

3D Baseline Practice profile form

Name of practice: Overall list size: Number of patients over 18 on the list: Trial arm

Contacts	Name	Role in practice
Practice contact for 3D (person who signs the site agreement)		
Contact for completing the practice profile		
Practice champion for 3D		

If in the intervention arm, how many GPs will be involved in 3D?

If in the intervention arm how many nurses will be involved in 3D?

What staff resources can the practice draw on for managing patients with long-term conditions?

No of GPs working in the practice, including retainees and trainees: Total no of GP half day sessions per week for patient consultations:

How many registered nurses (Band 5 or above) work in the practice who are involved in monitoring or reviewing long-term conditions?

How many research nurses work in the practice?

How many HCAs (Band 4 or below) work in the practice who are involved in monitoring or reviewing long-term conditions?

What enhanced services does the practice provide that may affect patients with long-term conditions?

	Yes	No		Yes	No
Learning disabilities health check scheme	<input type="checkbox"/>	<input type="checkbox"/>	Avoiding unplanned admissions scheme	<input type="checkbox"/>	<input type="checkbox"/>
Dementia scheme	<input type="checkbox"/>	<input type="checkbox"/>	Enhanced service for care homes	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	If Yes - please specify:	<hr/>	

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How does the practice organise its care for patients with long-term conditions?

	Yes	No
Is it your policy to encourage all patients to see their named GP whenever possible?	<input type="checkbox"/>	<input type="checkbox"/>
Is it your policy that every patient with a long-term condition has a face-to-face medication review at least once a year?	<input type="checkbox"/>	<input type="checkbox"/>
Is it your policy that every patient with ≥ 2 long-term conditions receives a written care plan?	<input type="checkbox"/>	<input type="checkbox"/>
Is it your policy to annually screen for depression all patients with ≥ 2 long-term conditions who are under regular review.	<input type="checkbox"/>	<input type="checkbox"/>
Do you screen any with specific disease conditions? If yes, please specify which diseases:	<input type="checkbox"/>	<input type="checkbox"/>
Is it your policy to offer combined reviews for some patients with multi-morbidity? If yes, please specify which conditions may be combined:	<input type="checkbox"/>	<input type="checkbox"/>
Does the practice use any templates that combine separate disease reviews? If yes, please describe:	<input type="checkbox"/>	<input type="checkbox"/>
How does the practice organise recall for review of long-term conditions? Please explain:		

How far in advance can patients book routine appointments? Please specify: with GP: _____ with nurse: _____

What long-term condition clinics do you have? Please check all that apply, specify the name and specify which conditions are reviewed in each clinic

Diabetes <input type="checkbox"/> Conditions reviewed	Heart/CVD/CHD <input type="checkbox"/>
Respiratory <input type="checkbox"/> Conditions reviewed	Hypertension <input type="checkbox"/>
Stroke <input type="checkbox"/> Conditions reviewed	CKD <input type="checkbox"/>
Other <input type="checkbox"/> Name of clinic	Conditions reviewed:

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Please complete the box below outlining any additional services for those with long-term conditions as part of usual care:

Any other comments:

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Nurses

Please list the job title, role and qualifications of **all nurses, HCAs and other AHPs involved in care of patients with long-term conditions**

Job title e.g nurse practitioner, pharmacy technician, treatment room nurse, district nurse	No of half days per week	Roles: e.g smoking cessation, runs diabetes clinic, medication review, blood monitoring	Qualifications in management of long-term conditions e.g diabetes diploma	Prescriber	
				Yes	No

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Please complete the table below to indicate how the long-term conditions covered by this study are currently reviewed.

Please tick or complete all boxes that apply.

Condition	Review																
	Specified long-term condition clinic, named single disease or combined	Reviews arranged among other types of appt in general sessions	No formal review	May be combined with review of another condition		Usual time interval 12m/6m /adhoc/ Other	Length of appt(s) with each health professional for each review. Please include tests prior to appointment. For each appt enter appt length.					Are written care plans provided?		Who decides treatment changes?			
				Yes	No		GP	RN	HCA	Other	Annual Total	Yes	No	GP	Nurse	Joint decision/ comments	
CVD: coronary heart disease																	
Hypertension																	
Heart failure																	
Peripheral arterial disease																	
Stroke																	
Diabetes																	
Chronic kidney disease																	

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Condition	Review																	
	Specified long-term condition clinic, named single disease or combined	Reviews arranged among other types of appt in general sessions	No formal review	May be combined with review of another condition		Usual time interval	Length of appt(s) with each health professional for each review. Please include tests prior to appointment. For each appt enter appt length.					Are written care plans provided?		Who decides treatment changes?				
				Yes	No		12m/6m /ad hoc/ Other	GP	RN	HCA	Other	Total	Yes	No	GP	Nurse	Joint decision/ comments	
COPD or asthma																		
Epilepsy																		
Atrial fibrillation																		
Severe mental health problems																		
Depression																		
Dementia																		
Learning disability																		
Rheumatoid arthritis																		

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Please provide your impressions of the practice:

Very easy Quite easy Neutral Quite difficult Very difficult

How easy is it to make contact with the relevant person at the practice?

How easy is it to arrange meetings?

How easy was it to set up training dates?

Who provided agreement that the practice would take part? Name: _____ Role: _____

Were milestones met on time? Screening for exclusions and first mailing? Yes No Reminder mailing? Yes No

Did the practice express a preference for either arm of the trial at the time of recruitment? Intervention Usual care No preference

What was the practice's response to the randomisation result? Pleased Indifferent Displeased

What is your gut feeling about their likely level of participation? Very good Quite good Indifferent Quite poor Very poor

Do they have any particular concerns about implementing 3D? Yes No

Please specify:

Are any aspects of their care for patients with multi-morbidity similar to 3D? Yes No Please describe how: *e.g pharmacy reviews, combined clinics, longer appointments* _____

Are there any aspects of 3D they are particularly keen on? Yes No If yes, please specify: _____

Is there anything that gives you cause for concern? Yes No If yes, please specify: _____

Any other comments?: e.g organisational particulars, key people or enthusiasts, anything that might affect their ability to implement 3D

