



Single Assessment Process for Older People

CURRENT SUMMARY RECORD

PERSON DEMOGRAPHICS

- NHS number
- Organisation code
- Local patient identifier
- Local authority code
- Case number

- Person's family name
- Person's given name (forename)
- Person's title
- Person's requested name

- Present address with postcode and phone number
- Are there safety or access issues for professionals who visit? (Note : free text)

- Usual (permanent) address with postcode and phone number

- Permanent address type
- Permanent address tenure
- Landlord (where applicable)

- Person lives alone?
- Person's birth date
- Person's gender
- Person's occupation (Note : free text)
- Person's ethnic category
- Person's religion

- Is interpreter required?
- Preferred language

OTHERS INVOLVED

- Person usually contacted by the older person in an emergency
 - Family name
 - Given name
 - Relationship to the older person
 - Is this person the older person's main carer?
 - Usual address with post code and phone number

- Next-of-kin to the older person
 - Family name
 - Given name
 - Relationship to the older person
 - Is this person the older person's main carer?
 - Usual address with post code and phone number

- Main carer to the older person (if different from emergency contact or next-of-kin)
 - Family name
 - Given name
 - Relationship to the older person
 - Usual address with post code and phone number

- General practitioner
 - Name
 - Practice/organisation name and code
 - Phone/fax number
 - Email address

- Advocate
 - Name
 - Role
 - Organisation name
 - Phone/fax number
 - Email address

- Care manager / care co-ordinator
 - Name
 - Role
 - Organisation name
 - Phone/fax number
 - Email address

- Other care professional (Note : give more than one professional if necessary)
 - Name
 - Role
 - Organisation name
 - Phone/fax number
 - Email address

OLDER PERSON'S PERSPECTIVE OF CURRENT NEEDS (Note : free text)

- ❑ Presenting needs and issues in the older person's own words (including environmental factors, relationships, recent life events and other external factors that precipitate or exacerbate needs)
- ❑ The significance of the needs for the older person and the length of time experienced
- ❑ Potential solutions identified by the older person, including her/his expectations, strengths, abilities and motivations

CLINICAL BACKGROUND

- ❑ Diagnosis with enduring impact on needs (Note : both ICD and Read codes where data are collected electronically)
- ❑ Diagnosis date

- ❑ Physical disability?
- ❑ Hearing impairment?
- ❑ Visual impairment?
- ❑ Speech impairment?

- ❑ Learning disability – mild/moderate?
- ❑ Learning disability – severe?

- ❑ Discharge date from hospital (in last 12 months only – most recent)

- ❑ Fall date
- ❑ Details of fall including its consequence (Note : free text)
- ❑ Falls assessment date

- ❑ Medication prescribed
- ❑ Date of last medication review
- ❑ Medication over the counter (Note : free text)
- ❑ Ability to self-medicate

DISEASE PREVENTION

- Blood pressure (Note : blood pressure = systolic pressure/diastolic pressure)
- Blood pressure observation date

- Weight
- Weight observation date
- Weight perception by older person

- Allergies experienced by older person
- Substance(s) causing allergies
- Intolerance reaction(s)
- Allergies/intolerance reactions experienced by older person (Note : free text)
- Date allergies and intolerance reaction(s) assessed

- Date of last influenza vaccination
- Date of last pneumovax vaccination

- Smoking status
- Tobacco usage – type
- Cigarettes per day
- Tobacco ounces (other than cigarettes) per day
- Date smoking stopped
- Date smoking status assessed

- Alcohol intake
- Date alcohol intake assessed

- Exercise status (Note : free text)
- Date exercise status assessed

- Date of cervical cancer screening
- Result of cervical cancer screening

- Date of breast cancer screening
- Result of breast cancer screening

ASSESSMENT OF INDIVIDUAL NEEDS

Code each need below as follows :

1 Need being addressed

2 Need not being addressed

3 No current need

4 Not known

For each need, give date of assessment and the name of the assessor

<p><u>Personal care and physical well-being</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Washing <input type="checkbox"/> Bathing <input type="checkbox"/> Toileting <input type="checkbox"/> Grooming <input type="checkbox"/> Dressing <input type="checkbox"/> Pain <input type="checkbox"/> Oral health <input type="checkbox"/> Eating, drinking and swallowing <input type="checkbox"/> Breathing difficulties <input type="checkbox"/> Foot care <input type="checkbox"/> Tissue viability <input type="checkbox"/> Mobility <input type="checkbox"/> Continence – urine <input type="checkbox"/> Continence – faeces <input type="checkbox"/> Other aspects of elimination <input type="checkbox"/> Sleeping patterns <p><u>Senses</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Sight <input type="checkbox"/> Hearing <input type="checkbox"/> Communication <p><u>Mental health</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Orientation <input type="checkbox"/> Memory loss <input type="checkbox"/> Depression <input type="checkbox"/> Other mental health problems <input type="checkbox"/> Bereavement and loss <input type="checkbox"/> Emotional distress 	<p><u>Relationships</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Social contacts <input type="checkbox"/> Personal relationships <input type="checkbox"/> Relationships in general <input type="checkbox"/> Involvement in hobbies, work and learning <input type="checkbox"/> Carer support <p><u>Safety</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Abuse and neglect <input type="checkbox"/> Other aspects of personal safety <input type="checkbox"/> Risk to others from older person <p><u>Immediate environment and resources</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Food preparation <input type="checkbox"/> Housework and cleaning <input type="checkbox"/> Shopping <input type="checkbox"/> Location and accommodation <input type="checkbox"/> Immediate access to, and within, accommodation <input type="checkbox"/> Amenities of the accommodation <input type="checkbox"/> Heating in the accommodation <input type="checkbox"/> Level of personal finances <input type="checkbox"/> Management of personal finances <input type="checkbox"/> Access to local facilities and shops
---	--

EVALUATION OF NEEDS AND RISKS

Risks to independence arising from current needs

- Comment on impact of needs on :
 - Autonomy, choice and control
 - Health and safety
 - Daily routines
 - Relationships and involvement including carer support
(Note : free text)
- Councils only : indicate the level of risk with reference to FACS
- Predictability of risks
- When help is required by the person
- Needs in the foreseeable future

Evaluation details

- Name of professional who evaluated needs and risks
- Date of evaluation of needs and risks

VALIDATED TOOLS AND SCALES USED IN THE ASSESSMENT OF CURRENT NEEDS

- Assessment tool used (if any)
- Date of assessment of activities of daily living using tool/scale
- Assessment scale for activities of daily living
- Assessment score for activities of daily living
- Date of assessment of cognitive functioning and memory using tool/scale
- Assessment scale for cognitive functioning and memory
- Assessment score for cognitive functioning and memory
- Date of assessment of depression/morale using tool/scale
- Assessment scale for depression/morale
- Assessment score for depression/morale
- Date of assessment of impact on carers using tool/scale
- Assessment scale for impact on carers
- Assessment score for impact on carers

SUMMARY OF CURRENT CARE PLAN

Objectives of care plan (Note : free text)

How support/services address current needs and risks (Note : free text identifying how each assessed need/risk will be supported by corresponding actions. Version 0.7 of the SAP Dataset gives details for recording on electronic systems.)

Support and services

Code each type of support and service below as follows :

- 1 Support/service currently provided 2 Support/service pending
3 Support/service not currently provided 4 Not known

For each type of support and service also give :

- the date support/service was first provided or significantly changed. (In the case of pending support/services, give the date it is intended they will commence.)
- the name of the key provider or if the service is delivered through a Direct Payment.

<ul style="list-style-type: none"> <input type="checkbox"/> Support from family and other carers <input type="checkbox"/> Intermediate care in own home <input type="checkbox"/> Respite care in own home <input type="checkbox"/> Palliative care in own home <input type="checkbox"/> Continuing care in own home <input type="checkbox"/> Home care <input type="checkbox"/> Visiting nurses <input type="checkbox"/> Delivered meals <input type="checkbox"/> Equipment to assist daily living <input type="checkbox"/> Adaptations or improvement to accommodation <input type="checkbox"/> Parking badge <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Speech and language therapy <input type="checkbox"/> Occupational therapy <input type="checkbox"/> Dieticians <input type="checkbox"/> Chiropody or podiatry <input type="checkbox"/> Dental care 	<ul style="list-style-type: none"> <input type="checkbox"/> Attendance at day centre <input type="checkbox"/> Attendance at day hospital <input type="checkbox"/> Transport <input type="checkbox"/> Attendance at out-patient clinic <input type="checkbox"/> Intermediate care in care home <input type="checkbox"/> Respite care in care home or other setting away from home <input type="checkbox"/> Palliative care in hospital, hospice or care home <input type="checkbox"/> Continuing care in hospital or care home <input type="checkbox"/> Permanent admission to care home <input type="checkbox"/> Permanent admission to care home with nursing on the premises (& level of NHS-funded care if appropriate) <input type="checkbox"/> Counselling <input type="checkbox"/> Psychological therapy <input type="checkbox"/> Other services
---	---

Benefits

- Attendance Allowance
- Disability Living Allowance (care component)
- Disability Living Allowance (mobility component)

ADDITIONAL PERSONAL INFORMATION (Note : free text)

Relevant to service users usually in receipt of intensive or prolonged support, including permanent admission to care homes.

- Personal fulfilment
- Spiritual fulfilment
- Personal relationships and close attachments
- Lifestyle choices
- Pets

- Perceptions of family members and principal informal carers

ADMINISTRATIVE DETAILS

- Date of first assessment for Assessment Summary
 - Date of most recent assessment for Assessment Summary
 - Name of professional who last updated the Assessment Summary (if different from the care manager / care co-ordinator)
 - Date of next review
-

NOTES FOR PROFESSIONALS AND AGENCES

Purpose of the Current Summary Record

The Current Summary Record draws on information from a range of sources to provide an up-to-date picture of the older person, their health and care needs and any services they receive. In electronic formats, the Current Summary Record may be a set of screens that automatically feed off other electronic documents such as completed assessment forms. A paper version may be produced when the content of these screens is printed. Where electronic systems are not in use, the Current Summary Record may inform how paper files are constructed. More often than not, the information of the Current Summary Record will be wider than information collected at formal assessments and reviews. While assessment information will relate to a point in time, the Current Summary Record will include the most recent information, no matter when that was collected.

NHSIA SAP Dataset

Version 0.7 of the dataset is accessed at http://www.nhsia.nhs.uk/phsmi/datasets/pages/ds_older.asp.

Confidentiality

Where necessary, local NHS bodies and partner councils may approach the National Strategic Tracing Service Management Board for permission to use the NHS Number and have access to the NSTS.

Where older people have a range of health and social care needs, it will be important for professionals and agencies to share information about individual cases subject to the Common Law Duty of Confidentiality. In doing so they should be aware that the information that patients and services users provide is held under a legal obligation of confidentiality. This means that :

- professionals and agencies should work to ensure that only those who actually need to see information should be able to see it;
- cases are only discussed with those responsible for providing care or checking the quality of care provided; &
- as far as practicable, patients and service users should be involved in decisions about sharing information and any objections raised should be respected.

Detailed care plan

The page 7 summary of "Support and services" should be supported by a weekly timetable of care, which should be made available to those professionals and agencies arranging and co-ordinating services.

Professionals and agencies should respect confidentiality at all times. See note on page 8.