

Full results of P3C-Practitioner questionnaire

Selection of P3C-Practitioner

The P3C-practitioner was selected for this study by initially conducting a scoping review to identify measures that included aspects of professional experiences of integrated/coordinated care. This identified 33 measures, four of which were deemed relevant (Safety Net Medical Home Provider Experience Survey; Person-Centred Health Care for Older Adults Survey” (PCHCOA) – which we refer to as the “P3C-practitioner”; Staff Questionnaire - Integrated Care Evaluation Pilots; North West London Integrated Care Pilot - Practitioner Survey). These measures were then presented to workshop attendees (healthcare professionals; managers; senior NHS England representatives; local commissioners; academics) to explore the strengths and weaknesses in terms of applicability and utility as part of routine data collection in respective settings. The PCHCOA was selected due to its established psychometric properties (Briony Dow et al., *Development and initial testing of the Person-Centred Health Care for Older Adults Survey*, 25 *International Psychogeriatrics* 1065–1076 (2013)), its good coverage of domains of P3C and a positive response at the feedback workshop. For the purposes of this evaluation, we have renamed the instrument the P3C-practitioner.

Scoring of P3C-Practitioner

Whilst previously validated, the authors did not develop an aggregate scoring mechanism for the instrument. Therefore, we generated summary scores by simple addition from the 4-point Likert scale (Never = 0; Rarely = 1; Sometimes = 2; Usually = 3; Always = 4). This allowed us to compare aggregate scores to compare SPQS versus controls over all 29 questions (see table below), with significance tested using MWW test. We also generated sub-scales by addition of question relevant to this aspect of P3C (see following page for questions). No significant differences were detected in practitioner experiences in SPQS or control practices, for either mean scores or the following subscales.

Sub-Scale: Person Centred Care = Questions 1.1, 1.3, 1.4, 2.1, 2.2, 5.1, 6.1,6.2,6.3, 7.1, 7.2, 7.3, 8.1 8.2 and 8.3.

Sub-Scale: Coordinated Care = Questions 4.1, 4.2, 4.3

Sub-Scale: Working Environment = Questions 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7

	QOF	SPQS	Sig. (2-tailed)
Mean Score	83.79 (n=29)	86.18 (n=98)	.4
Sub-Scale: Person Centred Care	47.62	49.11	.35
Sub-Scale: Coordinated Care	7.41	8.38	.12
Sub-Scale: Working Environment	22.03	21.11	.24

P3C-Practitioner instrument

Q1.1 In my work area, service users / patients have an equal say with the rest of the team in the development of the support plan.

Q1.2. In my work area, service users / patients and carers have an equal say with the rest of the team in the development of the discharge plan or exit strategy from the service.

Q1.3. My/our support plans are structured around the service user's/patient's goals.

Q1.4. Where I currently work, we provide services in the location that best suits the needs and preferences of the service user/patient and their carers.

Q2.1. I ask service users/patients what their goals/needs are for their health and wellbeing.

Q2.2 I ask the carer/s what their goals/ needs are for the health and wellbeing of the person they support.

Q3.1. I am supported to develop the skills I need to work with the service user/patient and their carers.

Q3.2. Where I am currently working, I have been exposed to good role models in care/support for service users/patients.

Q3.3. Expectations of my role and how I treat the service users/patients I support are communicated clearly and consistently.

Q3.4. I feel that I work as part of a team with a recognised and valued contribution.

Q3.5. The emotional and physical demands of my work are acknowledged and recognised.

Q3.6. I feel that I am able to fully use my skills in my work with the service users/patients

Q3.7. My work environment values the care/support I provide to the service users/patients.

Q4.1. It is clear to the service user/patient or their carer who their key worker is.

Q4.2. The service user/patient and their carer have ready access to a key identified person (i.e. they are available by phone, messages are returned promptly).

Q4.3. Where I currently work, we know how to direct the service user/patient to the most appropriate service without them having to make another call (single point of contact).

Q4.4. After the service user/patient is discharged/leaves the service, they receive a follow-up phone call or visit.

Q5.1. Where I currently work, adequate transport and parking are provided to ensure access for service users/patients and their families/carers.

Q5.2. Where I currently work, service users'/patients' personal privacy is respected.

Q6.1. I am able to meet the communication needs of service users/patients and their carers when working with them.

Q6.2. Written materials are provided by my place of work to service users/patients and their carers in a language they can understand.

Q6.3. Information is provided in a variety of ways to ensure all service users/patients and their carers have access (e.g. written, verbal, visual).

Q7.1. I welcome it when service users/patients are informed and question or challenge my advice.

Q7.2. The needs and preferences of service users/patients should be central in all services.

Q7.3. I like working with the service users/patients I support or care for.

Q8.1. It is an important part of my job to get to know my service user/patient (e.g. call them by their preferred name, remember and repeat something they have told me).

Q8.2. I give service users and their carers adequate time to talk to me (e.g. to discuss their concerns and their expectations).

Q8.3. I seek to find out what is important to service users/patients about their health and wellbeing (e.g. mobility, cognitive function, being part of the family, able to go to the gym).