APPENDIX AA

**PARENT/GUARDIAN INFORMATION SHEET**

**TITLE:** Quality in General Practice - trial of a funding model in primary care.

The general practice you attend is taking part in a research study which is being conducted collaboratively by the University of Wollongong, Monash University and the University of Tasmania. The general practice you attend has sent this letter to you directly; your details have not been shared with the Universities who are conducting the research.

**INVESTIGATORS**

|  |  |  |
| --- | --- | --- |
| Prof Andrew Bonney  | A/Prof Jan Radford | Prof Grant Russell |
| Graduate School of Medicine, University of Wollongong |  School of Medicine, University of Tasmania | School of Primary Health Care, Monash University |
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 **What is the purpose of the research?**

The study aims to evaluate the impact of a new approach to general practice, including a new funding model. The study will test whether changes such as same day access to the GP for children aged under 16 years can assist patients to have better quality of care and clinical outcomes.

**Why is my child invited?**

For this study, we are interested in children aged under 16 years with a previous diagnosis of acute bronchiolitis, asthma, pneumonia, croup or a vaccine preventable illness (for example measles, rubella, mumps) in the last 12 months. You have been invited to participate in this project because the GP practice you attend looked at your child’s health record and identified that they are a regular patient at the practice and have one of the diagnoses mentioned above.

 **What will happen if I say yes?**

This study is a trial where two groups are compared. One group tries a new approach whilst the other continues as usual. The general practice you attend has been allocated to the group that will offer you treatment according to the new approach. This may include your child having same day visits with your GP or being seen rapidly for follow up after an event such as hospitalisation. We will receive information about your child’s visits to the GP (eg how often they visited, whether they had any hospitalisations) during the twelve month trial. In other practices in the study, the GP will be managing the care of their patients according to their usual approach. By comparing the two groups of practices we will be able to identify whether or not the new approach helps patients aged under 16 years to have better quality of care and clinical outcomes.

**What will my child and I be asked to do?**

|  |  |  |
| --- | --- | --- |
| **What will we ask…** | **What will it tell us…** | **How we will get the information…** |
| That you complete a brief survey at the beginning, and again at the end of the trial (at least 12 months apart). | Your thoughts about ease of access to your health care providers.  | You will have the opportunity to complete the survey over the phone, via post or online.  |
| That you try to attend your nominated GP for your child’s visits whenever possible. | Whether continuity (seeing the same GP) is important in achieving better quality of care and clinical outcomes. | By conducting quarterly audits of general practice data  |
| That as much as possible, you stay in touch with your GP practice to let them know if your child has had a visit to Emergency or a hospitalisation.  | Whether rapid GP follow up after hospitalisation is important in achieving better quality of care and clinical outcomes. | By conducting quarterly audits of general practice data |
| That you consent to take part in two 30 minute telephone interviews; one before and one after the trial (at least 12 months apart). Not every participant will take part in an interview but if you give consent you may be contacted with a request to do so. | Your thoughts and ideas about what the trial might be like; your experience of participating in the trial. | A researcher will contact you to make a time for a telephone interview to take place. A member of the research team will conduct the interview over the phone.  |

**What will happen to my child’s data?**

All data will be managed securely and stored according to University and other institutional protocols. This means no one apart from select members of the research team have access to your child’s data.

Your child’s data will inform our findings and will be published in a report. A copy of the final report will be available to any interested person by contacting the researchers. It is also intended that the findings will be presented at conferences and in journal publications. Neither you nor your child will, under any circumstances, be identified (named) in any reports, publications or presentations arising from this research.

**Possible risks, inconveniences and discomforts**

Aside from giving up your time, we do not expect any risks for you or your child associated with the study. Your involvement in the study is voluntary and you may withdraw your participation from the study at any time. You may also withdraw any data that you have provided up until analysis is completed. Declining to participate in the study will not affect your relationship with your medical practice, the University of Wollongong, Monash University or the University of Tasmania.

**Benefits of the research**

We do not expect that there will be direct clinical benefits associated with this study. However, there may be benefits (ie longer or same day appointments) associated with the use of the alternate approach to care for those in the intervention group. We hope that participants will benefit from the knowledge that they have contributed to research that may help improve health care for others.

**What happens if I don’t want to take part?**

Even if the practice you attend enrols in the study, you (and/or your child) must consent as an individual in order to take part. If you do not want to take part, and do not return the consent form provided, nothing about you or your child’s normal care will change. We will not contact you again about this study.

**ETHICS REVIEW AND COMPLAINTS**

This study has been reviewed by the Human Research Ethics Committee of the University of Wollongong. If you have any concerns or complaints regarding the way this research has been conducted, you can contact the UOW Ethics Officer on (02) 4221 4457.

If you would like to know more about this study, or have any questions or queries, please contact Chief Investigator Prof Andrew Bonney (02 4221 5473).

If you are interested in taking part in the study we ask that you complete the consent form included in this information pack. If your child is 13 years of age or older, we ask that you discuss the study with them and co-sign the consent form where indicated. If your child is under 13 years of age we ask that you sign on their behalf.

Thank you for taking the time to read about the study.

Sincerely



**Professor Andrew Bonney**

**Participant ID: PARENT/GUARDIAN CONSENT FORM**

**TITLE:** Quality in General Practice - trial of a funding model in primary care.

**INVESTIGATORS**

|  |  |  |
| --- | --- | --- |
| Prof Andrew Bonney  | A/Prof Jan Radford | Prof Grant Russell |
| Graduate School of Medicine, University of Wollongong |  School of Medicine, University of Tasmania | School of Primary Health Care, Monash University |
| Email: abonney@uow.edu.au | Email: J.Radford@utas.edu.au | Email:grant.russell@monash.edu |
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I have been given information about the research project *Quality in General Practice - trial of a funding model in primary care* and have read and understood this information, I have been advised of any possible risks or burdens associated with this research and have had the opportunity to ask the investigatorsany questions I may have about the research and my participation.

I understand my participation and the participation of my child is voluntary, I am free to refuse to participate and I am free to withdraw from the research at any time up to the point where the data is analysed. If I decline to participate or withdraw consent I understand my relationship with the general practice I attend will not be affected. Nor will my relationships with the University of Wollongong, Monash University or the University of Tasmania.

I understand that if I choose to participate in this study, I will be asked to:

* Take part in a twelve month trial that compares a new approach to usual care in the GP practice setting.
* Complete two brief surveys either over the [ ] phone, [ ] via post or [ ] online (please tick your preference).
* Give permission for information about my child’s GP visits to be shared with the researchers

And I may be asked to:

* Take part in two 30 minute telephone interviews

I understand that any data (information) that is used in reports or presentations will not, under any circumstances, contain names or identifying characteristics of me or my child. Any information provided is confidential, and no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party.

**By signing below I am indicating consent to participate in the research.**

**If your child is under 13 please sign below on their behalf –**

Parent/Guardian name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (street name and number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child age in years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP Practice your child attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If your child is over 13, please co-sign after reading and discussing the information sheet together –**

Parent/Guardian name (please print): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child age in years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP Practice your child attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did you receive this form (please circle one):**

[ ]  **In the post** [ ] **. From your GP** [ ]  **From another staff member**

**Please return this consent form to the research team in the pre-paid envelope provided.**