

## **Feasibility Study of Nurse Led Implementation of The Single Assessment Process in Primary Care**

### **Summary of report of the qualitative study to explore older people's accounts**

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#### **Background**

- The single assessment process [SAP] , scheduled for introduction by 2005, is a system for contact assessments of community dwelling older people leading to overview, specialized or comprehensive assessments where indicated.
- In the absence of clear guidance on how the SAP should be implemented a study was planned with the aim of evaluating the feasibility of a nurse-led SAP in a primary care practice.
- The qualitative study explored the experience and views of some of the older people who took part in the feasibility research study

#### **The aims of the qualitative study were**

- to explore the older people's experience and views of the single assessment process, focussing on acceptability, relevance and usefulness
- to locate the assessment within the broader social context of their lives focussing on how they manage and promote their health and well being

#### **The findings are that**

- The older peoples' accounts reveal that, whilst some people had fairly scant recall of the assessment, nobody had found it an unacceptable experience.
- Most people were very positive about the assessor having found her easy to talk yet thorough in her professional approach. Typically they seem to have taken a passive role answering questions rather than raising concerns or initiating discussion but this can be seen as consistent with their understanding that they were participating in a research project.
- Few people could identify a concrete outcome or benefit from the assessment but they had not necessarily expected one - they hadn't initiated the encounter and they thought they were contributing to a wider public benefit.
- Most people thought it was a good idea in principle for older people to have a regular check, and some were in the habit of attending the surgery for such a check in the form of the over 75 'MOT'. People who considered that their health problems were already covered and/or they had good levels of support were inclined to doubt that a regular assessment was warranted for them personally. They identified people who live alone or have limited family support as the most vulnerable and in need of support and recognised the value of home based assessments for them.

- Although the surgery forms a key resource as a valued, formal service providing access to health care, most of the older people assume a major role in managing their own health and well being. In many aspects of their lives they typically marshal their own personal resources, managing difficulties stoically and drawing on support from family members and other informal sources. Reciprocity and interdependence are important elements of the way in which many older people negotiate their own independence.
- At any time in any older person's household, whatever its composition, there would seem to be an 'equilibrium' that equates to 'managing' reasonably well, which depends on the way in which personal resources, informal support and formal services intermesh in relation to different domains of their lives. The equilibrium is potentially vulnerable if any element of the complex mix changes. If circumstances alter, unless the older person or someone who knows them recognise that a different kind of support is needed, and takes steps to bring about change they may struggle to manage.
- Used as a case finding tool the MDS- Homecare has succeeded in identify need. The indications are that is person-centred and health-orientated with a focus on practical aspects of managing daily life. There may be an issue about its capacity to recognise the complexity of balancing formal and informal support.
- The case studies reveal the multiple significance of *timing* in relation to the assessment event and highlight the role of the assessor by illustrating the high level of interpersonal skills and professional judgment that may be called for. They also demonstrate that implementing a process based on case finding has resource implications not only within primary care but for the wider social and health care economy.

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