TB Awareness Evaluation Report

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1 Introduction

Barnet and Harrow Public Health team commissioned a series of TB awareness events over January to April 2015. The mandate for this project came from Barnet and Harrow Health and Wellbeing Boards (HWB)[1] where the following recommendations made by the public health team were agreed.

- *Barnet/Harrow Council should commission a proactive programme of awareness raising with population-specific communication campaigns to dispel the myths about TB in partnership with the NHS. The communication campaign should also include staff in regular contact with high-risk groups so they can seek medical advice when necessary. Relevant local authority services may also be able to provide links for staff and service users to appropriate NHS services for immunisation, diagnosis and treatment.*
- *There is a role for the Council to ensure services that support vulnerable groups (commissioned by the local authority or voluntary sector) are facilitated to link into the multidisciplinary TB team for support and educational materials.*

This paper presents an evaluation of the awareness project and makes recommendations for the future in the event that the project is repeated.

Scope of the evaluation

Following the Health and Wellbeing Board (HWB) mandate, the awareness project was planned to be implemented in two phases. The first phase consisted of delivering awareness sessions to local community groups. The second phase, which is yet to be completed was to make small grants available to these organisations so they can work with their client groups to disseminate this information. This evaluation covers activities in the first phase of the project, that is, community and staff awareness sessions commissioned from TB Alert and targeted at local community organisations.

The evaluation does not cover the second phase of the project (small grants), which is currently being implemented. It also does not cover the ad-hoc GP targeted activities in the first phase of the project, such as promoting online TB education. The seminar held at Harrow Council on World TB Day (24th March 2015) is also not included in the evaluation.

2 Project Description

Following the mandate by the HWBs, TB Alert were commissioned to deliver awareness training and two local voluntary organisations (Voluntary Action Harrow and Community Barnet), umbrella organisations supporting the voluntary and community sector in their respective boroughs, were commissioned to co-ordinate the delivery of training sessions. Target audience for the awareness sessions was agreed to be the community organisations that "deliver services to communities who are regarded by Harrow and Barnet Public Health as being at higher risk of having, contracting or being in contact with individuals with TB"[2].

Another aspect of this project was to engage with GPs and encourage the uptake of RCGP online training on TB. GPs were also offered TB posters and other promotional material.

The second phase of this project aims to disseminate TB awareness in the general population of Harrow and Barnet through the work of the community organisations that attended the awareness sessions. These organisations can bid for further work they wish to do with their client group using small grants issued by public health. This phase of the project is yet to be completed.

[1] Harrow Health and Wellbeing Board on 1 May 2014 and Barnet Health and Wellbeing Board on 12 June 2014
[2] Proposal document by CommUNITY Barnet, Dec 2014

2.1 Model of delivery

The following model of delivery was planned (Fig 1).

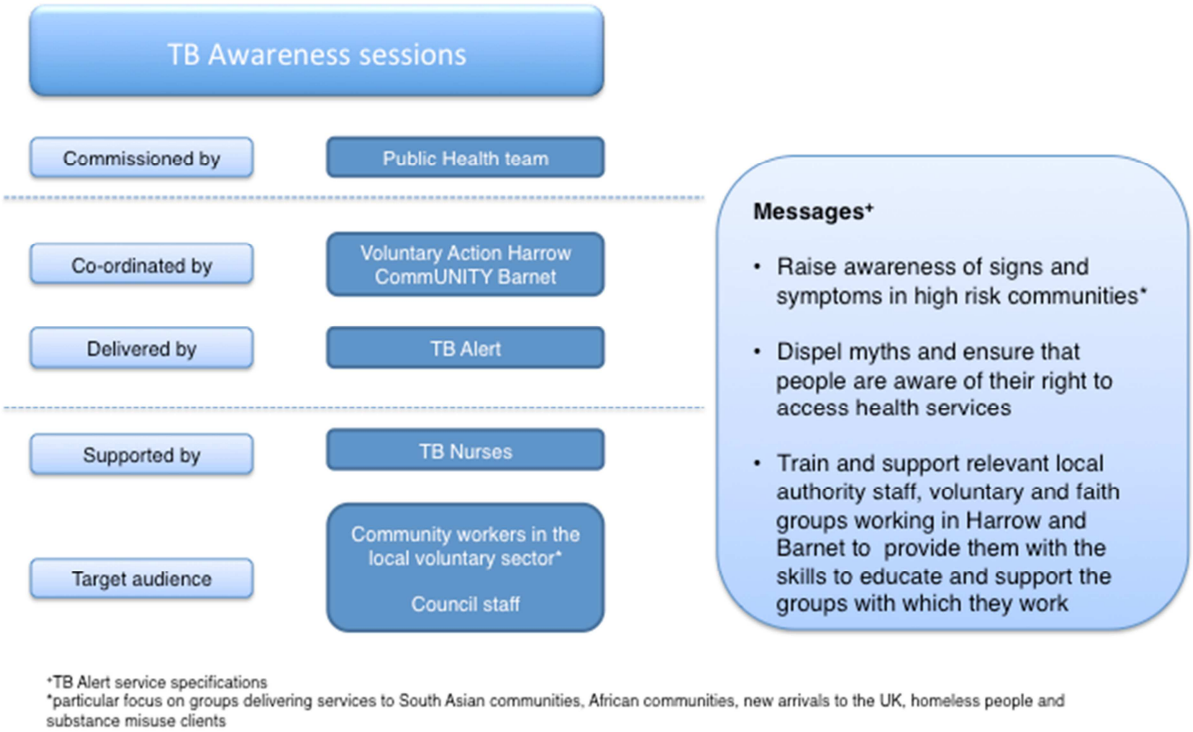

Figure 1: Model of delivery for the awareness project

2.2 Responsibilities

The organisations involved in the delivery of the awareness sessions had the following responsibilities as per their contracts, service specifications and proposals from providers.

Table 1

Provider Organisation	Responsibility
Public health team	• Commissioning delivery and co-ordination of sessions and agree provider responsibilities • Sourcing promotional material from TB Alert for information packs • Organise staff awareness sessions for council staff • Encouraging GP uptake of RCGP online training for TB • Organising TB seminar on World TB Day
TB Alert[3]	• Deliver workshops to awareness sessions to community groups and council staff • Facilitate a monthly teleconference for attendees where information can be shared and questions answered • Provide all training and promotional material • Provide a resource pack for attendees, including recommendations on how they can increase TB awareness in their organisations • Promotional material to be disseminated to GPs • Provide advice to commissioner regarding a grants scheme • Provide end of project and evaluation report

[3] Contract with TB Alert and service specification dated October 2014 and subsequent communication between PH Team and TB Alert

Provider Organisation	Responsibility
Voluntary Action Harrow[4]/ CommUNITY Barnet[5]	• Identify groups to target • Arrange venues • Co-ordinate awareness sessions • Publicise sessions to the target audience using mailing list, social media, direct contact and newsletter items • End of project report • Manage the distribution of the small grants funding

2.3 Planned Activities[45]

2.3.1 Barnet

Four community sessions and one staff session were to be delivered in Barnet.

2.3.2 Harrow

At least three community sessions and one staff session were to be delivered in Harrow.

Community sessions were to be advertised by CommUNITY Barnet and Voluntary Action Harrow and to be delivered by TB Alert. Staff sessions in both Harrow and Barnet were to be advertised by Public Health team and delivered by TB Alert. Each session was intended to be a half-day workshop.

2.4 Costs[745]

Table 2

Organisation	Costs committed
TB Alert	£3,500
Voluntary Action Harrow	£5,000
CommUNITY Barnet	£5,000

This does not include costs of promotional material.

£10,000 has been committed for phase 2 of this project (small grants) with £3,000 available to organisations in Barnet and £7,000 available to organisations in Harrow based on the interest in both areas to the community workshop and relative burden of disease.

3 Methods

3.1 Framework used

The evaluation follows the Donabedian Framework[6] of a review of structure, process and outcomes (fig 2).

[4] Memorandum of Understanding with Voluntary Action Harrow, dated 21 January 2015
[5] Memorandum of Understanding with CommUNITY Barnet, dated 23 January 2015
[6] Donabedian A. The criteria and standards of quality. Ann Arbor, Mich.: Health Administration Press; 1982.

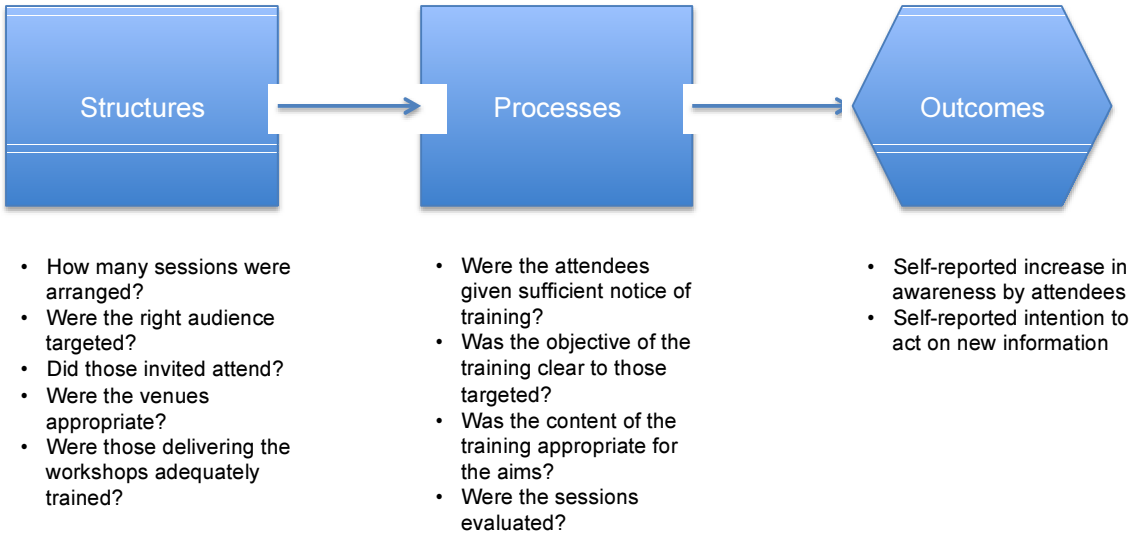

Figure 2: Questions asked in the evaluation using the Structure, Process, Outcome framework

The framework has been used to describe the components of the project and structure the questions asked in the evaluation. The overall question of the evaluation is whether the project achieved its aim of increasing awareness of TB in the community.

Defining Outcomes

The ultimate aim of any health awareness campaign is to increase appropriate use of health care for people with relevant symptoms with the aim of increasing diagnosis. However, the short timeframe of this project, combined with limited programme of activities, will not allow any quantifiable and attributable change to take place in the community. Therefore, outcomes to be assessed in this evaluation have been defined as the community groups'

- Self-reported increase in knowledge of TB
- Self-reported intention to act on new information

3.2 Engagement with people involved in the projects

The evaluation is based on discussions and surveys of individuals. Table 3 describes the groups of people who were involved in the project and how they were engaged in the evaluation. Responsibilities of the various groups engaged are noted in table 1 in section 2.2.

Table 3

Group	Role in project	Engagement Activity
Project staff in Public Health team in Harrow and Barnet	Planned and commissioned the project	Discussion
Voluntary Action Harrow (VAH)	Co-ordinated the project in Harrow and organized sessions, venues and invited audience	Discussion
CommUNITY Barnet (CB)	Co-ordinated the project in Barnet and organized sessions, venues and invited audience	Discussion
TB Alert	Delivered awareness sessions and provided promotional material	Discussion
Community voluntary	Were invited to awareness sessions and TB	End of project survey

Group	Role in project	Engagement Activity
organisations in Barnet and Harrow	seminar	Post session evaluations
Council staff in Harrow and Barnet	Were invited to awareness sessions and TB seminar	End of project survey Post session evaluations

4 Results

4.1 Commissioning awareness sessions [7]

Following the mandate from HWB, the public health team commissioned TB Alert in August 2014, following a competitive process, to deliver a campaign over the next few months. TB Alert is an established national TB charity and were considered to experts in the subject by the commissioners, so the best candidates for delivery of the awareness sessions. Local voluntary sector umbrella organisations were commissioned to engage with community groups.

Experience from the elsewhere suggested that standard awareness campaigns focusing on mass media had low specificity in that they were not likely to reach those most at-risk and could result in an increase in inappropriate demand. Commissioners also felt it necessary to be cognisant of the impact of messages from local government ahead of the general election, particularly considering the groups of residents at highest risk of TB. For these reasons, a traditional awareness campaign was considered to be inappropriate and likely to be lacking in impact. The model, as described in section 2.1, was agreed so that information on TB could be disseminated through voluntary groups that work with groups at greatest risk of TB. These groups would be invited to attend awareness sessions and then encouraged to use this information in their day-to-day contact with the community, with access to small grants to facilitate this (fig 3).

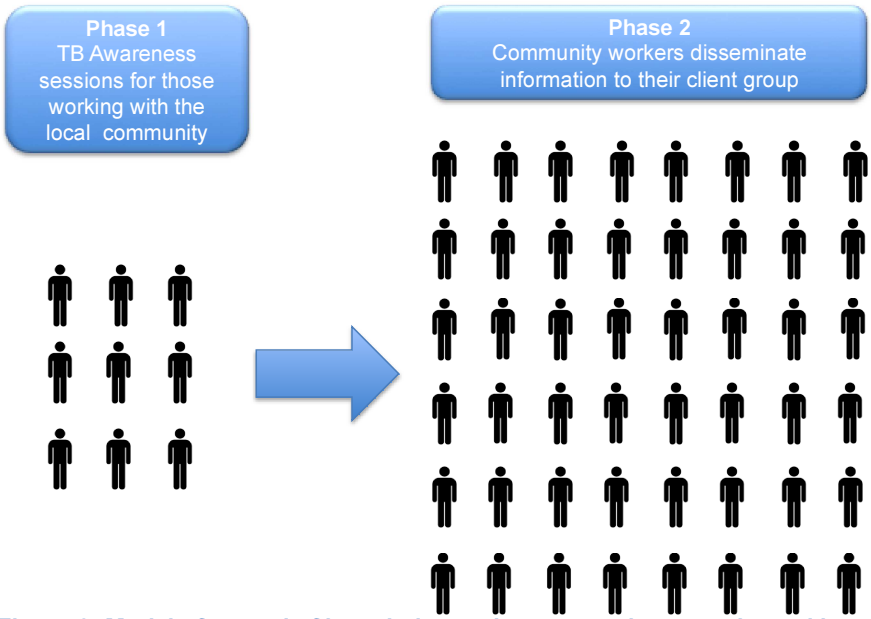

Figure 3: Model of spread of knowledge to the community as envisaged by commissioners

There were no further specific objectives set for this project other than the broad aims presented to the HWBs of raising awareness in the community and the delivery of a specified number of sessions to be delivered in each borough.

[7] Personal communication with commissioner and project manager in public health team

4.2 Delivering awareness sessions

4.2.1 Barnet[8]

Three community awareness sessions were delivered over February and March 2015, attended by twenty-seven people from a variety of community groups including organisations (table 4).

Table 4

	Event	Attendance[9]	Types of organisations that attended[9]
February	Two community events	27 for all three events (attendance list for each event not available)	Organisations working with • Black and Minority Ethnic community • Refugees/asylum seekers • People with specific health issues • Substance misusers • Homeless people • Prisoners/ex-prisoners • Students in further education • School and children's centre • People with Mental health issues • Elderly • Healthwatch Barnet • Homes providers
March	One community event		

The sessions were advertised via existing email networks and social media (Twitter, Facebook and blog in local paper) and followed up by telephone calls. CommUNITY Barnet estimate that approximately 120 organisations were reached in this way. The following four groups were particularly targeted, as per discussion with the PH team: BME groups, faith groups, homelessness/substance misuse groups and Healthwatch.

A staff event was not organised due to lack of take up. PH team advertised the events vua the Barnet Council communications team. The Barnet Council communications team considered the event to be relevant to frontline staff only and circulated it to Adults and Community, Family Services and Housing staff[10]. There was no interest from these groups.

All there community sessions were evaluated by TB Alert. This included pre- and post-session questionnaires on the change in knowledge of TB before and after the session.

4.2.2 Harrow

The sessions were advertised over late December 2014 and January 2015 by emails to existing networks followed up by phone calls and advertisement at other events organized by Voluntary Action Harrow[11].

Forty-three members of the community attended the five community sessions between January and March 2015. Several people expressed an interest in attending but did not find the dates to be suitable. Attendees were from a variety of organisations. Table 5 gives details of attendance[12].

[8] Personal communication with CommUNITY Barnet
[9] TB Alert evaluation report.
[10] Communication from Barnet Comms dated 20 February 2015
[11] Personal Communication with Voluntary Action Harrow
[12] Attendance list provided by Voluntary Action Harrow.

Table 5

	Event	Attendance	Types of organisations
January 2015	Two community events	Event 1 – 15 people Event 2 – 5 people	• Children's Centre • Older Person's charity • Community resource centre • Somali organization • Pre-school/nursery • Charity providing health and social care • Substance misuse charity • Women's Centre • Young people's charity • Harrow resident
February 2015	One community event	Community event- 5 people	• Asian Support group • Substance misuse provider/charity • Pre-school/primary school
March 2015	One community event	Event 1- 8 people Event 2- 10 people	• Afghan charity • Health charities/providers/health champions • Children's services • Deaf Club • Harrow resident • Learning disability charity • Older persons charity • Substance misuse charity/provider • Homeless charity

Four of the five community sessions were not evaluated. The last session was evaluated by VAH, including pre- and post-session change in knowledge of TB.

The staff event was attended by 13 members of council staff[9]. Housing and environmental health presence was particularly strong. The discussion at the event suggested that these staff had first-hand experience of coming into contact with people with TB and the stigma and barriers to access to council services that might result from a known TB status, such as contractors refusing to go into their homes to provide services.

Table 6

	Event	Attendance	Council departments that attended
February	One staff event		• Housing • Environmental Health

Staff sessions were evaluated by TB Alert.

4.2.3 TB Alert

TB Alert delivered all the half-day workshops and attended the World TB Day seminar. The contract and specification (dated 9th October 2014) specified 4 full day workshops for voluntary and community groups, (2 in Harrow and 2 in Barnet) and 2 half-day workshops for council staff (one per borough)[3]. This was later changed to eight half-day workshops. The requirement for monthly teleconference with attendees was removed. Eight community workshops were delivered as planned- five in Harrow and three in Barnet.

At the time that the contract was discussed, all the workshops were intended to be delivered by one facilitator. As this facilitator left his job with TB Alert over the time that the workshops were intended to be delivered, they were delivered by various people from TB Alert.

TB alert provided a pack for attendees containing

- DVD (not included in pack for Harrow attendees[11])
- Posters and leaflets on TB in English and other languages

4.3 Feedback from commissioners and providers

4.3.1 Commissioner feedback

Commissioners of the project considered the approach taken to commissioning the awareness sessions to be appropriate[7]. The decision to use local umbrella organisations to engage with the local community groups was thought to be successful as the invitations to attend sessions came from an organisation that was already well known to the target group and trusted and so had greater impact. Commissioners felt this approach had the added advantage of building links between public health and local voluntary organisations that can be used for other work.

The number of sessions and demand for sessions was considered to be broadly in line with expectations, except in Barnet where demand from community groups was lower than expected and so three sessions were organised instead of the planned four. There was no demand for staff sessions in Barnet. The commissioners hypothesised that this reflected the low prevalence of TB in Barnet (relative to Harrow and London) and therefore perceptions of severity of TB and likelihood of getting TB which feed into the perception of the threat[13] were such that there was a lack of demand.

There were specific aspects of the project that commissioners thought could have been improved

- Greater clarity in agreement with CommUNITY Barnet and Voluntary Action Harrow on what was to be delivered, particularly in relation to phase 2
- Delivery of awareness sessions by TB Alert was commissioned on the basis of the availability of an experienced facilitator who left TB Alert before the agreement could be delivered. The awareness sessions were delivered by other members of the TB Alert team. There was a feeling that the impact of the sessions was lower than expected.
- Provision of leaflets by TB Alert was not as efficient as could have been hoped as delivery of material took much longer than expected.
- It may have been better to commission one co-ordinating organisation across Harrow and Barnet rather than one for each borough.
- CCG GPs and staff and local councillors had limited involvement in the project (with notable exceptions in Harrow). Strengthening this aspect would have benefitted the project. Although, this was due to circumstances outside of the control of the public health team such as lack of nominated staff in CCGs.

The staff session at Harrow (organised by the public health team) was thought to have attracted the expected number of people with the attendees representing front line staff who were most likely to come across clients with or at risk of TB (housing and environmental health). Staff raised some practical queries on dealing with client groups with TB and dealing with outside contractors who were concerned about delivering services to residents known to have TB. The commissioners thought staff expressed some good ideas on how to disseminate this information to their client group e.g. environmental health giving information to people in multiple occupancy housing.

4.3.2 Feedback from providers[8][11][14]

The providers (VAH, CB) all considered the model employed by the Public Health team to be appropriate in terms of targeting relevant groups and felt they were able to use their goodwill and relationships to create demand for sessions. The providers are considered to be a trusted source by the voluntary and community sector. They were able to use their existing networks and personal relationships to publicise the sessions.

[13] Health belief model
[14] Personal communication with CEO of TB Alert

TB Alert also considered this to be a good model and a good way of keeping the umbrella groups involved and abreast of the work being done with their member organisations. Targeting of awareness activities, was thought to be better than a mass publicity, especially as the mass media approach can be expensive, unsustainable and result in unnecessary fears in the community.

TB Alert noted that there is limited history of the inclusion of the voluntary sector in TB work and much greater use of the voluntary sector in delivering TB services by Harrow and Barnet would be a good next step.

The demand for sessions in Barnet (both by community organisations or staff) was considered to be disappointing. There was no direct feedback from those who did not attend to suggest reasons for this. The providers considered it to be due to a lack of understanding of the burden of disease in Barnet or TB not being considered a serious or prevalent enough disease relative to other health concerns.

The training delivered by TB Alert was considered to be very good by one provider and not very engaging by another. This may relate to the use of different facilitators for different sessions. TB Alert wanted to use one facilitator for all sessions but this was not possible.

VAH and CB expected the sessions to be evaluated by TB Alert. However, TB Alert did not consistently evaluate all sessions. Only the three community sessions in Barnet and none of the sessions in Harrow were evaluated. The last community session in Harrow was evaluated by VAH themselves using the TB Alert forms. VAH also attempted to get ad-hoc feedback from the attendees of the four sessions that were not evaluated by TB Alert but had a poor response.

The contracts were agreed in mid-December 2014. At least one provider thought that the responsibility for the small grants was added to the contract at the last minute and without much prior discussion. Additionally, the payment for the contract was not made until after all the sessions were delivered, putting the financial risk on the provider.

The providers considered the timescales for the workshops to be too rushed and would have liked more time to plan for sessions. PH team put a great emphasis on delivering sessions by end of February because of the availability of the facilitator from TB Alert. This was thought to compromise the planning and publicity that providers were able to do once the contracts were agreed in mid-December 2014. The providers thought that better results could have been obtained by joint planning between CommUNITY Barnet, VAH and TB Alert but there was little opportunity for this.

Both providers felt strongly that the awareness sessions and small grants work should have been done in tandem, that is, the arrangements for small grants for community organisations should have been finalised before the awareness sessions were advertised so that those attending knew that there was an expectation of further work based on the awareness sessions and they could use the information from the sessions in a more productive way. This was also likely to have increased demand for the sessions. The small grants were mentioned at some sessions and, where mentioned, were only briefly and vaguely described.

Providers also thought that the PH team could have created demand for sessions by making press statements about the burden of disease. Although, they understood the sensitivities of making such statements.

4.4 Feedback from participants

4.4.1 Barnet

4.4.1.1 TB Alert evaluations

All three sessions for community organisations were evaluated by TB Alert. The evaluation questions are given in Appendix 1 (TB Alert evaluation report). The evaluation included scores on usefulness of sessions as well as an 8-point pre- and post-session questionnaire on knowledge of TB.

In all, 27 responses were received from the community session attendees. The training was well regarded with the training receiving high scores for most presentations (scale used: 2 = Good, 1 = Average, 0 = Poor) and positive comments. The group work, which was designed to get attendees to think about using this knowledge for their client groups, was considered to be the least useful.

Twenty-three attendees completed the pre- and post-session questionnaire assessing the change in knowledge of TB. Eight questions were asked, with an overall score out of 10. In the analysis by TB alert, the average pre-session score was 5.26 (n=23) and the average post-session score was 7 (n=21). There was evidence of an increase in knowledge of types of TB, symptoms, risk factors and transmission methods. There appeared to be no change in the perception that TB is "confined to specific communities".

It was not possible to calculate any further statistics using this data (confidence intervals, p value) as the way the data was collected did not make it possible to match the pre-session answers to the same subject's post session answers.

4.4.1.2 Harrow PH Team evaluations

A follow up survey was sent out to the attendees via Survey monkey in June 2015 by the PH team via CommUNITY Barnet, particularly to ask about use of the posters handed out during training and the attendees' intention to use the knowledge from awareness sessions. The response to this survey was very poor (4 responses out of possible 27). These results are not included in this document.

A telephone survey was conducted by to in the hope of getting a better response. The following questions were asked.

1. On a scale of one to 10, with 0 being no knowledge and 10 being complete knowledge
   How much did you know about TB before the training
   How much did you know about TB after the training

2. Do you plan on using or have you used this information with your client group?

CommUNITY Barnet conducted the survey. 13 out of 27 attendees responded.

Question 1 responses

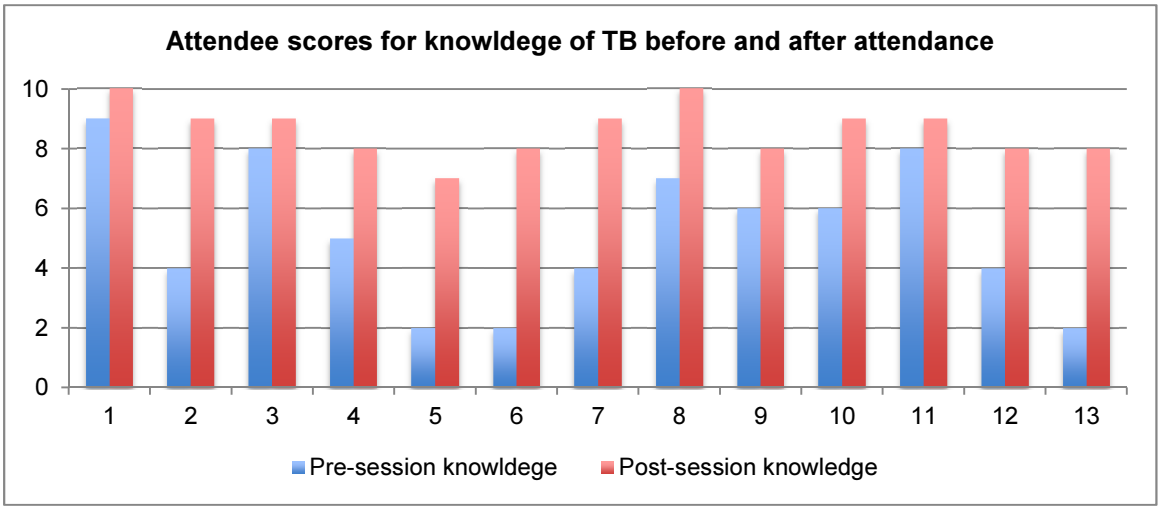

Figure 4: Chart showing pre- and post session self reported knowledge by those who attended session in Barnet (n=13)

All attendees reported an increase in knowledge after attending sessions (fig 7).

Table 7

Pre-session knowledge of TB (mean score)	5.15
Post-session knowledge of TB (mean score)	8.62

Mean change in score	3.46
95% confidence intervals for change in mean score	2.34 – 4.58
P value for change in mean score (95%)	<0.001

As the observations are paired, it is possible to test whether the mean change in scores is statistically significant i.e. there is an actual change in scores that is not just accounted for by chance.

Table 9 shows that the 95% confidence intervals for the change in scores are 2.34 – 4.58 i.e. at a 95% significance level, the change in mean score lies between 2.34 and 4.58. The p value for the change in mean score suggests that there is strong evidence that the mean change in scores is not just due to chance.

Question 2 responses

Of the 13 who responded, 3 have not used and are not planning on using the TB knowledge with their client groups. So, the majority of attendees, 77% have used or plan on using their knowledge with client groups.

4.4.2 Harrow

Evaluation for the community sessions is only available for one of the five sessions (7 of the 43 attendees). This report is attached as Appendix 2. All attendees rated the session as good (scale used: 2 = Good, 1 = Average, 0 = Poor) with positive comments. Although some comments suggested that the attendees had the expectation that dissemination in the community will be done by someone else.

Pre- and post session knowledge question questionnaires were completed by attendees at the last Harrow session, however, the format of the results does not allow the differentiation of pre-session results from post-session results. Therefore, it is not possible to calculate any statistics from the data.

The staff session was evaluated by 13 people. The results of this are included in the TB Alert evaluation report (Appendix 1). It is assumed that all those who attended completed an evaluation. Majority of the attendees at the staff event evaluated the presentation as being good or very good (scale used: Very good = 3, Good = 2, Average = 1, Poor = 0). Comments suggested that attendees felt their knowledge of TB symptoms, transmission and treatment increased after the sessions. The TB nurse's attendance at the event event was valued. A number of attendees wanted follow up sessions or similar sessions in the future.

Pre- and post-session knowledge was not evaluated.

5. Cost-effectiveness

At a cost of £13,500 for the project and 83 attendees in total (70 community attendees and 13 staff), the cost per attendee was approximately £163 (£121 per attendee in Harrow and £250 per attendee in Barnet).

6. Conclusions

6.1 What went well

Structure

The structure of the project, that there were two phases with clear expectations from each phase was an effective way of planning. Targeting community groups that work with groups of interest was generally agreed to be an effective way of reaching the target group, whilst avoiding the inappropriate demand that might result from a mass media campaigns. Involving Voluntary Action Harrow and Community Barnet was considered to be a good way of delivering the message via organisations trusted by the audience as well as building relationships that could be used in the future.

Decisions were made in advance of the groups to target and CommUNITY Barnet and Voluntary Action Harrow were able to prioritise these groups. These groups were relevant to the distribution of TB in the population. The attendees were largely from this group so the targeting was successful.

A nationally recognised charity was selected to deliver the training sessions, ensuring quality of content. TB nurses from Northwick Park attended two of the sessions and were able to provide clinical expertise and local context during these sessions.

Process

Voluntary Action Harrow and CommUNITY Barnet were able to use existing networks to advertise the events. Sessions were advertised via multiple routes.

There was a consistent format for all sessions and consistent method of evaluation. Where evaluations were completed, the majority of the attendees evaluated the sessions as being good or very good.

Outcome

Where evaluations were done, attendees thought they had more knowledge of TB than before the sessions. For the sessions held in Barnet, where there was the opportunity of further analysis, there was strong evidence that the change in knowledge (as measured by self –reported change in knowledge) was significant, that is, the sessions achieved their aim of imparting information about TB.

For the same Barnet cohort, the majority of the attendees reported that they had or would use this knowledge in their work with the client group. Whether the organisations do so and if it has an impact on the population will become more apparent after phase 2 of the project.

6.2 What could have gone better

Structure

The providers felt the project to be rushed and that more demand could have been generated and so more organisations could have been reached with more time and greater joint planning. This included planning with the Public Health team on increasing demand, especially in Barnet, by using the media to increase knowledge of the burden of disease and, more importantly, by making the small grants funds available, or at least publicised, much earlier in the process to get organisations interested.
The providers would have liked an opportunity for more joint planning between the various parties involved. This is likely to have resulted in clearer understanding of roles and responsibilities at the beginning of the project.

It is not possible to tell whether the lower than expected demand in Barnet was due to public perception of the threat of TB in Barnet (this was frequently hypothesised) or a difference in the process of contacting and following up community organisations and council staff in the two boroughs. Although significant efforts appear to have been made to engage organisations via emails, telephone and online activities.

A lack of demand in Barnet meant that none of the front line council staff received any training on TB. The HWB mandate refers not only to council staff but also to staff or services commissioned by the council and so invitations should have been extended to all commissioned services, regardless of whether the council provided or otherwise.

The TB team at Barnet Hospital did not attend any of the sessions and it was not possible to speak with them to find out why this was.

The HWB mandate suggested that the sessions were commissioned in conjunction with the NHS but involving the CCG was not possible because there was no named TB lead at the CCG.

The contract between the PH Team and all providers could have been specified with greater clarity, especially, from the provider's point of view, regarding the delivery of phase 2. All contracts mentioned some form of end of project report (which have not been delivered yet) but none of the contracts were clear on the lead organisation responsible for evaluation.

Process

Everyone felt that having one facilitator, particularly the facilitator originally employed to deliver sessions, would have resulted in better sessions and more engaged participants.

The sessions did not include any information on the local context of service provision of TB that is, whether there is a vaccination programme and who to contact if someone suspects that they have TB.

The objective of the sessions may not have been clear to all attendees, particularly that the organisations were expected to use this information with their client group. However, there was a discussion at each session on ideas for using the knowledge in their organisations. The small grants were not consistently mentioned or explained at all sessions.

The sessions were not consistently evaluated. CommUNITY Barnet, Voluntary Action Harrow and the Public Health team were clear that TB Alert were responsible for evaluations. The lack of evaluations only became apparent once all the sessions had concluded and there seemed to be no mechanism for providers to report to commissioners on such issues during the project, although the contracts specified regular reporting.

The venues for the sessions were not always appropriate and in at least one case was thought to be to small for the expected group.

Outcome

The lack of evaluations for all sessions make it difficult to reach firm conclusions on the impact of the sessions. It is not possible to evaluate the impact on the population (and not just the individuals who attended) until phase 2 is completed.

Additionally, it is not clear that all the aims of the project, as recommended to the Health and Wellbeing Board were fully achieved. The awareness raising was intended to result in knowledge that might help local authority staff and other services refer people to the NHS. Given the lack of consistent discussion about local service provision at the sessions, it may not be possible for attendees to know where to direct people with relevant symptoms, other than generic advice to visit the GP.

Appendices

Appendix 1: TB Alert evaluation report

Appendix 2: VAH evaluation reports