

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

Evaluation Report**



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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.