary therapy providers
  - a. To provide 10 learning network events between September 2006 and June 2008
  - b. To engage Camden providers in the establishment of a Get Well Camden Learning Network
2. To enable the dissemination and sharing of information on complementary therapies in Camden
  - a. To support complementary therapy providers to produce an individual learning plan
  - b. To develop a Skill Share Register of Camden providers
  - c. To support and encourage Camden providers to input into the development of the Get Well UK online map
3. To improve the visibility and accessibility of complementary therapy among decision-makers and influencers
  - a. To support the involvement of health service statutory providers in the Learning Network
  - b. To share information on the impact of complementary therapy on patients' lives

See Appendix 5 - Network Implementation Plan 2006-8

## **5.2 What was actually done?**

The learning network has been built in Camden and has held a number of events (8 /10 - see Appendix 4 for details of event themes and interests) and meetings. The design has followed the original intentions and qualities.

A network co-ordinator was already in place who did an excellent job of instituting and initiating the network, putting a lot of effort in to getting people to come, providing a suitable environment and facilitating the genesis of the network. She worked hard not to direct the network rather let it unfold and be self directed. However she did not survey the 20 influencers, as proposed in the project plan, which lets down the project and makes it more difficult to evaluate as there was no benchmark data to measure.

All providers that could be found were contacted and remained on the list, they were provided with updates and the network tried to be transparent. Some members were very engaged and attended many sessions whereas some never met or came: the already sympathetic were willing to engage but there was little/no success with others. This is reflected in the 20% response rate of the survey.

The network has followed the typical stages of a community of practice and succeeded in galvanising a community of people who have taken steps towards working together around a common goal. Meetings and events have enabled the sharing of information and the group have reached the stage of 'performing' (in the group process of forming, norming, storming, performing<sup>3</sup>). Workstreams have been created and specific plans put in place, the group have carried out a number of research and production activities; some examples of assets they have created include:

1. A business plan to use with PCTs in commissioning CAM therapies
2. A summary of efficacy data surrounding CAM therapies
3. A GP survey to identify the need for CAM therapies along with raising awareness of the services available, ultimately with the aim of increasing the appetite for these services and building a groundswell of pressure on PCTs to provide services
4. A video, featuring a CAM service at the Royal Free Hospital, which has been used in different settings to help demonstrate efficacy of treatments
5. Postcards for satisfied patients to send to their GPs

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<sup>3</sup> One of the most common models of team work interaction is the four phase process of form, storm, norm, perform (Tuckman, B. W. 1965). The process of formation is the creation of the team identity and goals which have been discussed above. The storm phase is a brainstorming process where team members contribute issues about the project for consideration. The storm process reinforces communication patterns and develops interpersonal and team trust for risk-taking behaviour.

One of the challenges the network has faced is in finding a time that works for all - events have been held on Saturdays and that has affected attendance levels. However feedback and evaluations have been overwhelmingly positive about the network and the difference it has made (see Appendix 2 - questionnaire results). Two areas of the plan that seem to have been missed: firstly a skill share register was to have been developed; this appears not to have happened. Additionally it has proved harder than hoped to engage statutory providers in the network, although meetings have been attended by individuals from institutions such as the local authority, PCT, hospitals, educational establishments etc.

Interestingly there has been little difficulty in coming to a common view of what the network wants to achieve and therefore in pursuing events and activities which support that.

### ***5.3 What has the project achieved, why is there a difference?***

There is no doubt that participants have found value in being part of the network. Achievements need to be viewed in the context of different perspectives:

#### **a) The individual**

Individuals have found considerable value from the network manifesting in many different forms from increased confidence, feeling of support through to specific skills e.g. presenting to large groups and *'having the professional support when organising a first conference within an NHS environment to encourage more CAM research within NHS research network'*. (source: online questionnaire)

From the questionnaire (which had a response rate of 20%), the following outcomes achieved an 'agree' or 'strongly agree' rating of over 70%

- Increased skills, confidence and feeling of support
- Members have shared information and have seen value in that
- They have been introduced to new strategies and skills. Highest ratings were achieved for the following four: understanding health provision in your area, sharing information on the impact of complementary medicine on peoples' lives, developing the evidence base and working with the media
- There is an increased feeling of wellbeing and being supported in this often lonely and isolating profession and industry

Tangibly we can see improved people-to-people connections and, ultimately, innovation and learning. An important question that surfaces at some point in the life of these communities is how to measure their value to the

organisation. The only tangible measurable outcomes came from the questionnaire:

100% of the questionnaire respondents thought others would find a membership of a network like this useful. Whilst 90% said they would do it again.

72.7% of members felt the network has given them a better understanding of the local health and commissioning environment including statutory providers whilst 58% felt that the network has raised the visibility of the number of providers of complementary health in Camden.

b) The community

In terms of delivering to the wider Camden community steps have been made to move towards the goal of influencing provision. In order to achieve this the group have needed to build up their skills and knowledge of the local commissioning and health provision environment. Developing this knowledge takes time and relies on individuals contributing what they know along with taking steps to research particular information. The group have succeeded in growing their knowledge and understanding of what it might take to influence at this level (see Appendix 4 for full list of events)

They have, however, encountered many obstacles and unquestionable resistance but there is no doubt that they feel more equipped to manage this; many of the difficulties come from trying to navigate the complexity and cloudiness surrounding the local health provision from the PCT and statutory health providers, including identifying and accessing the decision-makers and influencers. There is a palpable sense of disbelief and frustration in how difficult it has been to understand and influence the local commissioning environment, with designated paid officials not behaving according to expectations around re-commissioning and information flow, let alone to reach the appropriate people and get them to interact with the group.

A couple of examples are worth mentioning: one of the network volunteers saw an opportunity to put on a conference:

***“COMPLEMENTARY & ALTERNATIVE MEDICINE***

*This is an opportunity to hear about the ongoing research, the gaps and the way forward. The event is open to all healthcare professionals working in London and those interested in CAM research including GPs, Nurses, Pharmacists and Staff from PCTs, Mental Health, Community Health and Social Care. (Registration is free)”*

A room had been hired at the local PCT and plans were going well when a couple of days before the event they were told they couldn't hold it at the PCT building and had to find alternative accommodation, no valid reason was given.

In a second instance the group had created a questionnaire for GPs to harness their views on CAM and to raise awareness and identify appetite for CAM services. Having sent it out they swiftly received a response from the local co-ordinator which terminated any further follow up.

Unfortunately the network has struggled in certain of their specific aims: according to the implementation plan it talks about a baseline questionnaire and creation of a steering group who will provide direction to GWCN. With no evidence available on these proposed activities our understanding is that with the focus and effort going in to developing the Camden network little time and energy remained to pursue this specific aim. Also the network was due to engage with 20 influencers at the start and end of the project to evaluate their awareness of complementary medicine - this has not been carried out.

Progress has been slower than was hoped and there seems to be a reliance on one individual from Get Well UK which may have implications on building other similar networks. This is natural though as a lot of knowledge and information is held by Boo which others rely on.

The network has taken strides to pursue their agenda in ways not previously envisaged in the design and significant value can be seen from these. Clearly they have achieved one of the goals of creating communities of practice which is to create a forum where unexpected ideas and innovation can be fostered. As a group they have coalesced well and achieved a wide range of outcomes from many perspectives. The assets they have created could have long term value and they have learnt from the work they have done. They have also focussed down on and pulled together what products/information they need to produce in order to influence policy and provision.

#### ***5.4 What risks were there to the success of the projects***

Looking back now it is clear that there were a number of risks to the success of the project and additionally were taken in the design of the program, some of which were not explicitly acknowledged:

##### Risks

1. Would a disparate group of people engage with such a facility? How effective could a geographically dispersed and possibly competitive network be?
2. Could a local network have an impact on health commissioning?
3. Is a local network sustainable and replicable?
4. Were there any conflicts between Get Well UK and the network direction?
5. Would statutory providers participate in a network like this?

##### Findings

1. A core group of people have participated heavily in the network including volunteering to be members of working groups and pursuing

tasks to their completion. There has been no impact of having competitive parties, this is down to the nature of the people involved in work like this and should be seen as a core strength of the group

2. The local network has yet to complete its goal of impacting health provision; it is difficult to say whether the project would have gone ahead if they felt they couldn't influence the commissioning process, however taking into account the 'dandelion effect' where any of these seeds could be the ones that sprout and turn into something, then steps like this are fundamental for changing the current systems
3. There are possibilities for replicating this network and keeping it going into the future - see recommendations
4. No tension was found between the two parties but there remains a question as to the future of the network and its aims i.e. so long as the aims of the network are to influence commissioning of CAM then the two groups are harmonised in the direction. This does however imply a key role for Get Well UK in the future of the network

*Learning:* be clear about the two parties and what their roles are; in any plan for going forward make sure that there are explicit statements of what each party is committed to do and what their roles are in the future plan

5. If you look from a 'duty of care' perspective then statutory providers should have played a role, they did in part but those who came were individuals who wanted to share information with the group, not necessarily in their official capacity. However it is difficult for a small organisation to be seen and get noticed. The question is what difference would this non participation have made to the overall program design

## **6.0 Have the projects achieved their stated outcomes, has the project been value for money**

Although the project encountered its fair share of challenges, challenges which you would expect in most technical projects, the map is now online and has been delivered on budget and only one month late. In this sense this part of the project should be seen as a success.

Though the full value has yet to be exploited from the map, if you take the primary goal of using it to influence the media and as a campaigning tool it could still achieve that outcome. Much will depend on how well the next few months go.

As part of the developmental aspects of this evaluation, the evaluator questioned why the strategy was to only display low cost providers. If the goal is to influence provision of CAM on the NHS then surely revealing the volume of any CAM providers would have an impact. Get Well UK has taken on this recommendation and is currently developing plans to move that forward.

A key insight that has emerged from the evaluation is that the stated outcomes may not necessarily have delivered on the overall project expectations. When standing back and looking at the overall project design it seems that consideration has not been given as to what was hoped for in the longer term. This is a very common mistake to make in designing projects, as the end is often just the beginning. If you extend the thinking there is more value to be exploited from this work - see conclusions and recommendations.

Assessing value for money is particularly difficult for projects of this nature; one way is to do a comparison with something similar to see if the costs were reasonable in what they delivered.

Of course these comparisons may not work and all that has been mentioned are the clearly visible costs and outputs. The network in particular will have had much greater residual value that will remain invisible. For example, one network member has harnessed the knowledge of the group to build a new low cost CAM service - both the inspiration and the experiences of the group have saved her time and from making mistakes.

Channel	Cost	Comparison	Conclusion
Get Well Map	65,700	Sainsburys store locator is a similar product albeit corporate. It helps to direct customers to their services and promotes the brand. The initial set up cost for this product was £120,000 and has a team of 3 people working on it full time. It is not automated so any changes to the site need to be done manually.	<p>It is clear that the Get Well map cost considerably less to design and deliver. Also it does not have a requirement for 3 people to manage it nor does it need manual data input as the map and associated software does a lot of work for you.</p> <p>In this comparative light we can see that the Get Well map has produced value for money as there is a sustainable long term solution which can continue to be built at a very small cost and promotes the vision and aims of the projects.</p>
Get Well Camden Learning Network	27,400	Pfizer's community of practice brings together teams to create innovative products. It has proved harder to locate financial information on this but the costs can be broken down into: providing a technical site, time and salaries for team members to participate, a network co-ordinator to manage it (time and salary)	<p>The learning network's total cost of £27,400 could be equivalent to one person's full time salary for a year.</p> <p>In addition the team used free software such as Google groups</p> <p>The group have achieved and delivered a number of innovations and reusable assets at a very low cost.</p>

## 7.0 Conclusions and Recommendations

### 7.1 Summary

There is no doubt that through the two projects practice and opinion have been influenced but the goal of influencing policy remains unfulfilled (although steps have been taken and seeds sown). This goal required an effective map and galvanised community, without the map in its projected state - showing all quality assured CAM clinics - it will be difficult to influence the national agenda, whilst the local perspective is making inroads but has yet to reach its goal.

The question remains, what effect and influence is it possible to have in the context of this experimental project and the environment it is trying to tackle? Credit should be given to the project funder without whom these steps would not have been taken and who intuitively knew there was value in exploring the ideas; experimental projects of this nature often find it difficult to locate funding and a very solid base has been built.

What is clear though is that a key element was missing in the design of the project: an explicit acknowledgement that to achieve the original aims of the project of affecting accessibility of CAM and increasing range and quality of services available to patients they imply that the ultimate objective/outcome of the project should have been the highly ambitious aim 'to bring about the commissioning of CAM by the NHS'. Only through this point of access would those of low income be able to receive CAM treatments.

So by focussing on what the project really hoped to achieve it was in the context of trying to change a deeply embedded system like the NHS; in two years and with a budget of £93,000, remarkable steps have been taken but there is still a long way to go. (What is in question, and this evaluation cannot answer, is would they have achieved funding if this ambitious goal had been made explicit.)

#### The Map

The Get Well UK map is online and technically innovative and helps to bring CAM into the 21<sup>st</sup> century. Yet the scope for what it could achieve has not been realised. The design points of only representing low cost providers may have been a limiting factor. Through the evaluation, with an eye on development, new insight has led to the decision that all providers of CAM will be invited to be visible on the map - this will help demonstrate the range and number of CAM providers which can then fulfil the original objective of using it as a campaigning tool and putting pressure on policy makers to make CAM more widely available, preferably through the NHS. It will also be a resource for the public to access quality assured CAM clinics.

### The Network

In this context there is now a network of practitioners who feel more equipped, supported and knowledgeable about CAM in the setting of the NHS commissioning process- they have reached the stage of performing and it is a unfortunate that there is not more time to get further. An understanding of what it takes to overcome institutional resistance to change is growing as is the desire of the group to have an influence on the NHS and succeed in getting CAM available on the NHS. To galvanise a group of disparate individuals, within the timeframe provided, who ultimately have competitive needs, to work towards a common goal should be seen as a success:

*“The network has begun to demonstrate that CAM professionals are prepared to group together and provide an organised service and in their discussions they have recognised that this is the best way forward to achieve commissioning”*

Really they have come to the beginning, as the community is ready and galvanised to make a difference, tools have been created, information gathered and should it continue then the network could well make a tangible difference. This face to face aspect has value and could also work in other areas, although there may be a dependence on Get Well UK, which would need to be explored first.

## **7.2 Lessons for the future: doing it again, differently**

A number of valuable lessons have been learnt from the experience. Overall, was the ambition realistic - probably not, were the goals achievable - to some extent, has the project achieved outcomes - yes but different from what was expected.

### 1. Clear deliverables tied to aims and objectives :

When investigating the aims it became clear that there is a disconnect in the program design: it proved difficult to identify how those project tasks could deliver the aims. For example:

- increase the range and quality of services available to patients: this implies that either more people can access services or there are more services available to access

Neither the map nor the community could have achieved these, they may have been able to in the more focussed viewpoint, but given the nature of the NHS this is also doubtful.

Where the aims were specific and tangible e.g hold 10 learning events, it proved easier to follow. In the future overall program aims need to have specific deliverables associated with them that will deliver the proposed outcome.

## 2. Test out programme design in a pilot before launching: development money

Some of the difficulties encountered by the project may have been foreseen if more time was spent at the outset testing out the viability of the approach and looking for potential risks to success. In designing a complex programme like this there should be a number a steps, for example: review best practice; pilot and test project concepts and underlying project principles (For example, in this case talk to providers about whether they want to be on such a map and if they think it is a worthwhile endeavour). This will help to give a more accurate picture of the timescales and resources needed.

## 3. More time on set up

*“It takes time to make a difference in a community and within the NHS and I think Get Well Camden should carry on as it is and keep plugging away”.*

Two years is quite a short time if you look at the more ambitious goals, for example, to get good results out of a community can take up to 5 years. Another timing instance came in the technical project, especially innovative ones, they often encounter unforeseen obstacles and are quite likely to overrun.

## 4. Risk Management

Looking back now it is clear that there were a number of risks to both streams that were not thought through. For example, the reluctance of low cost projects to be visible on the map: this might have been predicted if a thorough risk management approach had been taken.

## 5. Lessons for the project teams

A key personnel learning has been in the hiring of the map co-ordinator, the project tried to get one person to do two roles, a technical and a communications role. It would have been better to have two separate roles, although the evaluation acknowledges how difficult it is to find suitable staff. Also the loss of the network coordinator impacted the momentum of the network project. Handover and knowledge management techniques might have helped reduce this.

## **7.3 Recommendations**

Should the hypothesis of influencing the NHS and the commissioning process be supported then there exists potential to influence policy and local health provision through these two projects. Health services in the UK are very complex, enmeshed and there is a lack of clarity on processes. By drawing on whole systems and complexity theories<sup>4</sup>, with these projects trying to effect an

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<sup>4</sup> Refer to [http://en.wikipedia.org/wiki/Complex\\_systems](http://en.wikipedia.org/wiki/Complex_systems) for more detail and background information

embedded system, it may be that these two access points could be the ones that tip the system into forcing CAM into the NHS. If that is accepted then the following recommendations exist:

### 7.3.1 Map:

Continue to follow up with all CAM projects to lever the map to a point where it can be used as a serious campaigning tool. Once the number of projects becomes meaningful, and hence visually effective, launch the map to the media and other interested influential parties. The significant investment came in doing the technical portion; this part should be less expensive. Supplementing this should be a change in strategy about what projects should be visible on the map. Initially the view was to show low cost providers only but if the goal is to influence the NHS and get decision makers to understand the real state of affairs in health provision then all CAM providers should be on the map. Extend the content of the map by inviting all CAM providers.

### 7.3.2 Network:

The network is just starting to reach the point where inroads are being made. Should the Funder see value in experimenting with small interventions to achieve large systems change then money should be made available for two purposes:

1. To support the sustainability of the Camden network: to achieve the most impact the Camden network needs to use its time and resources wisely and effectively and they need to be sharp and focussed. The network would need to consider other operating methods to get under the radar (rather than try and battle against local officials), perhaps linking with the NHS innovation unit who are looking into commissioning processes. In addition there is a sense that the network is dependent on the presence of Get Well UK and may struggle to survive without the founder. Only if they are strategic in their activities will they have a productive effect, it's recommended that the group put forward a strategic plan and campaign of what they hope to achieve, by what channels and at what cost.
2. To create a replicable model and seed new communities in new areas, package up the design and lessons from the network project and make those available. The assets that the group have created have long term value and could easily be passed on for use by others. Setting up new networks around the country would require some financial support but our view is that the learnings from the network, resources which have been developed and the process by which this network was set up could be packaged up and passed on to other networks to make the task less investment heavy.

Commissioning happens locally so only by operating locally can you hope to influence the commissioning process. It is difficult to say how great the influence of projects like these might be, with complex systems and the

'dandelion effect' to change part of the system you need to take small interventions, it could be that this small intervention is the one that tips the system and forces public opinion and policy makers where they have no choice but to commission CAM through the NHS. The risk exists that this is not the channel through which to achieve the change or that this change is too great for the system to currently bear in which case it would not be a wise investment. The challenge of changing a deeply ingrained institution is monumental, can you achieve such a monumental task through such small interventions, and the Funder needs to weigh that up in their strategic context.

### 7.3.3 Funder recommendations

The Wates Foundation deserves recognition for taking the risk and sponsoring such an emergent project; hopefully the following points will help them in making the most out of their investment in future projects.

*Project Initiation Meeting:* An initial meeting with all stakeholders to map out the project and agree areas listed below. This is an opportunity for the funder to share their knowledge and experience of what works and what doesn't work from projects they have funded in the past. It is also an opportunity for the funder to be a sponsor and contribute more than just money.

*A clear narrative:* In designing and commissioning projects, there needs to be clear deliverables tied to aims, making sure that there is a narrative threading through all of the pieces of work and how they fit together. This will include what they want to achieve and how they will go about achieving it. Having one place whether it be a document, interview or set of slides, will act as a focus about the purpose of the work and how the actions will deliver the required outcomes.

*Explicit project conditions:* Be explicit about the project conditions. How experimental was this project supposed to be? What was the Funder's understanding of what it was trying to deliver? Perhaps in future, it might make sense to interview the Funder and create an oral/written brief that anyone in the project could listen to and so understand the history and genesis of the project.

*Manageable timescales* Consider the timescales the project is operating under and what the funded party is saying, is it likely they will be able to achieve the outcomes in the intended timescales?

*Encourage a risk driven approach:* Be explicit in what the risks are upfront and what should be done to manage them. So, what could go wrong with projects, where could problems be met, consider all relevant perspectives of how others might see the project, where are the dependencies etc. A clear link between outcomes, deliverables and risks will help the projects to be robust.

## 8.0 Appendices

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### ***8.1 Interview templates: Get Well Map and Get Well Camden Network***

These questions were used for the interviews.

#### **Get Well UK**

Take me back to the beginning, how did you come across the Wates foundation?

Why and how did you approach them for funding?

What was your vision for the project(s) you were proposing?

Tell me a little about the two streams - what was the objective, purpose, vision, outcomes? What affect or influence did you want them to have? What did you want them to achieve potentially vs realistically?

Taking each stream in turn (website and community):

Tell me how they came to be? What were the key events? What surprised you? What were the key challenges? What proved easier/more difficult than you had imagined? Can you describe a specific moment for you that defines the work and what you had hoped to achieve (either aligned or opposite)? What worked and what didn't work? What else could be achieved? What would need to be done to reach that goal?

## **Get Well Map**

### **Interview Spine.**

[Interviewee: XXX]

*Inc: Pointers to anyone else? Documents or things*

### **Background**

#### Yourself

Tell me a little bit about yourself?

Take me back to the beginning, how did you first come across Get Well? What were your first impressions?

How did you come to be involved in the project?

#### The project

Tell me your take on how the project came to be?

What did you understand the project to be about? What was it trying to achieve? What were the objectives and outcomes of the project?

How was it supposed to work practically?

### **Timeline**

Take me through what happened, the sequence of events?

What do you remember as some of the sticky moments? Was there a moment where things changed, either for better or worse.....a turning point?

What proved easier or more difficult than you had imagined? Can you give an example?

What events impacted the map and its development?

### **Success stories and challenging moments (individual and community/network perspective)**

What were the best moments for you? What happened and why?

Tell me a bit more about high, lows, moments of pride, inspiration, crisis, frustration, surprise, anger, satisfaction, humour...

**BREAK**

### **Lessons learned**

What worked and what didn't work? Why do you think that was so? Examples...

What do you think are the key things it is important to take forward?

Where do you think more value could be exploited out of the map?

### **Reflection**

Do you think the program achieved its goals? If so how? If not, why not?

Can you describe the impact it had on the wider policy goal? Can you describe a specific moment for you that defines the work and what you had hoped to achieve (either aligned or opposite)?

- Can you give an instance where the map has specifically helped you or someone else achieve something?
- Can you describe an incident that really sums up the map to you?

### **The potential - taking the network into the future**

Can you imagine the map working at its best, what is it doing and why? Who is using it and for what purpose? Who is it influencing - how? What needs to be done to get to this point?

What else could/should be achieved?

What would need to be done to reach that goal?

What future do you see for it?

Can you think of an image or metaphor that sums up the work for you?

## **Get Well Camden Network**

### **Interview Spine.**

[Interviewee: XXX]

*Inc: Pointers to anyone else? Documents or things*

### **Background**

#### Yourself

Tell me a little bit about yourself?

Take me back to the beginning, how did you first come across Get Well? What were your first impressions?

How did you come to be involved in the project?

#### The project

Tell me your take on how the project came to be?

What did you understand the project to be about? What was it trying to achieve? What were the objectives and outcomes of the project?

How was it supposed to work practically?

### **Timeline**

Take me through what happened, the sequence of events?

What do you remember as some of the sticky moments? Was there a moment where things changed, either for better or worse.....a turning point?

What proved easier or more difficult than you had imagined? Can you give an example?

What developments impacted the community and its operation?

### **Success stories and challenging moments (individual and community/network perspective)**

What were the best moments for you? What happened and why?

Tell me a bit more about high, lows, moments of pride, inspiration, crisis, frustration, anger, satisfaction, humour.....What surprised you?

**BREAK**

### **Lessons learned**

What worked and what didn't work? Why do you think that was so? Examples...

What do you think are the key things it is important to take forward?

Where do you think more value could be exploited out of this network?

### **Reflection**

Do you think the program achieved its goals? If so how? If not, why not?

Can you describe the impact it had on you, other individuals and the wider policy goal?

Can you describe a specific moment for you that defines the work and what you had hoped to achieve (either aligned or opposite)?

- Can you give an instance where the community has specifically helped you or someone else achieve something?
- Can you describe an incident that really sums up the community to you?

### **The potential - taking the network into the future**

Can you imagine the community working at its best, what is it doing and why? Who is it influencing and how? What needs to be done to get to this point?

What else could/should be achieved?

What would need to be done to reach that goal?

What future do you see for it - is it a sustainable model (locally and nationally)

What do you think it takes to make it successful and sustainable?

Can you think of an image or metaphor that sums up the work for you?

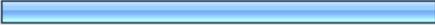
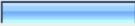
## 8.2 Questionnaire and questionnaire results

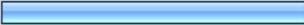
### Get Well Camden Evaluation Survey

1. Who are you?		
	Response Percent	Response Count
A practitioner	83.3%	10
A member of the community	33.3%	4
A statutory provider	0.0%	0
Other (please specify)		4
<b>answered question</b>		<b>12</b>
<b>skipped question</b>		<b>6</b>

2. How did you hear about Get Well Camden?		
	Response Percent	Response Count
Advert	0.0%	0
Personal recommendation	43.8%	7
Phoned up	12.5%	2
Other (please specify)	43.8%	7
<b>answered question</b>		<b>16</b>
<b>skipped question</b>		<b>2</b>

3. What were your (main) reasons for joining? (list top 3)		
	Response Percent	Response Count
1.	100.0%	14
2.	78.6%	11
3.	71.4%	10
<b>answered question</b>		<b>14</b>
<b>skipped question</b>		<b>4</b>

4. Are you aware of the Get Well Map?		
	Response Percent	Response Count
Yes 	76.5%	13
No 	23.5%	4
<i>answered question</i>		17
<i>skipped question</i>		1

5. Have you contributed your project/service to the map?		
	Response Percent	Response Count
Yes 	46.7%	7
No 	53.3%	8
Comments		4
<i>answered question</i>		15
<i>skipped question</i>		3

6. Was the purpose and the objectives of the network made clear?		
	Response Percent	Response Count
Yes 	100.0%	11
No	0.0%	0
Comments		3
<i>answered question</i>		11
<i>skipped question</i>		7

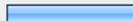
7. Have you attended any of the network events?			Response Percent	Response Count
Yes			83.3%	10
No			16.7%	2
Comments				4
<b>answered question</b>				<b>12</b>
<b>skipped question</b>				<b>6</b>

8. If not, for what reason?			Response Percent	Response Count
Not the right time			100.0%	3
Subject didn't prove interesting			0.0%	0
Couldn't see the value			0.0%	0
Not a priority to me			0.0%	0
Other (please specify)				2
<b>answered question</b>				<b>3</b>
<b>skipped question</b>				<b>15</b>

9. Your views on the substance of the network							
	strongly agree	agree	neutral	disagree	strongly disagree	Rating Average	Response Count
The events proved very worthwhile for me	63.6% (7)	18.2% (2)	9.1% (1)	9.1% (1)	0.0% (0)	1.64	11
The updates were very informative	54.5% (6)	36.4% (4)	9.1% (1)	0.0% (0)	0.0% (0)	1.55	11
Other (please specify)							0
<b>answered question</b>							<b>12</b>
<b>skipped question</b>							<b>6</b>

10. Please answer the following questions on what the network has contributed to you personally								
	strongly agree	agree	neutral	disagree	strongly disagree	N/A	Rating Average	Response Count
Being part of the network has built my overall confidence	30.0% (3)	50.0% (5)	0.0% (0)	0.0% (0)	10.0% (1)	10.0% (1)	2.00	10
The network has provided me with an opportunity to grow personally and/or professionally	36.4% (4)	27.3% (3)	18.2% (2)	0.0% (0)	9.1% (1)	9.1% (1)	2.10	11
I feel more supported by being a member	50.0% (5)	20.0% (2)	10.0% (1)	10.0% (1)	0.0% (0)	10.0% (1)	1.78	10
I feel greater strength from being part of the network	36.4% (4)	36.4% (4)	9.1% (1)	9.1% (1)	0.0% (0)	9.1% (1)	1.90	11
I have learnt new skills or knowledge through attending events or reading outputs of the network	45.5% (5)	27.3% (3)	0.0% (0)	18.2% (2)	0.0% (0)	9.1% (1)	1.90	11
I have been able to share information with people	55.6% (5)	22.2% (2)	0.0% (0)	0.0% (0)	11.1% (1)	11.1% (1)	1.75	9
Sharing information with others has proved beneficial to me	36.4% (4)	36.4% (4)	9.1% (1)	0.0% (0)	9.1% (1)	9.1% (1)	2.00	11
						Other (please specify)		0
						<b>answered question</b>		<b>12</b>
						<b>skipped question</b>		<b>6</b>

11. Have you been introduced to new ideas, strategies and approaches such as....				
	Yes	No	N/A	Response Count
Working with the media	63.6% (7)	18.2% (2)	18.2% (2)	11
Communicating the effectiveness and impact of complementary health treatments (given me a stronger voice)	72.7% (8)	18.2% (2)	9.1% (1)	11
Measuring the efficacy of treatments	70.0% (7)	20.0% (2)	10.0% (1)	10
Developing an evidence base	80.0% (8)	10.0% (1)	10.0% (1)	10
Understanding health provision in your local area	90.9% (10)	0.0% (0)	9.1% (1)	11
Sharing information on the impact of complementary therapy on patients' lives	90.9% (10)	0.0% (0)	9.1% (1)	11
Understanding quality issues surrounding complementary therapies	81.8% (9)	9.1% (1)	9.1% (1)	11
Please add others where applicable.				0
<i>answered question</i>				12
<i>skipped question</i>				6

12. Overall has the network made a positive difference to you?				
		Response Percent	Response Count	
Very much		66.7%	8	
Somewhat		25.0%	3	
Not at all		0.0%	0	
Neutral		8.3%	1	
Comments				0
<i>answered question</i>				12
<i>skipped question</i>				6

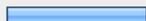
13. Can you think of a moment where the network added value to you either directly or indirectly. Please describe the moment and the value.

	Response Count
	7
<i>answered question</i>	7
<i>skipped question</i>	11

14. Have you had any unexpected benefits from being involved? (please describe)

	Response Count
	7
<i>answered question</i>	7
<i>skipped question</i>	11

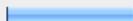
15. The project has created a strong network of practioners who understand better the issues and challenges faced in the provision of low cost/free complementary health in Camden

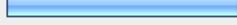
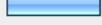
	Response Percent	Response Count
disagree	0.0%	0
neutral 	9.1%	1
agree 	63.6%	7
don't know 	27.3%	3
Any comments?		2
<i>answered question</i>		11
<i>skipped question</i>		7

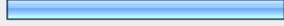
**16. The network has given me a better understanding of the local health and commissioning environment including statutory providers**

	Response Percent	Response Count
disagree	0.0%	0
neutral 	27.3%	3
agree 	72.7%	8
don't know	0.0%	0
Any comments?		0
<b>answered question</b>		<b>11</b>
<b>skipped question</b>		<b>7</b>

**17. The network has raised the visibility of the number of providers of complementary health in Camden**

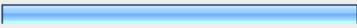
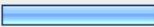
	Response Percent	Response Count
disagree 	8.3%	1
neutral 	8.3%	1
agree 	58.3%	7
don't know 	25.0%	3
Any comments?		1
<b>answered question</b>		<b>12</b>
<b>skipped question</b>		<b>6</b>

18. The network has contributed positively to influencing the local agenda		
	Response Percent	Response Count
disagree 	9.1%	1
neutral 	27.3%	3
agree 	45.5%	5
don't know 	18.2%	2
Any comments?		4
<b>answered question</b>		<b>11</b>
<b>skipped question</b>		<b>7</b>

19. The network has had an influence on the provision of low cost or free complementary therapies in Camden		
	Response Percent	Response Count
disagree	0.0%	0
neutral 	9.1%	1
agree 	36.4%	4
don't know 	54.5%	6
Any comments?		2
<b>answered question</b>		<b>11</b>
<b>skipped question</b>		<b>7</b>

20. What difference has the network made?		Response Count
		8
<b>answered question</b>		<b>8</b>
<b>skipped question</b>		<b>10</b>

21. What difference does that make to you?		Response Count
		8
	<i>answered question</i>	8
	<i>skipped question</i>	10

22. Are you a member of other networks?			Response Percent	Response Count
Yes		70.0%	7	
No		30.0%	3	
	<i>answered question</i>		10	
	<i>skipped question</i>		8	

23. If you weren't part of this network what would you miss?		Response Count
		9
	<i>answered question</i>	9
	<i>skipped question</i>	9

24. Do you think others would find membership of a network like this useful?			Response Percent	Response Count
Yes		100.0%	11	
No		0.0%	0	
Don't know		0.0%	0	
	<i>answered question</i>		11	
	<i>skipped question</i>		7	

**25. If so, please rank these in terms of importance with 1 being the most important and 5 the least important**

	1	2	3	4	5	N/A	Rating Average	Response Count
Feeling supported	22.2% (2)	22.2% (2)	22.2% (2)	11.1% (1)	22.2% (2)	0.0% (0)	2.89	9
Building skills and knowledge	25.0% (2)	25.0% (2)	12.5% (1)	12.5% (1)	25.0% (2)	0.0% (0)	2.88	8
Sharing information and experiences around complementary health	12.5% (1)	25.0% (2)	37.5% (3)	12.5% (1)	12.5% (1)	0.0% (0)	2.88	8
Influencing local provision	25.0% (2)	12.5% (1)	25.0% (2)	37.5% (3)	0.0% (0)	0.0% (0)	2.75	8
Community influence	22.2% (2)	22.2% (2)	0.0% (0)	22.2% (2)	33.3% (3)	0.0% (0)	3.22	9
Other (please specify)								1
<b>answered question</b>								<b>10</b>
<b>skipped question</b>								<b>8</b>

**26. Has being part of the network satisfied your initial needs?**

	Response Percent	Response Count
satisfied 	63.6%	7
somewhat satisfied 	27.3%	3
neutral 	9.1%	1
somewhat dissatisfied	0.0%	0
dissatisfied	0.0%	0
Any comments?		2
<b>answered question</b>		<b>11</b>
<b>skipped question</b>		<b>7</b>

27. Would you do it again?		
	Response Percent	Response Count
Yes 	90.9%	10
No	0.0%	0
Don't know 	9.1%	1
Please explain		0
<i>answered question</i>		11
<i>skipped question</i>		7

28. Can you suggest a metaphor that for you describes the network or what it provides to you	
	Response Count
	7
<i>answered question</i>	7
<i>skipped question</i>	11

29. Get Well Camden are considering how to take forward the network into the future. Do you have any comments or suggestions that you would like to see?	
	Response Count
	8
<i>answered question</i>	8
<i>skipped question</i>	10

27. Would you do it again?		
	Response Percent	Response Count
Yes 	90.9%	10
No	0.0%	0
Don't know 	9.1%	1
Please explain		0
<i>answered question</i>		11
<i>skipped question</i>		7

28. Can you suggest a metaphor that for you describes the network or what it provides to you	
	Response Count
	7
<i>answered question</i>	7
<i>skipped question</i>	11

29. Get Well Camden are considering how to take forward the network into the future. Do you have any comments or suggestions that you would like to see?	
	Response Count
	8
<i>answered question</i>	8
<i>skipped question</i>	10

### **8.3 Community narrative exercise**

These exercises were used in the Get Well Camden Learning Network in paired exercises. Some time was taken by the group in learning how to use these tools, as part of the commitment towards learning new skills in the group.

#### a) Instructions

As you may now be aware, we are trying to delve in to the Get Well Camden network and understand what value it has given to its members and the wider goal of influencing policy and local provision of complementary medicine.

As part of this we need your help.....

You will find a number of postcards, what we would like you to do is:

- a) grab someone you haven't met before or know less well
- b) grab something to drink and find a quiet spot somewhere and.....

We would then like you to share at least **one experience** you have had whilst being part of the Get Well Camden community, some prompts include:

- can you think of a moment where being part of the network was useful to you personally or professionally? (describe both the moment and the value)
- how has the network added to your development, can you give an example? How is that different to other networks?
- where have you seen the effect of being part of the network on your patients or the wider public?
- is there a moment that shifted or changed your understanding of the wider picture of providing complementary medicine? What happened?
- what difference has being part of this network made to you?

Perhaps you could also think of an object or metaphor that for you either:

- symbolises the value of being part of this network or
- brings to life what this network is like

We are aiming for at least one postcard per person but if you would like to do more then they would be very welcome.

Please fill in the postcard with a brief description of your experience and the name of the story owner (this is optional - if you would prefer to send an anonymous one in then that is fine). When it is completed please give it to Fiona Hiscocks.

Please also use the postcards to make any other comments or contributions you would like to suggest. Thank you for your time.

## b) Guidance

### Guidance for sharing stories

- Listen to each other attentively. Please do not take notes. Instead listen in a way which allows you to experience the story. Remember you are here as listeners as well as tellers; each role is as important.
- In telling the story, stick to an actual episode however small. These cues may help you:
  - what initiated the event
  - who played a part in the event
  - what were the sequence of events
  - was there a moment when things changed, either for better or worse....a turning point, what happened
  - where did it happen
  - what was the change the story embodies
  - what happened in the end (the moral)
  - why do you think this is such a strong memory for you? Why did this leave such a lasting impression?
- Tell it in the first person
- To make your story come to life for listeners, try including some ‘insignificant’ details about the emotional or sensual experience of the episode (sight, sound, smell, taste and feel). This often provides a hook and makes the story memorable. Bring it to life through your descriptions using small details (vivid images), try to create a picture in the listener’s head.
- Consider the characters and the path they take through the story, feel free to anonymise them. Where does the story take place?
- Feel free to use humour, suspense and conflict/change.
- Take it in turns to tell your story.
- Give the story a name.
- Thank each other at the end of the exercise.

**Summarise the story** onto one side of the postcard, making sure that no important words used in the telling are lost in the shortening. Then **agree one or two reflections that convey the message of the story**, and write these on the other side of the postcard.

### Being a listener:

After you heard a story the listener shall:

1. Tell about the clearest picture in the story - we discovered what it means when the storyteller is rewarded with a clear answer: I heard you and you gave me something.
2. Tell about the theme of the story. What have you heard and understood from the story? (These two are closely connected - so start with 1 and 2 together and then go to ...)
3. Say something nice about the way the story was told
4. Ask if the response was useful

### Some background to the story process:

Asking open 'how' questions (story telling mindset) rather than 'why' questions (analytical mindset) can sidestep defensiveness, helping people to stay inside the story. It is also useful to encourage people to tell stories as 'I' rather than 'they', or 'we'. When eliciting a story in an interview, you might consider this framework, drawn from the script for story competition follow-up calls: -

Setting the scene	"I'd like to hear you tell your story in your own words, to get under the skin of it." "Are you ready to start?" "Take a moment to think back..."
Beginning	"So tell me about how you first got involved with/ met/ started doing X?" "How did it all begin?"
When things are too general	"What were some of the memorable moments?" or "for instance?" or "can you give me an example, so I can picture it?"
Qualifying the difference	"Can you pinpoint a time when you really saw you were making a difference?" "What did that feel like?"
Engaging emotions, finding turning points	"Can you remember a particularly magic or moving moment? One that really sticks in your mind?" plus follow-up comments like "what did that feel like?" or "you must have been proud to be a part of it"
Audiences and messages	"Who should hear this story?" "If you were telling this story to X what key messages would you want them to take away?"
Catchy title	"Hearing you tell your story I listened for nice turns of phrase. But if this story were a book, what would its title be? Can I suggest X?" Note: this is a really important part of the process. Titles should contain the essence of the story and make it really memorable. People also appreciate you playing back their words - it makes them feel both heard and creative.
Digging deeper	The best results were when we reflected back saying things like "so it sounds like you really had your work cut out..." etc

Direct and indirect	Direct questions can sound quite intimidating and block people “Were you frightened?” Whereas indirect questions can prompt deeper recall and develop empathy “It sounds like that might have been quite frightening for you?”
Interrupting	Interrupting, to check facts or to express surprise can send people off in a different direction to the story they wanted to tell. Containing your surprise is important to prevent diversion from the original direction.
Silence	Holding long pauses feels unnatural but allows the story to unfold.

c) Compiled results from the Postcards

P1

Amazing to hear other peoples perspectives and experiences. Really interesting and inspiring

P2

I was fascinated by the media officer for the Homeopathic Hospitals strategies for dealing with the media. It was useful to me when confronted by a situation in my personal life when I became very aware of someone’s agenda in their dealings with me (sorry cant be more specific at present!)

P3

Prior to attending Get Well Camden meetings, I had no idea as to how the local government/council/PCT worked - I’d been operating one to one as a therapist with clients in a very enclosed, contained context. I’ve had to concentrate, think (!), use my brain (!), imagine (!) and break out of the bubble. I now value the work I do more, and see its place in a much wider context, connected and see the potential for development. As I considered my future career, I realised that I wanted to continue my training, and have enrolled on a Bowen Technique Course that starts next weekend.

P4

This group supplies me with a community of others similarly motivated to break the walls ?? establishment Healthcare, to work towards the same form of integration, complementarity.

The success stories inspire and encourage me. My tendency is to be overwhelmed by the obstacles. I want to pick the brains of the group, to help me around some of the obstacles I meet/create in my attempts to change the structures within which I work.

My current metaphor is twofold:

- models that cannot meld
- channels that connect, that direct movement

GWC provided the oomph to begin planning a pain clinic at W+H. There were ideas coalescing from different areas of experience. I’ve run into a major glitch - a question of vision. I feel I need the group to help me around this

P5

GWC has give me a greater awareness and understanding of the processes behind public healthcare. It has been inspiring to see so many skilled and experienced people committed to providing affordable healthcare. It has been useful/informative in my own interest in looking at alternative models of integrated health and one which I hope to pursue in more research/filming and practice. I cant think of a specific moment - rather it has been accumulative experience with details added with each event. Within a network the different experience of each individual contributes to a greater whole, there have been many strong and inspiring contributors over the months

Through GWC I was asked to phone round CAM providers. This was how I spoke to Keith Hunt and asked if I could interview him - initially as something to show GWC (as he was too busy to attend). I ended up making a short film of his work at the Royal Free which managed to fulfil the criteria for a film course I was on and be a useful tool for Keith who sent many copies out to funders etc. It is now on the Royal Free website and has been sent to Brent PCT. In the process I learnt practical editing and filmmaking skills and used them in line with my interests and passions. It gave me a sense that I could make a small contribution to the cause.

P6

I am a newcomer to the GWC network and as such am only just beginning to find out how the network works, its aims and the help it provides within Camden and further afield. I feel very inspired to meet such dynamic and hard working people, including fellow complementary therapists and hope that I can find a role in which to be active and helpful within the network.

P7

1<sup>st</sup> meeting:

- because of standing up and being a majority rather than a minority. People having the same focus, being a beacon and a motivator
- in this network there are no jealousies so I can express my passion and voice my achievements
- in encouraging inexpensive treatments and accessibility
- seeing my first cancer patient. The network awareness of the importance of commissioning and sharing the awareness of the change comp therapy can effect
- a much wider voice and common aims and recognition

## ***8.4 List of Get Well Camden Events***

**List of events:      A network for Complementary Therapy:**

Event 1 - Oct 2006: Setting the scene

Event 2 - March 2007: Realising the potential of complementary therapies in the NHS

Event 3 - May 2007: Being seen: raising awareness of complementary therapies

Event 4 - June 2007: Evidencing quality and effectiveness of complementary therapies

Event 5 - 29 Sept 2007: Commissioning in Camden

Event 6 - Nov 2007: Reviewing and Evaluating GWC

Event 7 - Jan 2008: Reviewing and Evaluating GWC II

Event 8 - June 2008: planned

## 8.5 Learning Network implementation plan 2006-2008

Specific aim 1: To enable the development of a Camden network of complementary therapy providers

Timing	Objective	Input/ Resource	Output	Outcome	Milestone
July- September 2006	Learning Events	Get Well Camden Co- ordinator engaged Venue for event at Women+Health Get Well UK to present at intro event Mailing to all complementary therapy providers in Camden	Introduction Event 20 providers attend the Event Feedback on themes and topics providers would like to have covered by a learning network - put into priority order	Complementary Therapy providers are aware of other services Complementary Therapy providers make initial contact with each other and begin to network Providers are aware and informed about the Get Well UK online map	30 September
October - December 2006		Venue, refreshments, pre-event information to all providers in Camden Presentation from NHS, possibly Camden PCT person	Event II - the potential and reality of complementar y therapy in the new NHS 30 providers participate Priority list of themes to be covered by the Learning Network	Providers understand more about what the opportunities and barriers are to providing services for NHS patients	30 November
January - March 2007			Event III		28 February
April - June 2007			Event IV		31 May
July - September 2007			Event V Event VI		15 July 15 September

Timing	Objective	Input/Resource	Output	Outcome	Milestone
October - Dec 2007			Event VII Event VIII		30 November 15 December
January - March 2008			Event IX		29 February
April - June 2008			Event X - Evaluation of Learning Network		30 April

Timing	Objective	Input/Resource	Output	Outcome	Milestone
July-Sept 2006	Establishment of GWC Learning Network	Baseline questionnaires from providers in Camden Analysis of questionnaires	Baseline information resource on complementary therapies from up to 30 providers in Camden Camden providers are put on the online map test site	Providers are aware of their service in relation to others and how this complements their provision Providers are able to begin to inform their patients of other services in Camden	15 September
Oct-Dec 2006		Baseline questionnaires responses to question on steering group membership	5 providers who are interested and available to be part of the GWC steering group	Providers determine the direction and content of GWC	31 October
Jan-Mar 2007					31 January
April-June 2007					30 April
July-Sept 2007					

## ***8.6 About Includon Associates***

Includon Associates works with narrative, story, knowledge management and process mapping as a way of helping organisations with complex problems from running lessons learnt programs to designing new ways of working and large change management exercises. Whole systems thinking and complexity form underlying structures and help give new visions and understandings. With a particular interest in health projects, the company has helped with integrating health and social care teams, designing new buildings to promote better working and working with vulnerable young people to design new integrated services. Clients include HMRC, Defra and the Islamic Development Bank.

## 8.7 Flyer on the CAM conference

# COMPLEMENTARY & ALTERNATIVE MEDICINE (CAM) in Primary Care

Study morning  
9.00 – 1.00  
MON 29 OCTOBER 07  
CONFERENCE HALL, ST PANCRAS HOSPITAL  
St. Pancras Way London, NW1 0PE



## COMPLEMENTARY & ALTERNATIVE MEDICINE

This is an opportunity to hear about the ongoing research, the gaps and the way forward. The event is open to all healthcare professionals working in London and those interested in CAM research including GPs, Nurses, Pharmacists and Staff from PCTs, Mental Health, Community Health and Social Care. **(Registration is free)**

			
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