

**UCLP-PRIMROSE Evaluation  
Permission to Contact / Decline to Participate Form**

Name of direct care team member: .....

Date of contact with service user: .....

Service user practice ID: .....

Study PIN assigned [will be provided by research team]: .....

Introduction to UCLP-Primrose: Over the last year you have been speaking to the team here at this GP practice, including myself, about your physical health and how to improve it. The way we have been working with people and their physical health has changed as we have been trying a new approach, such as the work we did together talking about a goal you want to achieve and how you can do that. This new approach falls under the term UCLP-Primrose, which is the name for the model we are following. There is a research team looking at how well this has worked for us and the patients, and they are interested in looking at patient records and talking to patients about their experiences of this care.

Today I would like to ask you if you are happy for your patient data to be used in this service evaluation?

The second part of this research will be a recorded interview that will last no longer than 45 minutes with a researcher. You don't have to decide now if you would like to take part in the interview, I am just asking if you are happy for a researcher to contact you and send you some more information about the research.

Are you happy for your data we collect on your patient record to be used within the service evaluation?

**Part 1 – Outcome of invitation to participate in the quantitative service evaluation**

Was permission to take part in the service evaluation provided?

Yes

No



Would you be interested in taking part in the interview and therefore me passing along your details to the researcher?

**Part 1 – Outcome of invitation to participate in the interview**

Was permission to contact provided?

- Yes [complete section 2 below]
- No  
Reason for declining to participate: .....

**Part 2 – Permission to contact details**

Details of service user providing permission to be contacted by the research team:

Name: .....

Phone number(s).....

Email address (optional).....

Postal address (optional) .....

Any preferred day / time of day to call: .....

**Part 3 – Goal setting**

In case you do decide to take part, it would be great if we could write down the goal you set for yourself:

Goal: .....

**Please contact a member of the research team with this information. Then save the form in the UCLP-PRIMROSE site file**

