

Health Needs Assessment Toolkit

This toolkit has been developed to assist practices to produce a health needs assessment of their practice population.

A Simple Guide and Step by Step Process sheet is included as a quick introduction to the process.

[*Click here for contents page*](#)

To use this contents page please click on the required section, use the bookmark to your left or use the navigation provided by this software

Contents

<input type="radio"/> A Quick Guide to Health Needs Assessment in General Practice	
<input type="radio"/> Step by Step Process for Health Assessment	
<input type="radio"/> A Toolkit for Health Needs Assessment	Page
Introduction	1
1. What is Health Needs Assessment?	3
2. Practice Professional Plans	4
3. Benefits for the Practice	5
4. Using the Toolkit	7
5. The Project	
5.1 Forming a Project Team	8
5.2 Project Planning	9
6. The Document	10
7. The Next Step	11
Description of the Practice	12
Description of the Community	13
Quantitative Study	15
Qualitative Study	20
<input type="radio"/> Rapid Appraisal	
<input type="radio"/> Sampling for Interviews	
<input type="radio"/> Designing a Questionnaire	
<input type="radio"/> Health Needs Assessment General Questionnaire	
<input type="radio"/> Semi-Structured Interviews	
<input type="radio"/> Focus Groups	
<input type="radio"/> Prioritising the Identified Needs	
<input type="radio"/> Key to Success	
<input type="radio"/> Action Plan	
<input type="radio"/> Action Plan Template	
<input type="radio"/> The Audit Cycle	
<input type="radio"/> The Ongoing Precess	

A Quick Guide to Health Needs Assessment in General Practice

What is Health Needs Assessment?

It is a process for identifying the health needs and inequalities in a given population. In general practice it should involve contributions / consultation with other agencies and the local population.

Why Do It?

Clinical Government requirements – essential component of PPDP; influences professional development; improves data quality; identifies needs; contributes to evidence base; improves patient outcomes.
Develops and improves links with the local community.
Team building opportunity.

Who should do it?

Members of the Primary Health Care Team, preferably including the Clinical Governance lead for the practice.

How do you do it?

Follow the Step by Step guide (see over) and refer to the PCT Toolkit and the HDA Workbook for Health Needs Assessment.

Use the support and facilitation available, for any part of the process, from the PCT.

When it's done?

Include in Practice Professional Development Plan.
Prioritise the needs.
Produce an action plan.
Set a review date.
Monitor progress.

What next?

Review, update and repeat the cycle.

Turn over for

STEP by STEP Guide

Step by Step Process for Health Needs Assessment

Write a Description of the Practice

Include
Location, Building, Facilities, Staff, Services

Write an Account of the Community

Include
Urban / rural, Population distribution and type, housing, schools,
Transport, employment, crime, leisure facilities, services.

Quantitative Study

Include
Demographic profile, Socio-economic status, Morbidity data, Health Related Behaviour data
Immunisation, Screening, Prescribing data

Qualitative Study

Include
Information from semi-structured interviews and / or focus groups
involving other agencies and patients

Findings

What are the findings from the above?

Prioritise Needs

Prioritise the findings – refer to toolkit for guidance

Produce an Action Plan

Set objectives and actions to achieve with target date

Review Date

Assess progress, Celebrate achievements, Update data, Set new objectives

A Toolkit for Health Needs Assessment

Introduction

General Practitioners and Primary Health Care Professionals need to develop their skills and knowledge to provide the best and most appropriate care to patients. They need to plan their development and the services they provide to meet the health needs and reduce the health inequalities in their registered practice population. In order to do this they need to have knowledge of the health needs and inequalities that exist in the community they serve.

This toolkit has been produced to assist practices to produce a health needs assessment for the Practice Professional Development Plan. The Practice Professional Development Plan is the key document that identifies the training and development needs of the team and provides individuals with ideas for their own personal development plans.

Any member or combination of members of the primary health care team can use the toolkit. It can be used to produce the complete health needs assessment or to develop a health needs assessment already achieved.

Historically, more often than not, health needs assessment in primary care has been undertaken within the primary health care team with a strong quantitative bias.

This toolkit enables a simple quantitative and qualitative assessment to be undertaken which identifies the health needs of the community served. It involves personnel from within the Practice, representatives of other key organisations within the community and patients. This allows:

- local people and organisations, both statutory and voluntary, to be involved in influencing health care planning.
- identifies the key issues affecting health in that community and the health problems experienced.
- provides an opportunity to articulate the needs of the local population to those who can influence planning decisions.

Ideally, the process involves a project team made up of personnel within the practice; this will include practice employed staff and attached staff, but can include representatives from other agencies as well. It provides an opportunity to build and strengthen the primary health care team, increasing awareness of team member's roles, skills and knowledge. It also provides an opportunity to develop links with other agencies within the local community and local people.

Health visitors are trained in health needs assessment and will be able to make a significant contribution.

Once the assessment is achieved the primary health care team can then identify their education and training needs to deliver a high standard of appropriate care to the patients for whom they are responsible. They can consider whether the services they are providing are the most appropriate for the health needs they have identified and they can plan to meet those needs accordingly. This may involve small changes or require large-scale change involving other agencies.

Some of the identified needs will be the responsibility of other organisations or groups to address but could make a considerable difference to the problems currently being encountered. There are many examples of community developments that have occurred as a result of health needs assessment and have resulted in measurable and sustainable improvements within a local population.

Health needs assessment is a process that does involve time and effort but the long-term benefits can be considerable both for those who undertake it and for the population assessed. There is no value in producing a health needs assessment if no changes result from it so it must be done with the commitment to address the identified needs once complete. It may well not be possible to address all of them but it will be possible to prioritise them and address the most important.

There will be needs that can be met by changes within the practice, by developing new skills either individually or as a team, by improving and developing existing skills or by offering new or improved services.

There will be needs that can be met outside the practice but will make a difference to the problems presenting to the practice.

1. What is Health Needs Assessment?

Health needs assessment identifies the health needs and inequalities in a given population, in this instance the practice registered population. It is a valuable tool for informing the planning process. It identifies the priorities for professional and service development that will improve the health of the target population and reduce health inequalities.

It is important to identify “needs” and not “wants”. Need exists when a benefit could be achieved from an intervention and a measurable improvement could occur as a result of a change.

Health is influenced by so many factors and the prevention of ill health and maintenance of good health is the responsibility of many agencies and most of all by the people themselves. It cannot be improved and maintained by a primary health care team alone. It is imperative that the people working within the team and the population they serve are aware of the health assets and needs within their community, and contributes to the identification of them.

By undertaking a practice and community based assessment, involving local people and agencies, the health needs and the wider determinants of health can be identified and the most appropriate group can then plan to meet that need.

Once the areas for development have been decided education and training needs can be identified for those who are going to deliver the service.

Professionals will develop their skills and knowledge to best meet the needs of the people they are caring for, which in turn will provide a high level of personal and job satisfaction.

Producing a standard assessment will enable information to be extracted and shared. This will make a useful contribution to the Health Improvement Programme and to identifying common educational and development needs for the PCT as a whole. This provides a bottom up approach to healthcare planning giving real opportunity for the people delivering the services and those receiving them to be heard, and have real influence on the development of services.

2. Practice Professional Development Plans

Practice professional development plans have been introduced following the Calman report in 1998 “ A Review of Continuing Professional Development in General Practice”. They are the framework by which all individuals in the Primary Health Care Team will be guided in their own personal professional development plans. They will considerably influence the education and training needs of all members of the practice with the aim of providing the best and most appropriate care for the patients registered with that practice.

The plan is the central document by which the practice collates information about its activity and aspirations. It should incorporate significant event auditing which will encourage evidence-based practice, audit of activity and interventions and management of complaints.

It necessitates a health needs assessment of the practice population. This assessment should not be undertaken just within the practice but in the community served by the practice as well. This gives a more accurate assessment and identifies the wider determinants of health which, if not addressed, will continue to affect the morbidity and mortality of that population. Once the information is collected then it is possible to set the aims and objectives for the practice and identify the educational and training needs of both the team and individuals within it.

3. Benefits for the Practice

The work ideally needs to be a multi-disciplinary team project, where attached and practice staff work together. This immediately offers an opportunity for:

- strengthening and developing the primary health care team
- for developing communication amongst the team
- for a greater awareness of the team's skills and knowledge to be achieved.

It provides an opportunity for the team to assess their own skills and identify individual or team development needs. The project team will develop skills that will be of immediate benefit to them and needs assessment will become a common skill.

The benefits to practices of undertaking this work are:

- Identifies the health needs and inequalities in the registered practice population
- Develops skills in health needs assessment
- Provides an excellent team building opportunity
- Focuses practice and professional development – supports Appraisal and CPD
- Identifies data quality issues and provides opportunity to develop robust data sets
- Builds links with the community and develops an awareness of the factors impacting on health
- Improves patient care and outcomes
- Provides an opportunity to influence the planning process – a bottom-up approach
- Contributes to the Clinical Governance agenda
- Supports requirements of new GP Contract

It is vital that changes take place as a result of the needs assessments or the work is not justifiable. Changes may be:

- new or improved services and /or resources
- individual's personal development
- changes in individual practice
- better team working
- a greater awareness of the local community
- service developments
- joint initiatives with other organisations
- changes that are brought about by other agencies.

The emphasis will be on evidence based practice. The identified needs will provide the foundation of the development plan for the practice and provide an opportunity to influence development in the community.

The changes will provide greater job satisfaction as individuals develop skills to meet an identified need and a high standard of appropriate care to patients.

Morale and motivation will increase.

Patient outcomes will improve.

The practice will raise its profile in the local community.

There is currently considerable emphasis on the development of public health knowledge and skills in primary care. This work provides the opportunity for primary care professionals to acquire these skills. It provides an opportunity to work with local people and organisations to identify not only the health needs but the wider determinants of health as well. If these are not identified and addressed the presenting health problems will not reduce. It develops multi-agency working and planning at local level and offers an opportunity for a bottom up influence on the planning of services.

4. Using the Toolkit

Having established what a health needs assessment is, the benefits of undertaking one and how it relates to the practice professional development plan the next step is to produce it.

The toolkit explains the processes required to produce a health needs assessment.

It is recognised that time and resource is scarce within primary care teams and the toolkit has been designed with that in mind. The project can be adapted to fit the time and resource available.

The structure of the completed report should be similar to the following:

- Introduction
- Description of the Practice
- Description of the Community
- Quantitative study and findings
- Qualitative study and findings
- Summary
- Action Plan

Support and facilitation is available from the PCT.

5. The Project

5.1 Forming a Project Team

The health needs assessment should be a team project so the first step is to decide who is going to produce it. A good approach would be to discuss the proposal at a primary health care team meeting where everyone will have the opportunity to consider becoming involved. Circulate the minutes and invite interest from anyone who was unable to attend to minimise the risk of not including someone with much to offer.

The team will ideally include:

- a General Practitioner as they are key personnel within the practice, have a vested interest in the PPDP, can communicate with the other partners and will need to be involved in decisions which will arise from the action plan
- a Health Visitor and/or Community Nurse. They often possess knowledge and / or experience of health needs assessment and could make a significant contribution
- an IT expert or someone with the responsibility for data management in the practice who will probably be a good candidate to take responsibility for the quantitative study. Support with data collection can be provided by the PCT PRIMIS facilitator.
- the Practice Manager to co-ordinate the project and communicate to other members of the team

The project team need to be keen, they need a strong leader and at least one completer/finisher! A team needs to be about four people.

As the assessment will involve those working for other agencies inviting a representative from one of the key agencies to be part of the team could be valuable. The agencies would be social services, education, police, local authority and the voluntary sector. There may be a social worker attached to the practice or you may wish to develop links with the local police or school and invite them to send a representative to join the team. You will probably already have some ideas about the problems that exist in the area and this may enable you to decide which agency or agencies to include.

It is essential to appoint a team leader who will take responsibility for the project and to whom all the other team members can report.

Celebrate your success along the way to boost morale and strengthen the team.

5.2 Project Planning

Project management is about deciding what you want to achieve, how to achieve it and how to recognise you have achieved it.

- The Project

The project is to achieve a health needs assessment of the practice population and produce an action plan to meet the prioritised needs.

- Project team

A team needs to be formed and a leader identified.

- Project Plan

It is essential to produce a project plan. The plan must identify a start and finish date and target dates for completion of tasks along the way.

The plan must identify the tasks to be achieved. The tasks must be distributed amongst the team. The person responsible for undertaking a task must be named against the task. All tasks must be covered and each person must then decide what tasks they need to do to achieve their designated task. The toolkit gives clear guidance as to how to proceed and task identification should be relatively simple. Refer to the individual components to identify the tasks.

- Project time-table

A time-scale needs to be agreed along with actions required and regular review dates. The whole project should take approximately 30 hours total time. However, it is quite possible to adjust this according to time and resource available and the amount of work already achieved. Monitoring progress is crucial.

- Risk Analysis

A risk analysis should be performed so potential risks are identified and planned for and overall risk is reduced. This only needs to be a simple exercise. The project team should have a quick brainstorm to identify potential risks. The risks should be categorised into low, medium or high risk. Any action that could significantly reduce or eliminate the risk should be taken. A brief contingency plan should be produced for potential risks identified.

6. The Document

The finished document will contain:

- Introduction
- Description of practice
- Description of community
- Quantitative study
- Qualitative study
- Summary
- Action Plan

The summary should state the main findings and state recommendations for addressing them. The findings will be easily identifiable. The recommendations can be made once the findings have been prioritised, see separate section.

All the sections combined together will become your health needs assessment document.

An electronically produced document can be made readily available to all with access to the system and is easily updated, as it should be, on an annual basis.

The document is now complete but the exercise is not. There is no point in putting an enormous effort into identifying the health needs of the practice population if you are not going to address them. In fact it has been suggested that health needs assessment be renamed health needs ADDRESSMENT.

7. The Next Step

It is **essential** on completion **to prioritise the identified needs** and **produce an action plan to address them**.

There are separate entries on how to prioritise and producing an action plan.

You could at this stage reform your team including some original team members and some new members. This provides an opportunity for other people to become involved and for anyone who wishes to leave the team to do so. It is important to retain at least one member of the original team. Consider the problem being addressed and who might be particularly useful to include in the team.

The action plan will consist of objectives to meet by a set review date. A template is included to assist you.

The review date should be a year from completion of the needs assessment, although it is important to include a mechanism for monitoring progress. The ideal monitoring process would be those responsible for objectives reporting progress at primary health care team meetings.

The annual review should consist of updating data; reviewing objectives and setting new objectives, including any required to develop the needs assessment further.

The audit and evaluation can be simple but are important to demonstrate the extent of the change made and the benefits achieved from it. Advice is given on the sheet explaining how to produce an action plan.

You are now in a position to use the toolkit to produce the components of your health needs assessment.

This toolkit has been developed to be a simple and useful tool to assist the process of producing a health needs assessment.

The Health Development Agency have also produced a workbook for health needs assessment and you may find a copy useful to support the toolkit. Visit the Health Development Agency website at www.hda-online.org.uk

Description of the Practice

The description of the practice is a reasonably simple task that any member of the primary health care team would probably be able to do. It would be a good task to allocate to someone who is keen to be involved but not confident about the skills they have to offer.

The health needs assessment you are undertaking is very much about the population served by your practice. It is therefore important to provide an account about the practice itself, the staff who work there and the services offered.

A description of the practice should include information about the location, the building, the staff and services offered.

The location should mention whether it is rural or urban, proximity to other essential services and position in relation to registered population (the majority of the patients registered with the practice may live some distance from it, or in a particular neighbourhood in a large town or city).

There should be an accurate description of the building and facilities along with mention of the assets and difficulties. Are there sufficient rooms? Is there a suitable room for holding groups and/or classes?

The account should include a description of the staff who work there. All staff should be included. It would also be useful to include a brief profile of each staff member, identifying any specific qualifications, skills and / or interests they may have. This will assist you to identify any gaps and be useful when recruiting new members to the team.

The information on staff should include:

Who are the staff who work in the building? How many GP's? How many Practice Nurses, District Nurses, Health Visitors, etc. Are they a training practice? How many people are employed in each discipline? What is the skill mix?

Who are the visiting staff – CPN, Dietician, Physiotherapist, Counsellor?

What services does the practice offer? Are there any specialist services offered ?

How many patients are registered with the practice ? Is there a predominance of a particular group eg. older people, teenage mothers.

Description of the Community

The description of the community will involve using a rapid appraisal technique and information gathered from the qualitative study.

It is important to have an understanding of the community that you are assessing. The community account should provide a clear picture of that community – the population distribution, housing, schools, transport, employment, crime, facilities for sport and leisure, services for specific groups – youth, older people

A rapid appraisal technique is recommended. Rapid appraisal focuses on rapid information gathering and community participation. It facilitates the promotion of attitudes and skills which professionals need to do solid and productive community work. It is a participative method that has been proven to yield a rapid overview of a community and its health. It is a good tool to use for initial health surveys and needs assessments, particularly as it records community perceptions and engenders a degree of mutual responsibility between an agency and the community.

It involves collecting data about the assets, needs and resources in the community from interviews, documents and observations.

Gather information from as many sources as possible and consult any relevant documentation available eg. Practice profile, Village appraisal, Community Directory. Spend time in the community – most members of the team are doing this as part of their jobs, or because they live locally, or both.

Produce a report of your general observations of the community.

Semi-structured interviews with Practice staff, identified key stakeholders and personnel within the community and a sample of patients, conducted as part of the qualitative study, will provide much of the information required. Discuss this possibility with the person who is responsible for the qualitative study and work together, unless of course you are responsible for both.

Practices in close proximity to other practices can share this work.

You could also consider using focus groups to make comparisons with results of interviews taking participants from 1) Practice staff, 2) Community representatives, 3) Patients. Focus groups are probably better used to explore identified issues further.

There are separate components in the toolkit explaining semi-structured interviews and focus groups.

Consider the following:

- Is the area being profiled an urban or rural one, or a mixture of both?

- Are there any areas within it with particular characteristics e.g. a large housing estate with a high rate of unemployment and crime or a very rural patch with isolated dwellings and poor transport provision?
- Are there any large factories or businesses, which have a particular impact in the area?
- What provision is there for shopping, education, health, leisure and sport? How accessible is the provision and are there any groups who are particularly disadvantaged in this community? Who are they and why are they disadvantaged?

When you have answered all these questions than you can write up the account of the community served by the practice.

Quantitative Study

Data in general practice can provide a wealth of useful information about the health of the practice population and the effect of the interventions being used. The quantitative study is going to involve gathering data from within the practice and data provided by the PCT.

Clinical governance requires practices to develop their data collection to provide accurate and comparable data. Much of the data collected in future will be necessary for informing the local Health Improvement Plans and meeting standards set in the National Service Frameworks.

A lack of consistency and a wide range of variables in data input have often resulted in a lack of robust data in the past. This is an ideal opportunity to look at data collection in the practice and make some decisions about information management.

A good data set is like the quality of gold, it has a high carat:

- C** - consistent
- A** - accurate
- R** - reliable
- A** - accessible
- T** - timely

Data is only useful if it gives an accurate representation of the problem being investigated. However, good data can be extremely useful to influence staff or service developments.

The PRIMIS facilitator can assist you with data quality issues and developing data sets.

The data the practice needs to provide is simple and much of the data required will be provided for you by the PCT.

The PCT will provide you with:

- The Practice and PCT **demographic** profile
- The **socio-economic** data for the registered practice population
- A MIQUEST **Morbidity** data search tool, the calculation to determine the practice prevalence and the national prevalence figures for comparison
- **Health related behaviour** statistics for the PCT (when available) and England as a comparison

Data is difficult to obtain at local level, comparisons are difficult because of differences in boundaries and data collection, and there are issues around confidentiality. The PCT will continue to investigate sources of data that may be useful.

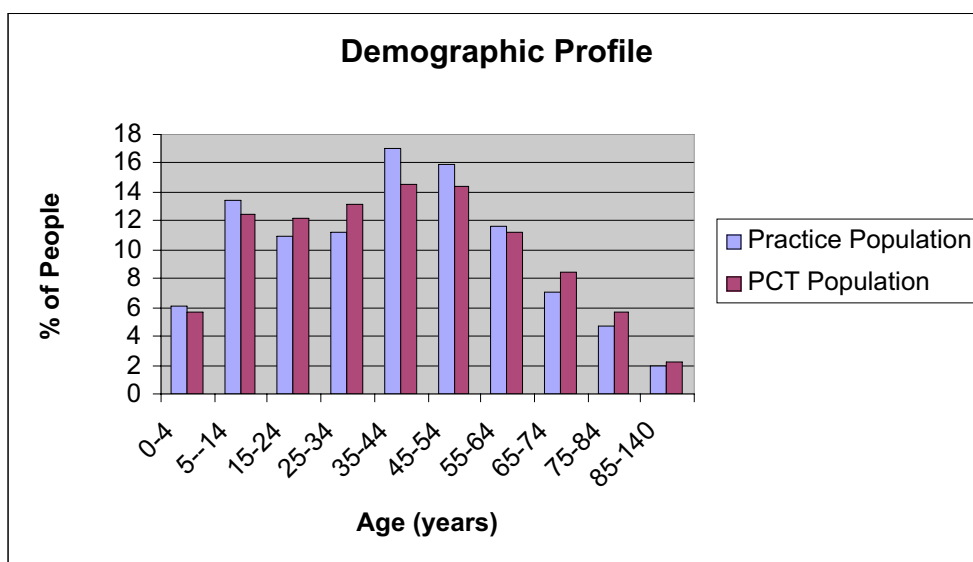
The following describes the data required and how to obtain it.

Demographic Profile

The demographic profile will be provided for you. This will indicate whether there is a predominance of young, middle-aged or older people within the practice. It will also be possible to show whether the practice population is increasing or decreasing. If it is you may like to consider why this might be eg. large local housing development.

An ethnicity breakdown is not included as the figures are so small for all practices in Mid Hampshire that the data is meaningless. However, it is important not to overlook this group of people as they can have very specific health needs. The practice should consider individually the needs of any relevant patients.

Displaying the information in graph form gives a clear visual comparison between the practice and PCT figures.



Socio-Economic Status

This information will be provided for you by the PCT. The data provided will be from the Index of Deprivation 2000. This will ensure that all practices are using the same deprivation measure and make comparisons relatively simple. The Index of Multiple Deprivation score has been calculated for the individual practice populations. It is calculated proportionately from the wards the majority of the registered practice population live in.

The Indices of Deprivation 2000 (www.regeneration.dtlr.gov.uk) are measures of deprivation for every ward and local authority area in England. It combines a number of indicators which cover a range of domains (income, employment,

health deprivation and disability, education skills and training, housing and geographical access to services) into a single deprivation score for each area.

It has a total of thirty-three indicators, which fall into the six domains of deprivation. This index is considered to be the most accurate of deprivation measures and is recommended as opposed to Jarman or Townsend. This index uses a wide range of statistically robust data sources that can be updated regularly to describe deprivation at ward level. It does not rely on decennial census data that cannot be kept timely. Annual calculations are possible.

There are 8,414 wards in England, each scored for the overall index and the separate domains. These are ranked in order of deprivation with ward 8414 being the least deprived and ward 1 being the most deprived.

Mortality Rates

Data at practice level is unlikely to give an indication of any relevance and is therefore not generally worth pursuing. If required, for instance if wanted for a particular piece of work, it will be available from the PCT.

Morbidity

A MIQUEST search tool has been developed to extract data in accordance with the General Practice Research Database guidelines and using the calculation provided will provide the practice prevalence figure. The national comparison is provided. The tool currently collects data for:

- Coronary Heart Disease
- Diabetes
- Asthma
- Hypertension
- Depression

There may be difficulties encountered initially if there have been differences in data input. If so it would be worth recommending the practice make some decisions about data collection for future use.

The PRIMIS facilitator will provide support and guidance.

Health Related Behaviours

Health related behaviour statistics identify the behaviours that are impacting on the health of the practice population. Once identified they can be targeted appropriately with health promotion initiatives.

It is well known that smoking, a high level of alcohol consumption and obesity are all detrimental to health. If patients are not identified, informed of the risks

to their health and offered the opportunity to change these behaviours then a reduction in morbidity and mortality will not be achieved.

The data collected should be:

- Alcohol consumption
- BMI
- Smoking

All health related behaviour information should be collected but with particular emphasis on the following:

Alcohol data for men drinking above 21 units per week and women above 14 units per week.

BMI above 25kgs/m (definition of overweight – over 30kgs/m is obese)

All reported smokers.

Other Data to Consider

Data needs to be meaningful and is not worth spending an enormous amount of time collecting unless it is to be worthwhile. If it would be useful to explore an issue identified in the qualitative study then it is worth considering but only if a reliable and comparable data set exists. It would be worth seeking advice from the PCT.

Data that could be considered includes:

Child protection figures

Immunisation figures

Accident rates

Children with special needs

Adults with physical disability

Adults with learning disability

Screening uptake

Data from other Agencies

Information from other agencies is not currently easy to obtain or useful for various reasons so is not recommended at present. The PCT is currently

investigating data available from other agencies and will provide you with an update on the situation as developments occur.

Social Services

There are currently obstacles to sharing data between the NHS and Social Services including differences in definitions, geographical boundaries and confidentiality constraints.

The Primary Care Trust is currently exploring the possibility of collecting social care data from Social Services and progress is anticipated.

Education

Data is available on school exclusions, truancies and absenteeism.

Police

Data is not currently available but may be in the future. It would only be useful where crime rates were felt to be high and impacting on the health of that community.

Findings

Once all the data has been collected it should be possible to analyse it and report the findings.

Qualitative Study

The qualitative study will provide information that will relate to the practice and, in particular, community accounts and therefore it will be necessary to share findings.

Qualitative research attempts to present the social world and social phenomena. It is a vital component of health needs assessment as it allows the people delivering the care and the recipients themselves to contribute to the study. This raises awareness of local issues. It can be achieved using brief and simple methodologies.

The following approach is recommended:

- Conduct semi-structured interviews using a general questionnaire to identify key issues

The interviews should involve members of the practice team and representatives of other agencies in the local community. Ideally patients should be involved as well. Recognising that time and resource may make this difficult to achieve, the PCT is exploring other mechanisms for achieving the views of patients.

The agencies you involve should include social services, education, police and possibly housing, benefits agency, voluntary sector. You can decide who you think would be most appropriate. It is advisable not to use the same people for both sets of interviews. You can target the most appropriate agencies/groups for the second set of interviews if and when you undertake them. People from other agencies need not necessarily be those best known to you, this may present a useful opportunity to develop relationships with personnel who it would be useful to know and work more closely with e.g. local police officer, school.

Identifying the key issues is sufficient initially. The qualitative study can be developed further by:

- Producing a questionnaire to explore these issues further
- Conducting further interviews using the questionnaire
- Arranging focus groups, as a method of triangulation, to validate the findings

This is a good way to explore identified issues further, particularly any you wish to address in the action plan.

There are separate sections in the toolkit explaining how to conduct semi-structured interviews and run focus groups. A general questionnaire is also included for you to use in your initial interviews. Help can be provided to produce questions to explore identified issues and to run focus groups.

It is possible to do the qualitative study in stages and advice should be sought in this respect.

It is necessary to keep a written record of all interviews conducted, which can be analysed by an independent person. If you wish to be particularly scientific the interviews can be recorded for further investigation and analysis. Copies of the transcripts should be sent to all those interviewed and a response sought which agrees the content for verification. This is particularly important following use of the second questionnaire.

Triangulation, collecting similar data in a different way, improves the reliability of the findings by acting as a check. Focus groups are a useful way of doing this (see separate entry on focus groups). They provide an opportunity to include more people in the research and are particularly good for people who are unable to express themselves well in individual interviews or feel they have little to contribute.

When the qualitative methods are complete the findings can be analysed and compared to the quantitative findings and a conclusion drawn.

Before the data can be analysed, it needs to be broken down and collated into manageable chunks. Recording each question on an index card and all the responses below it is a good starting point, it then becomes easier to identify the issues arising.

Record each time an issue arises to identify the level of finding.

Record your findings.

Rapid Appraisal

Rapid appraisal focuses on rapid information gathering and community participation. It facilitates the promotion of attitudes and skills which professionals need to do solid and productive community work. It has the potential to give substance to the rhetoric of community participation by providing tools, techniques and information useful to planners and people to build a partnership for better health and health planning.

It is a participative method which has been proven to yield a rapid overview of a community and its health. It is a good tool to use for initial health surveys and needs assessments, particularly as it records community perceptions and engenders a degree of mutual responsibility between an agency and the community.

It involves collecting data about the assets, needs and resources in the community from interviews, documents and observations.

Gather information from as many sources as possible and consult any relevant documentation available eg. Practice profile, Village appraisal, Community Directory. Spend time in the community.

Produce a report of your general observations of the community.

Use semi-structured interviews with Practice staff, identified key stakeholders and personnel within the community and a sample of patients.

Use focus groups to make comparisons with results of interviews taking participants from 1) Practice staff , 2) Community representatives, 3) Patients.

You could use a mapping process to identify the key physical and social characteristics.

Do not use too many techniques but equally not just questionnaire plus data collection.

Be aware of raised expectations – inform participants of the aim of your work and stress that you cannot promise any changes as a result of it, although you hope there may be.

Sampling for Interviews

A random sample

Provided a sample is properly selected from the whole of the relevant population so that it is representative, conclusions can be drawn and applied to the entire population from which the sample was taken.

Take complete list of population and select at regular intervals – random. The larger the sample the more representative it will be.

Sample Size

The sample must be large enough for data about smallest relevant sub-group to have a high degree of precision.

Practice sample

Work out percentage of whole registered practice population represented by each age band. Calculate number in relation to findings and with equal proportion of male to female.

Substitutes should not be used as this creates bias.

A haphazardly chosen sample can have a place in exploratory surveys where the investigator is doing no more than obtaining a “feel” of the situation.

If a number of selected persons are unable to participate then the reasons given should be noted and the risk of a bias should be considered – do they all live in one area that will then not be represented.

A balance needs to be struck between the resources available and the usefulness of the sample. Samples that are to be compared with one another are usually kept approximately equal in size – should be in proportion to practice population.

The larger the sample the lower the likely error in generalising.

In general the usefulness of a sample is proportional not to its absolute size but to the square root of its size. To double the usefulness of a sample its size must be increased fourfold.

Ideally the sample will contain a good representation of age, gender, ethnicity and socio-economic status.

The sample will be a non-probability one (probability of selection of each individual is not known), statistical inferences cannot be made. It may still be possible to say something sensible but not on statistical grounds.

Designing a Questionnaire

To encourage participants to respond and provide you with the information you want a questionnaire should be:

- Attractive to look at
- Brief
- Easy to understand
- Reasonably quick to complete

Do not ask too many questions. Decide how many questions you need to ask rather than want to ask. Use appropriate language for the group you are targeting. Be clear about the information you need.

The questions you are going to be compiling will be for semi-structured interviews or a focus group.

You want as much information as possible so you need to ask open questions. Ask for opinions:

- why they think that is the case
- who is it a problem for
- what do they think could be done about it
- what have people done to try and address the problem
- how many people does it affect
- how important is it
- what experience do they have of the problem or can they tell you about someone who has.

Try and develop a questionnaire similar to the one used as the second questionnaire in the pilot study. Develop a better one and share your skill !

The questions for a focus group need to be designed to build to the key questions and then end the discussion with the most important issues being identified.

Health Needs Assessment General Questionnaire

Describe the Practice population

What do you perceive the health / general problems of the local community to be ?

How does this community differ from others ?

What is good here ?

What is not so good ?

What key things could the community do to improve health locally ?

What key things could the Practice do ?

Semi-Structured Interviews

Semi-structured interviews are based not on a questionnaire but on a checklist of questions pertaining to identified issues which can be adapted according to the interview situation. Interviews are conversations guided informally by the interviewer. They are used widely in qualitative research.

One of the advantages of this approach is the richness of the data they yield. Original quotes can bring colour and life to a research project. Audio recording is useful for accuracy. Cues or prompts can be used to extract further information.

Process

- Select sample – the people you wish to interview
- Arrange interviews
- Conduct interviews
- Analyse data
- Consider validity and reliability issues
- Write report

Provide information in advance to interviewees explaining aim of project and preferably the benefits for them. Choose a suitable venue and time to reduce risk of distractions.

Interviews that are recorded are easier to analyse but you do not have to do this. If you are going to record interviews then set up recording equipment in advance.

Send a transcript of the interview to interviewees for confirmation of content if you wish to be thorough.

Provide interviewees with a copy of the results and recommendations when complete.

Be confident

Allow sufficient time

Data analysis

Index cards are an ideal and simple way of collating the data.

Identify a concept, place in a category and develop a theme using a systematic approach.

You can use a computer package such as ATLAST/ti or QSR NUD*ist, IF you are competent in the use of such a package.

Validity and reliability

Maintain careful records of interviews and observations.

Validate by copies of transcripts sent back to interviewees to verify content.

Audio tapes can be analysed by other experienced researchers.
Validate by triangulation – comparing data obtained by one method with similar data obtained by another method eg. semi-structured interview results compared to focus group results.

Focus Groups

Focus groups are first and foremost a method for gathering research data. Focus groups are able to produce large amounts of concentrated data in a short period of time. What distinguishes focus groups from any other form of interview is the use of group discussions to generate the data.

People are encouraged to talk to one another, ask questions, exchange anecdotes and comment on each other's experiences and points of view.

Group processes help people explore and clarify their views in ways that would be less easily accessible in a one to one view.

Focus groups work best when a limited number of compatible people have the opportunity to discuss their shared interests within an open and non-threatening environment, while guided by a skilful facilitator who uses well crafted questions.

Focus groups provide an excellent opportunity for others to speak and you to listen to them.

The Facilitator

If you do not have a team member experienced in facilitation then you can request assistance. Ideally two people should run the group, one to facilitate and the other to take notes even if you are recording the session; notes should include observations of emotion, feeling and behaviour of participants.

The role of the facilitator is to:

- Help participants believe in themselves, each one important, of value and to be listened to
- Show approval and acceptance of participants
- Bring the group together and control it without damaging it
- Allow participants equal time to talk and listen
- Create a pleasant atmosphere by showing interest and enthusiasm in the subject
- Consider communication – choose the right words, speak clearly, make sure you are understood

The Questions

The questions should follow a structured sequence.

The opening question is used to break the ice and allow participants to introduce themselves.

The introductory question begins the discussion of the topic.

Transition questions move the conversation toward the key questions that drive the study by going into more depth.

Key questions drive the study. These are the questions that really explore the issues.

Ending questions bring the discussion to a close and enable participants to reflect on previous comments.

You will be offered assistance to produce a set of questions using this format should you require it.

Running the group

It is really necessary to use two people to run the group. One will facilitate the process whilst the other takes notes.

Small talk is essential just prior to beginning the group discussion.

During this time observe participant interaction, noting individuals who tend to dominate the group, are excessively shy, or consider themselves experts.

It is vital to take careful notes throughout the process, you could consider using a flip chart to record key issues. Audio recording can assist in the process of analysis.

The following format is recommended:

- Welcome, introductions
- Overview of topic, why you are here
- Guidelines or ground rules – some things that will help the discussion go better eg. allow people to contribute, listen
- Opening question
- Introductory question
- Transition questions
- Key questions
- End questions
- Summarise and ask group to agree with your summary
- Thank them for their time and contribution

Analysis and Writing Up

Draw together and compare discussions of similar themes and examine how these relate to variables in the sample population.

It is important to distinguish between individual opinions and group consensus.

Attention must be given to minority opinions and examples which don't fit with the researchers overall theory.

The report should include some illustration of talk between the participants, their attitudes and experiences. Quotes can be included.

Summarise the findings.

Prioritising the Identified Needs

Once you have completed your health needs assessment you will need to make a decision regarding which identified needs to address and how. The following suggests how you could do this.

Consider:

- the size of the population affected
- the impact on the population affected
- services and resources already available
- whether the problem is a national or PCT priority
- how effective any changes would be
- the cost of any changes required to address the problem
- which agency should take responsibility for it
- any education and training needs

When you have decided on the problem to address you need to decide what is to be done, by whom and by when. You need to produce an action plan.

There is a separate sheet advising how to produce an action plan.

Key to Success

To increase your chance of success remember the following points:

- Keep it Simple – KISS!
- Set achievable targets
- Gain commitment
- Set a target date for completion
- Identify a named person responsible for each objective set
- Arrange staged progress reviews – Primary Health Care Team meetings?
- Celebrate – along the way and at the end!

Action Plan

When you have agreed your priority areas then you can produce an action plan to address them. To achieve this you need to:

- Define the problem
- What is the current situation? What is being done now?
- Where do we want to be?
- How are we going to get there? What can be done?
- Who is going to do it?
- What is the target date to achieve?
- How are we going to evaluate?

The plan must clearly state **WHAT** needs to be done, **HOW**, **by WHOM** and **by WHEN**. Consider where you are now and where you want to be.

Decide the aim and objectives and record them.

If necessary produce a project plan, you possibly did this for the health needs assessment project, using the section of the toolkit that describes how to do this.

Remember to consider all those who may be able to contribute – other agencies, community groups, voluntary sector.

Check to see if anyone has done anything similar, from which you could learn (look at evidence-based interventions).

Once the action plan has been produced then the practice should be able to identify team and individual development needs accordingly.

A simple action plan template is enclosed.

Steps to Success

If you remember the following you are far more likely to succeed:

- Clear aim and objectives
- Clear stages
- Adequate resources
- Who does what is clear
- Team commitment
- Progress meetings /reviews
- Collection and use of accurate /relevant information

The following is an example for you:

What is the problem?

High incidence of post-natal depression

What is currently being done?

GP's prescribing anti-depressants and some support from Health Visitors

Where do we want to be?

Lower incidence of post-natal depression and earlier identification

What could be done? What are the options?

Identify evidence based interventions
Multi-disciplinary training
Protocol for identification and management
Information and Education ante-nataly
Screening using EPDS
Specific training
Support group
Use of voluntary sector for support eg. Home-start
Cognitive Behaviour Therapy

What are we going to do?

Who is going to do it?

By when?

How shall we monitor progress?

How are we going to evaluate?

Audit and Evaluation

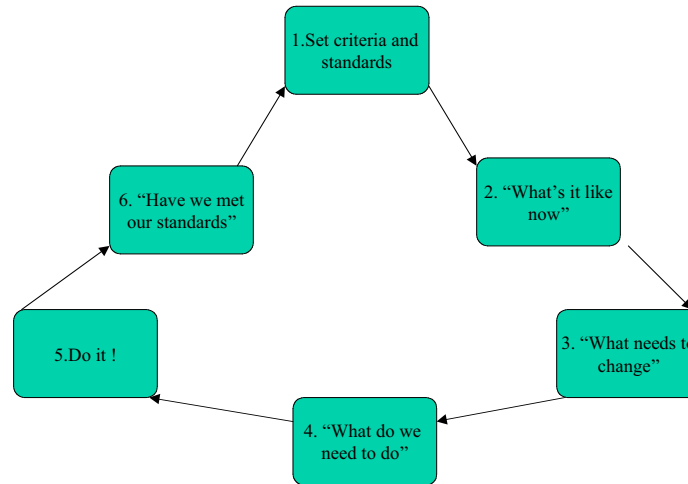
Audit the project as you progress, follow the audit cycle – refer to flow chart. On the flow chart no. 2 is the baseline measure, no. 4 refers to the project plan and no. 6 is the point at which you decide whether you have met your aim.

Following the audit cycle will enable you to evaluate the work easily once complete.

Write up a simple evaluation to demonstrate whether your project has been successful or not. The evaluation should state what was successful, what was not successful and why, and how you might do differently in future.

Health Needs Assessment Action Plan

Objective	Action required to achieve	By Whom	By When



The Audit Cycle

The above flow chart shows an audit process. Audit does not have to be complicated. Referring to the chart no.2 is the baseline measure, no. 4 refers to the project plan and no.6 is the point at which you decide whether you have met your aim.

The Ongoing Process

It is important that the needs assessment is regularly reviewed and updated.

Objectives set in the action plan should be monitored carefully for progress.

An annual review is recommended, a date for this should be set when the action plan is produced.

Review

The review should include:

- Reviewing objectives set – were they achieved? Celebrate achievements and for those not achieved consider why this is, do they need to be carried over into a new action plan, what can be learnt.
- Record achievements and lessons learnt
- Update data and findings of any further work completed in relation to identifying health needs
- Set new objectives
- Write a new action plan
- Set a new review date

If this process is repeated on an annual basis practice staff will continue to develop their knowledge and skills to best meet the needs of their patients, and services provided will be the most appropriate for the registered population.