The electronic Single Assessment Process:
An Evaluation of Initial Implementation, Hertfordshire.

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1. Introduction

The National Service Framework for Older People, launched in March 2001, outlines a 10-year programme that sets national standards in eight key areas in order to improve health and social care services for older people in England.

The Single Assessment Process (SAP) was introduced as part of Standard Two: Person-centred care. The SAP has been introduced in an attempt to standardise assessment, to facilitate information sharing between health and social care in order to improve efficiency and lead to more effective care (HSC 2002/001: LAC (2002)1 DoH 2002a) and to provide greater equality in access to multi-agency services (Wild 2002).

The aim of Standard Two is:

To ensure that older people are treated as individuals and they receive appropriate and timely packages of care that meet their needs as individuals, regardless of health and social services boundaries.
(DH 2001: 23)

Arguments within this document to support the need for a SAP include the following;

- Despite contact with health or social services, physical, social and psychological problems may be missed or be unreported.
- Assessments are often duplicated and there is no coherent approach between health and social services.
- Information systems are fragmented, and may duplicate information held about individuals and information sharing is problematic.

1.1. Assessment

Assessment is a key element and one of the core skills of the practice of health and social care practitioners (Milner 2002; Houston 2002; DoH 1990). The *NHS and Community Care Act* (DoH 1990) stated that assessment was a separate and important activity and that needs led assessment and care management should form the cornerstone of high quality care (Parry-Jones 2001).

Older people are dependent on the variable skills, knowledge and judgement of the assessor for the outcomes of the assessment process, that is, provision of services (Lewis & Glennerster 1996). It is likely that provision of appropriate packages of care in terms of actual services delivered as well as intensity, will impact on the ability of older people to continue to live at home (Davey et al 2005).

Benefits from implementation of the SAP should include:

- A more standardised assessment process in place across all areas and agencies
- The raising of standards of assessment practice
- Ensuring that older people's needs are assessed in the round (p30)

Glasby (2004) argues that organisations will need to make considerable preparation in order to overcome the practical issues that needed to be addressed by April 2004 when the milestone for implementation of SAP was set.

1.2. Assessment Tools/Process

Assessment has been defined as the:

> 'means by which practitioners ascertain the needs of individuals in order to determine the most appropriate location for care and match services to need (Worth 2001:257).

Older people may have a range of both health and social care needs and the mechanisms used for the assessment need to incorporate both. Initial guidelines within the NSF OP (DoH 2001) were deliberately vague (Glasby

2004) and appeared to be based on a scant evidence base. There also appears to be an inherent tension within the SAP policy, i.e. in the requirement for assessments to be person-centred, and begin from the perspective of the older person, while at the same time needing standardisation.

Further guidance for implementation was issued (DoH 2002b). These guidelines include directions that the SAP should ensure that the scale and depth of assessment should be kept in proportion to the needs of the older person, and further indicates the need for one or more of four types of assessment (HSC 2002/001 LAC (2002)1 DoH 2002a:

- The contact assessment, which records basic information about the nature of the problem/s at the first contact with formal services.
- The overview assessment a more rounded assessment in which some of the domains outlined in the SAP are explored e.g. personal care and physical well-being,
- An in-depth (specialist) assessment, exploring specific needs in detail,
- And the comprehensive assessment where specialist assessments across a range of areas are needed.

On completion of the assessment, the information collected needs to be recorded in a way that enables it to be shared between health and social care professionals and organisations. This may present practical difficulties (Glasby 2004; Mouratidis et al. 2003). The SAP is currently being introduced throughout the country. Despite this there is currently little evidence:

- To demonstrate how older people are currently assessed by health and social care practitioners,
- that demonstrates the 'most effective' assessment approach,
- that compares the effectiveness of different assessment models,
- to support how an effective joint and single process of assessment can best be implemented.

Implementation of the SAP has implications for all health and social care

professionals (Wild 2002). It is essential that the implementation of such a major change in the assessment of older people is evaluated and that the findings are used to inform and develop practice.

It is with this background in mind that the following evaluation exploring the implementation of the electronic SAP in one locality took place.

1.3. The Local Electronic Single Assessment Process Implementation.

The electronic SAP sits within the NHS National Programme for IT (NPfiT) and is attached to the 'Spine' which comprises the core data storage and messaging system and stores:

- Demographic information

And will in the future store summarised clinical information, e.g. allergies and any adverse drug reactions.

The intention is to enable information to be shared safely and securely and to provide a nationally available record of a patient's care.

Hertfordshire is located within the Eastern 'Cluster' of Strategic Health Authorities and the implementation of eSAP is supported by Accenture® and Liquid Logic®.

The electronic tool used by Hertfordshire to address the contact assessment and overview assessment components of the SAP is the EASYcare® assessment tool, which is provided by Liquid Logic® who provide all nationally approved tools.

This electronic tool is initially being trialled, in one geographical area of Hertfordshire – that defined by Welwyn and Hatfield PCT.

The first phase of the staged 'rollout', which began on 7th January 2005, involved the following groups of practitioners and managers:

- District Nursing Services,
- Adult Care Services,
- Intermediate Care Team,
- Acute NHS Hospital
- Older people's Mental Health Team

2. Methods

2.1. Research Question

The evaluation addressed the following research question.

What are the experiences of health and social care professionals who are using the eSAP?

2.2. Sample

Health and Social Care Practitioners were invited to participate by taking part in either a telephone interview or a focus group. All the groups involved (see below) in the first phase of eSAP were invited to take part.

- District Nurses
- Intermediate Care
- Older People's Mental Health Team
- Social Work
- Acute Hospital Setting

A total of 22 interviews were conducted and 1 focus group has been undertaken (n=5). A total of 27 staff have taken part. None of the practitioners working in the Older People's Mental Health Team chose to participate.

2.3. Semi-structured Telephone Interviews

In order to address the research question, that is, to explore the eSAP implementation from the perspectives of staff, a qualitative approach was required. The semi-structured interview is used when information of a more detailed and, or, in-depth nature is sought. In this project, the semi-structured interviews were undertaken with the health and social care practitioners using the eSAP tools. Semi-structured interviews have a flexible structure made up from a series of open-ended questions that have been constructed around the subject that is being researched. Telephone interviews were selected to ensure cost-effective and efficient use of time for participants who could be interviewed at their place of work (Shuy 2002).

Interviews were tape-recorded and transcribed verbatim.

Visits were also made to the practice areas in order to both introduce the evaluation project and the research team to practitioners, and also to inform the development of the interview schedule.

2.4. Focus Group

Focus groups are a useful tool which enable the collection of the views of groups about a particular topic (Kreuger 1998). The topic areas for discussion in the focus groups focused on the experiences, perspectives and ideas of staff. One researcher took notes and the other researcher facilitated the discussion. The focus group was also audio-tape recorded.

2.5. Ethics and Governance Approval

Ethics approval for the study was gained from the Local Research Ethics Committee (LREC No: ECO2590). Approval to undertake the work was also gained from all NHS Trusts where staff were located and Herts County Council.

2.6. Analysis

The analysis involved immersion in the data, i.e. reading field notes and listening to and reading interviews in order to gain a 'general sense' of the data. The identification of themes and developing categories, determining connections and refining categories was carried out in an inductive way following the constant comparative method of grounded theory (Glaser & Strauss, 1967). Emerging categories were compared with existing knowledge. Data were analysed using N6 software for qualitative analysis.

Due to the relatively small sample size, in order to maintain anonymity, it has generally been necessary to conceal the professional backgrounds and work locations of the participants when using excerpts from the data to illustrate the themes.

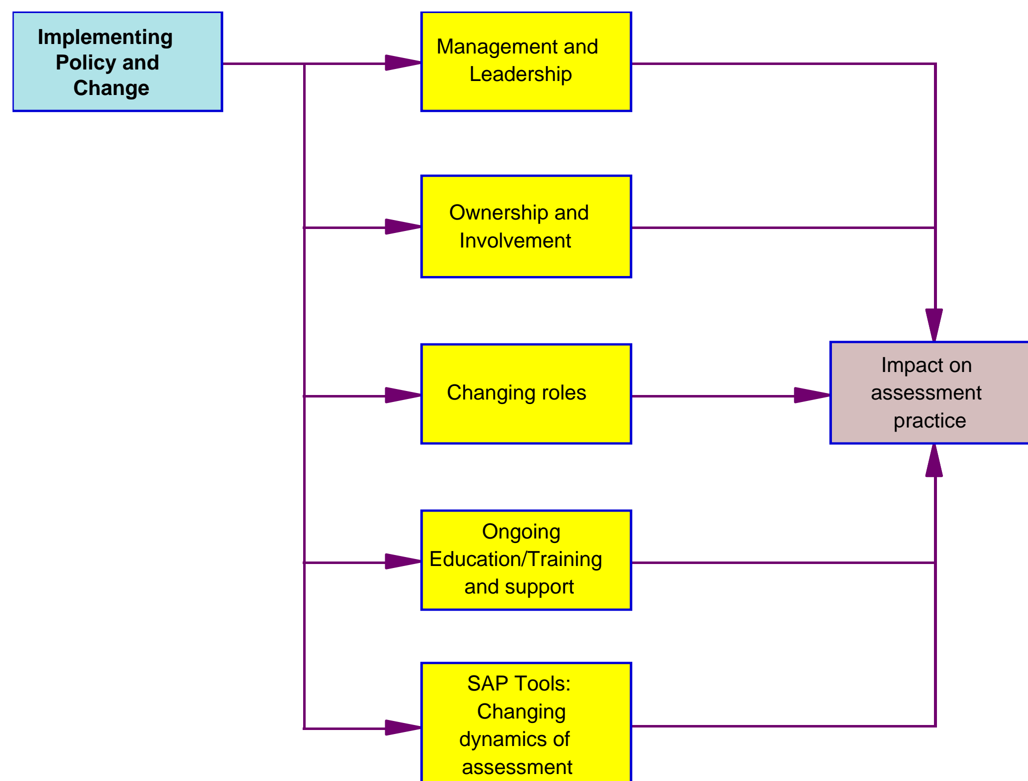
3. Findings

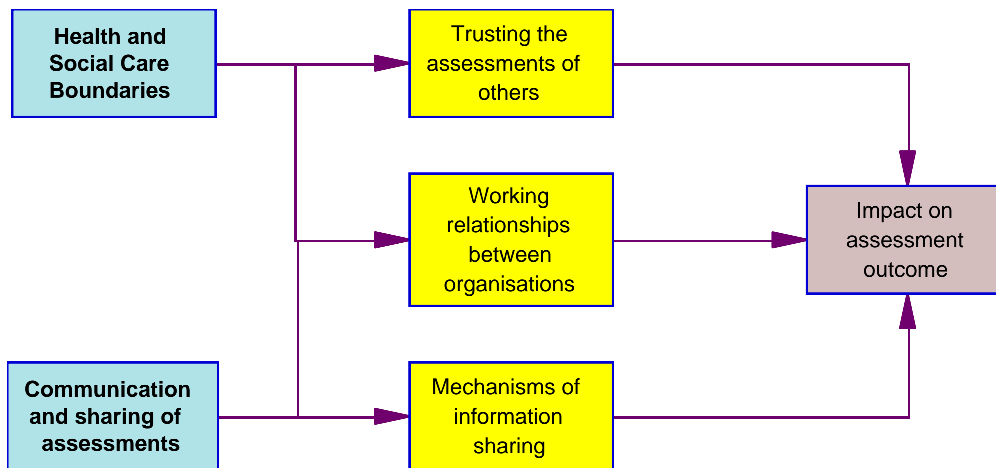
Overall the evaluation found three major themes that had an impact on the implementation of the Single Assessment Process. These are:

- the process of implementing policy and change,
- the health and social care boundary, and
- communication and sharing of assessments.

These are summarised in Figure 1 and explored in more detail in the following sections:

Figure 1: Diagrammatic Summary of the Themes Emerging from the Evaluation





3.1. The Implementation of eSAP

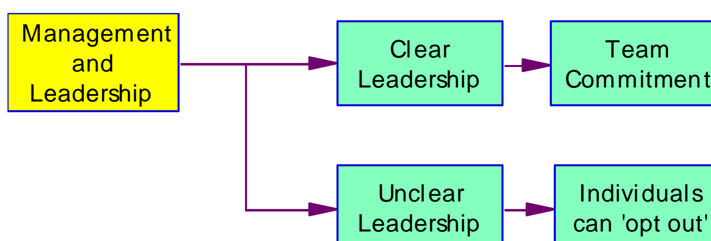
Implementing change is a complex process, requiring ownership, support, communication and facilitation (Bryar & Bannigan 2003)

The following section describes the impact of management facilitation.

3.1.1. Management and Leadership

The active support of managers and positive leadership of teams proved to be a key and essential aspect of those instances of positive integration of eSAP among practitioners and is illustrated in Figure 2 below. However, not all managers were perceived by staff to have been supportive, and some were felt not to know much about eSAP thereby impeding the implementation.

Figure 2: To illustrate the impact of management support on successful implementation.



These two distinct approaches are illustrated in the excerpts of interviews below.

The first instance is of good support and leadership of a team of practitioners.

> … we've taken a team decision that all of our patients we will put onto eSAP
>
> …because as a team we've had to use it, our manager said this is the way it's going, get on and do it.

Whereas the following demonstrates how some practitioners felt that their managers were not engaged and therefore were unable to offer support in what is a major change in the way people are being asked to work:

> What sort of support have you had from your manager?
>
> Not much…I've tended to go straight to the IT people for support, but I would've expected the odd phone call or message to say how are you getting on, but we don't seem to have had it, it's just sort of get on with it type of attitude.…we have to get involved with it to get the job done, I suppose if there was a major problem they would be there to help us, but perhaps a bit of back-up…

And:

> 'My manager doesn't know anything about it.' (FG)

3.1.2. Ownership and Involvement

A sense of ownership by those involved in change is essential for successful implementation. The sense of ownership and involvement across those using the system is variable, and there is some evidence that some people are not engaging with eSAP and the associated process.

> No, I think the main thing is getting other people to use it as much as we do I think, that's the biggest frustration at the moment because I feel as a team we've taken it on board and it's just encouraging other people to use it, I think a lot of people are thinking if they don't bother then it'll go away.

3.1.3. Changing Roles

Using the eSAP tool broadens out the assessment that professionals have previously undertaken, and some people report that they are not completing the full assessment, but instead continue to focus on areas that they are

comfortable with and ‘fit’ with what they were doing before.

> …and I don’t feel it’s our job asking people if they own their own house or things like that.

And

> … we just do what’s relevant to us.

However, some people are taking on board the need to broaden their practice when undertaking an overview assessment.

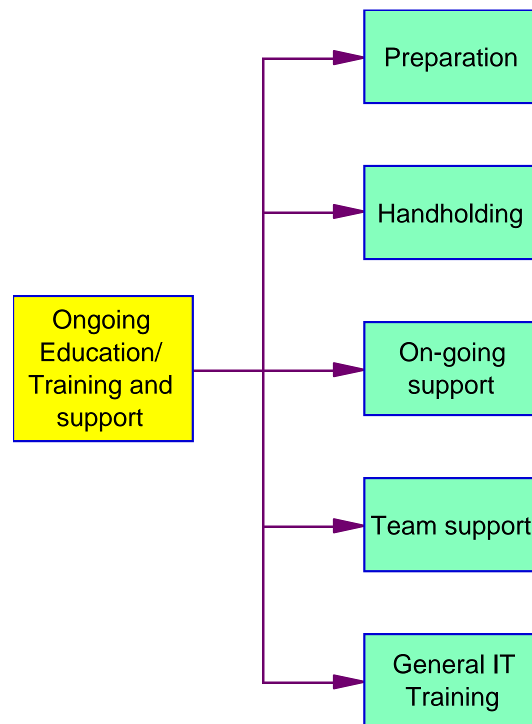
> at the moment I think it is necessary for all those questions to be asked, I don’t think we can cut corners on this especially when it’s a very comprehensive assessment and a patient has multiple needs.

(We were unable in this evaluation to examine the actual assessments undertaken.)

3.1.4. Ongoing Education/Training and Support

Training and support were described by staff as essential to their learning and understanding of the eSAP technology. The various elements are summarised in Figure 3 below.

Figure 3: Summary of the impact of training and education.



3.1.4.1. Preparation for eSAP

Two different approaches to the initial preparation training users received were observed. Users in all settings except the acute NHS hospital (see below) received approximately one and a half days training designed to provide a theoretical introduction to eSAP, as well as a chance to use and become familiar with the system during a practical session

> We had a day and a half session so we went over to the QEII and I think one was a practical day and the other was half day theoretical

Whilst this preparation appears to have been both adequate and relevant at the time, providing a suitable introduction to the system, staff felt that this training alone was limited by the fact that it was conducted in an artificial 'simulated' situation several weeks before the launch of eSAP. As the following example demonstrates this initial experience needs to be reinforced by spending time using the system 'live'.

> … I think it's **like computers you have to sit in front of it and use it**,

> although it was good to be actually sitting there and looking at it was good, **but to actually do it in practice was the way of learning I think**, that's me anyway I have to do something.

In the acute hospital setting 'super-users' on each ward were given the full training and then cascaded their knowledge down to the rest of their team, who received a basic 3 hour training session.

> Not everybody had the same training, basically all our senior nurses did a full days training on it and then we've cascaded it down.

However, this approach was less successful than training the whole team, with those who had been trained often taking the burden of completing assessments:

> No and one of our other sisters that is very good at it is off on extended leave at the moment and the two senior sisters are doing other things and the other sister hasn't done hers yet, so I'm finding as a lead if you like, I am finding it a little bit hard and I'm trying to help others as well and I'm learning myself.

3.1.4.2. Hand-holding

The presence of SAP trainers providing 'hand-holding' at the time of 'going-live' proved to be an aspect of training and support which had an extremely positive impact on the progress made by users when they first started using the system. The following example highlights the extent to which hand-holding was needed to ensure users made progress with the system

> I've only just really found out how to use it (facility) since I've had my hand held by the IT lady, I've called her over quite a few times.

Hand-holding gave users the confidence to get on the system and start using it. It enabled them to feel confident with the system and helped to reduce the fear of 'doing something wrong' and thus facilitated the speed with which they made progress, as the following extract demonstrates

> Yes definitely because when we first got it up and running there were absolutely loads of things, just simple things that we'd been told but you don't really pay attention to, about logging on and really simple

> things. It was great to have her there and then as our confidence grows It's good to say actually can I try something new or I'm just going to do this can you make sure I'm doing it all right?

And:

> It was just to help me with a referral and go through things and make sure I was doing it right and actually I was doing it right so I just needed a bit of hand holding…having such easy access to the support people is great.

3.1.4.3. Ongoing Support

Whilst initial training sessions helped prepare users for the launch of eSAP, the need for ongoing support and training at the time of launch and in the weeks after was clear:

> I think some follow up would be good now that we're actually using the system. Beforehand it's not real. You know, obviously you've got to be taught about it but you weren't actually out doing it. I think some follow up would be good

Those who had received support as they began using the system felt this had been extremely useful, highlighting the essential need for continued support to facilitate learning and progress once eSAP had been introduced, which the following statement demonstrates:

> I'd be absolutely floundering otherwise because although I've got colleagues who have spent more time on it and are more proficient on it than I am they actually haven't got the time to come and show me what to do, so we need people like [trainer] to come out

3.1.4.4. Team Support

An important aspect of 'support' was peer support and encouragement from others using eSAP. This came both from within a team, whereby users supported each other by sharing information and learning from and with each other:

> No, we do help each other, because we get together on difficult ones

> and longer problems, we will do them together.

This process also happened across teams where users encouraged peers they came into contact with who were avoiding using the system:

> I think until you sit and do it it's one of those things you don't know and this is what we're trying to get across when we go across to some of the wards, so many people are avoiding it they don't want to know, as in they're scared, but we're saying to them it's like anything the only way to learn is to use it.

Both aspects of team support proved to be important in the implementation of eSAP encouraging through the sharing knowledge and skills.

3.1.4.5. General IT Skills/Training

In order to use a computer-based tool, practitioners require IT skills and confidence. For some users, particularly those with little previous experience of using computers, additional IT training was necessary. Those lacking general IT skills described a lack of confidence using the system and this may be a barrier preventing users from using the system.

> Yes, I mean some staff are more IT literate than others and I have a problem that three of my staff have had no IT training whatsoever and I've had to send them on IT study days and of course they're very nervous and they haven't used it yet and I guess that they'll be a couple of staff that don't use it.

3.1.5. Changing the Dynamics of Assessment

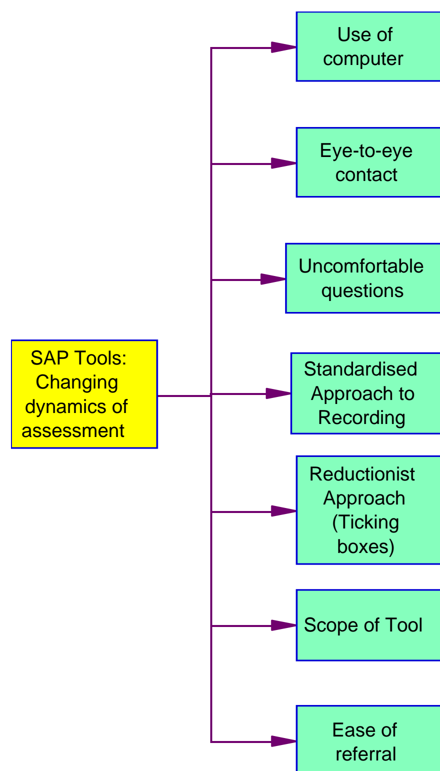
Despite the centrality of assessment, assessment is an area of both health and social care practice which has attracted little attention from academics, for example, social work texts tend to dismiss the topic in a few pages making no suggestions as to how assessment skills are acquired or developed (Milner and O'Byrne 2002). There is also a pressure on practitioners to construct the assessment so it fits within current resource provision (Parry-Jones and Soulsby 2001).

It was obvious during the evaluation that implementing eSAP has major implications for the way that professionals work and the way that they assess

older people. This is for some people, the most problematic aspect of eSAP and professionals will need support, education and time to make a major adjustment. This is summarised in Figure 4. This aspect of the implementation had different impacts on different groups, which may be a function of the way they work, but should be further explored in any future work.

During the evaluation period, due to technical difficulties, it was impossible to complete the electronic SAP documentation whilst undertaking an assessment, except in the acute NHS hospital where lap-tops could be used at patients' bedsides on a portable trolley. The majority of assessments were therefore undertaken on paper copies of the form, and data entered on return to the workplace of the professional. Therefore, much of the described impact of using the computer during the assessment process is based on anticipated effects rather than actual experience.

Figure 4: Summary of the factors impacting on the changing dynamics of assessment.



3.1.5.1. Using a computer to undertake assessments.

Some users described how using a computer had had a positive effect on their assessment practice. The computer had enabled them to communicate with and involve older people in the assessment process.

This group of users were nurses working with people in hospital, and they described how using eSAP had been a mechanism for involving patients in the assessment, and may contribute to assisting them to work in a more 'patient-centred' way. For example:

> We get more information on the patients and I think the social workers are saying that they are getting more appropriate information about why they're being referred and it involves the patients more because you go to their bedside and you discuss everything with them, we know that we should've done before but we tended to just fill a bit of paper in. (Hospital)

And:

> No, I think they quite like it, it's a talking point for my elderly patients, how things have changed now we're sitting here on computers!…I think it makes things a lot clearer to them because there's one person asking the questions and then the relevant people coming to see them rather than lots of strangers asking lots of questions.
>
> Yes, it's taking nurses to the patients, sitting there with their family and with them and discussing everything rather than just filling in a bit of paper at the desk…

3.1.5.2. Eye-to-Eye Contact

For all groups involved in the pilot the need to maintain eye-contact during assessments was described as an important element in terms of their ability to build a relationship with their patients. The extent to which conducting assessments using a computer may impact on this in a negative way, was something that users were acutely aware of:

> I think it's something you need to be very aware of. Yes, very aware of that you do, you know, stop and give them the eye contact. Maybe

> that's something that will get better as you grow more confident in using the lap-top. It is different using the lap-top to the computers here.

And:

> …we've told them that you can't communicate, you can't communicate with a client in front of a screen, it's bad enough with paper.

For the Intermediate Care Team, working in pairs whilst conducting assessments has enabled them to maintain eye contact with patients, meaning for them, the presence of a computer has had much less of an impact on the assessment process in terms of their ability to maintain eye contact.

> I think initially, well we always assess in twos anyway so we find that one will sit in front of the patient with the eye to eye contact, it's the eye to eye contact that you lose because you're looking at the screen and it can take longer if it's just one on one but if there's the two of you the second person sits there with the paperwork as a prompt and the other person sits behind with a computer.

3.1.5.3. Uncomfortable Questions

The introduction of eSAP and in particular the overview assessment, which includes questions relating to both health and social care, has impacted on the way professionals conduct assessments in terms of the types of questions they now ask. For many, this has meant asking questions they do not feel comfortable or qualified to ask. In particular, questions relating to patients' mental health were highlighted as difficult to ask by all groups (the Mental Health Team did not take part in the evaluation so we are unable to comment on how they felt about this aspect of the tool) as were questions relating to finance and housing by those outside the social work team. Social workers were unhappy asking questions about medical or health aspects. The following extract demonstrates the fact that users feel uncomfortable asking particular questions as they feel these are outside their area of expertise and thus they feel unqualified to deal with issues that they feel may arise.

> Some of them I'm not, the mental health questions, the scoring, I don't

> feel I'm trained to do that personally, I think a few of us feel it's not… so I don't do that, if someone's got dementia I'll perhaps do one or two of the questions but I'm not comfortable doing the mini scale, I don't feel that's appropriate, I'm not comfortable doing that

3.1.5.4. Standardised Approach to Recording

The standardised approach to the recording of assessments, which the introduction of eSAP has clearly facilitated, has meant that professionals from different backgrounds have been using a common assessment tool. As the following examples demonstrate, it has resulted in a move from professionals using a wide variety of individualised assessments to the use of one universal tool.

> No I suppose it's a universal tool isn't it, we're not using different assessments, we're using the same.

And:

> Yes I think so, everybody's doing the same thing whereas before they were doing their thing and we were doing our thing.

This was perceived by some to be a positive development:

> I think what's nice is the formatting, everyone asks the same questions so it does give them more scope to say what they want as opposed to however you ask the question if you see what I mean, if everyone asks it similarly hopefully you're all going to gain…

3.1.5.5. Reductionist Approach (Ticking boxes)

However for some people, this standardisation was seen as a threat to the way they work and viewed as comprising a reductionist approach, in that older people have to be reduced to a series of ticks in boxes. For example:

> …I would imagine it's helped other professionals, but for us as social workers it hasn't at all, our profession is to assess, not sit and tick a box, there are skills of talking to people, trying to get information, very sensitive information sometimes, you can't do that sitting there ticking a box.

And:

> …we were quite cross someone early on in this process was saying it will be dead easy it'll only take you half an hour, we were absolutely fuming, because an assessment isn't ticking a box, it's communication with a client… I don't find it, I have so say not very helpful ticking a box, we all have said that as social workers, whereas before I would take a sheet of paper out with me and I would make notes and then come back and write a proper assessment, I don't find it, and none of us do, ticking boxes and the clients do complain.

Reducing assessments to a series of ticks in boxes is perceived by staff to be incompatible with their way of working. A preference for the construction of a series of narratives about older people is expressed and this is described as a 'proper assessment'. However, currently there is no objective evidence as to which 'construction' of information about an older person is more accurate or useful. In this evaluation, service-users views were not collected, therefore we are unable to comment on their views.

3.1.5.6. Scope of Tool

The scope of the eSAP was generally seen as adequate and appropriate as a replacement of their previous paperwork/tools. However, those working in the hospital setting would like the addition of further medical information. The facility to add additional narrative information was described as useful by some, but others felt that this was cumbersome and fragmented the information.

> Well actually we don't use our one now unless we go on a home visit because what we've found is it's quite conclusive and it covers quite a lot of the questions we would ask.
>
> So you actually don't find a need for your old version?
>
> No, we tend to incorporate in the questions some of the relevant things we need to know, so generally we just use that as our format now, we don't have our own.

3.1.5.7. Ease of Referral

Using eSAP appears to have improved the referral process for most users. Once assessments are on the system referral to another agency where necessary, could be done quickly, making the assessment process smoother and more efficient:

> …it's quicker and I think if more people were accessible or more agencies, the more people that come on board, the better it's going to be, but it's definitely quicker.

And:

> It's more reliable, I don't know about quicker but you know it's been done and there's a record of the fact that it's been done, because before we telephoned through or faxed through and referred to different departments in different ways whereas now we're referring to everybody in the same way.

3.2. Health and Social Care Boundaries

Lewis (2001), in her review of health and social care policy over the last fifty years highlights how the divisions and boundaries between health and social care have been caused by and are perpetuated by funding separation, administrative divides and professional rivalries and affect the services offered to older people.

Older people frequently present with a mix of social and health needs (NSF OP 2001) and therefore rely on effective communication and co-operation between health and social care professionals in order for their needs to be met. Interagency and interprofessional co-ordination and collaboration is not easily achieved in practice due to different perspectives on problems, differing occupational cultures and histories and confusion over professional roles (Glendinning et al 2002; Malin et al 2002; Knopp 2000).

Therefore it is perhaps unsurprising that health and social care boundaries are having an impact on the eSAP implementation.

3.2.1. Trust

In order for the information collected by professionals to be shared, there is a

need to be able to trust the assessments of each other. There are indications that this does not always happen, resulting in professionals duplicating data collection through checking what is recorded.

> …now we're insisting that we get a completed contact, a proper contact and we do the overview when we do because a lot of the questions we may have to repeat anyway because they may not ask it in quite the way we need to get the answers.

However, there is an awareness that this is an issue which has to be addressed if eSAP is to be successful:

> Yes, it's funny historically again in health and in social services we tend to be very protective of our assessments and I think what it is, it's learning to let go of old practices, talking for myself as well personally, we all have to learn another way of working and **I think that's just hard, it's trusting other assessments and people's views…**we can't do this without letting go of that, it won't work otherwise.
>
> …because we are working for the same reason and that's to improve services and care for a person in the community and hopefully it will work with communication, **it's all down to communication isn't it**?

3.2.2. Working Relationships Between Organisations

Although the first phase of eSAP has been running for a relatively short period of time, there are indications that some professionals are able to identify advantages which they associate with the new system. They describe how working with eSAP is improving working relationships between organisations through improving communication and sharing of information enabling them to work together more efficiently:

> The main benefit, having a closer working relationship with social workers and OT's I feel, that's good.

Some people could also see a potential impact on service delivery.

> Speeding up discharges, that would be one benefit, getting social services and intermediate care on board sooner.

And:

> And if everyone knows what the other person is doing, it's got to be better, I mean the service provision has got to be more smoother, but I can see that not happening for a long, long time.

However, some professionals prefer more traditional modes of communication:

> I think it's a culture thing. I think in the past we've been much more interactional, face-to-face contact with other professionals and I personally find it much easier to talk to someone than to actually have information from a computer.

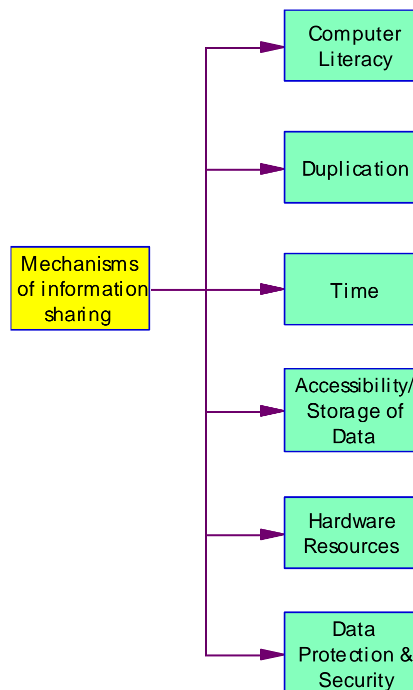
This is identified as a particular potential issue for those working in the community, and for communication across the primary/secondary care boundary:

> Within the hospital itself no I don't think that would happen, but certainly losing contact with colleagues in the community, when electronically you send over the paperwork or homecare, for example, you then have no reason to pick up the phone.

3.3. Communication and Sharing of Assessments

A major problem for the implementation of eSAP is the requirement for information about older people to move across professional and organisational boundaries. Major problems highlighted by other studies about cross-boundary information sharing are that health and social care settings are under pressure, pursue different goals and neither organisation is fully aware of the needs and limitations of the other (Payne, Kerr et al. 2002). There are also technological, practical and ethical and legal issues associated with the sharing and storage of information about service-users (Booth 2003). The particular issues contributing to this theme are summarised in Figure 5.

Figure 5: Issues related to information sharing



3.3.1. Computer Literacy

A lack of computer literacy or a fear of technology appeared to be a barrier to those involved in using the system as part of their daily work, meaning that not only would they not access information put on the system by other users, but they themselves would not put their assessments onto the system and the information collected is therefore not available electronically for others to access. This is clearly a factor which will impact the extent to which information is shared electronically and the need for users to gain a suitable level of computer literacy in order to facilitate information sharing was apparent:

> Oh absolutely, I found it hard on the training day and that's with that knowledge, so I would say if you're looking at putting obviously to other teams that certainly some actual computer training would be helpful and I think you need a few weeks of that not hours of it **and that would impact** the confidence and the use of Liquid Logic

In contrast, those who were already computer literate found it easier to use

the system and felt that their previous experience was an advantage.

> I've not really found many problems to be honest because I'm quite computer literature and I think if you know how to use a computer it's quite easy to get on with it.

This was especially the case for those who had used computers as part of their normal work for some time. They were confident in using the system, which made them more likely incorporate the tool into their daily work routine, recording their assessments onto the system and accessing those already completed by other professionals.

3.3.2. Duplication

If some professionals are not adding the assessments they undertake onto the eSAP system, then duplication of assessments will continue to be a problem. There is evidence that not all professionals are using the system, and view continuing with their previous way of working as more beneficial and straightforward. It is clear some professionals do not perceive eSAP as an essential part of their work:

> … I suppose because it's not been made to feel an integral part of our daily work yet but I can assess someone and do the whole process without going anywhere near that system and when we're under pressure … that's what I'll do, **I'll do what I have to do to get someone home safely and as quickly as possible**, so until it feels integral I can't see the point in having lots of training either.

3.3.3. Time

The sharing of information has the obvious potential of reducing the time individuals need to spend undertaking assessments following referral.

Currently, only those working in the secondary care setting are able to enter data directly onto a computer. Those undertaking assessments in older people's homes are taking a paper copy of the assessment with them, and then entering the information onto the computer when they return to their work base. Consequently, professionals report an increase in the time taken to complete the assessment and associated documentation. (Some

professionals have administrative support to undertake the data entry, e.g. the mental health team.)

> I suppose the biggest thing we find is like if you're at the other hospitals or you're in the patient's home and you're handwriting it, then you've got to come back and input it. That doubles the length of time…

However, all professionals reported time savings in sending referrals (after the information is on the system).

> it's definitely quicker to refer patients

Most professionals found it useful to have a copy of the assessment when they went out to assess someone following a referral:

> I think it'll be the time flow, it'll take less time to do the assessments, if the wards can complete an overview as well then the process of assessing people we could do more and bring people home quicker, I mean obviously if people have already got the information in their homes then you're not going in blind, you know a bit more about the person before you actually get there.

And:

> Yes, Yes, Oh yeah definitely. If the information is there it's much, much quicker actually going on the system and getting information before you go out and see the patient.

However, some people found the information recorded to be difficult to access:

> So that is a big problem and I mean I went on the system last week to try and find information and I just seem to spend ages chasing my tail trying to find out what I wanted to know

3.3.4. Accessibility/Storage of Data

The introduction of eSAP has meant that data is more accessible for health and social care workers working across the health and social care system. They are able to download information from the system without having to try and contact colleagues, who are often unavailable, for information which

cannot easily be transferred.

> We'll have easy access, hopefully, to the information each person needs about the client and reading other people's assessments or having them in front of you gives you a better picture of the person and you can help them better.

Furthermore, by having information stored on one system, users have found they are able to gain a clearer overall picture of a patient's situation, without having to search in a number of locations, a point highlighted by the following example:

> I think it's having the whole picture in front of me. So, if it's being done properly we can see who's been involved, what's gone on in the past, what's happening now so the whole pictures is presented before you without lots of bits and pieces being thrown into the pot – it's all there.

And:

> …because we still flick and read through the medical notes and read through the nursing Cardex and we used to transfer a lot of that information on to the contact there, but obviously if that's already been done we can still flick through and read through just so we're updated with the patient at the time.

3.3.5. Hardware and Telecommunication Resources

In some cases the lack of adequate and suitable hardware resources to support the full features of eSAP by users was a factor which limited the extent to which the system was used as part of their daily work. There was a feeling that the system would only be successful if fully resourced. Lack of resources not only caused a delay in getting information onto eSAP where it could then be shared but also led to an increase in workloads.

> It's creating work. I'm not against it, I can see that someone has to start with it somewhere but we do need the equipment and the people to make the system work properly in the first place.

And:

> Doing it without the resources is difficult. I can envisage a future

> where we have, you know, the equipment to do the job properly, we have the staff to do the job properly and then the system would be fantastic.

Key problems impacting on the extent to which information could be shared are demonstrated in the following examples. Firstly, in some instances users were sharing computers meaning that their access to the system was limited. This prevented them spending adequate time on the system to complete the necessary assessments/make referrals, thus limiting the amount of information being shared

> They haven't got enough computers to go around, we've got one between four of us.

And:

> Because we're in porta cabins and we're usually two to three, so you've usually got to share the computer with at least one other person.

Secondly, a lack of printers connected to the system at the acute NHS hospital means that assessments may be printed off and then forgotten or users may just not 'bother' to print them, resulting in records not being kept up to date and poor information sharing:

> Our biggest problems have all been technical things, like we've only got two printers available in the hospital.

And:

> Yes, because sometimes you do it and then you forget to go and get the Printout.

And finally, the lack of availability of mobile connectivity to enable users to complete assessments and make referrals electronically in patients' homes impacted on professionals views of the benefits of eSAP.

> We were told originally that we would be going out to the patient with maybe a lap-top or a palm-top and then the information shouldn't have to be printed off in the office and taken with us that we should be able to access it electronically in the patient's home to save doubling up on

information. If that worked, that would be brilliant but we haven't got the equipment to do it and the nursing staff haven't got the time to fill in the forms properly in the first place so all-in-all it's not, to my mind, it's not working.

3.3.6. Data Protection and Security

It seemed apparent that the level of information shared across health and social care professionals would be affected by the extent to which users felt confident that the information they put onto the system was secure and protected. The majority of users did not raise this as an issue although the example below demonstrates the degree to which information sharing could be impeded if users are not reassured of the safety of the system

> The problem being is that if health and social can access it, then lots of other people can, can't they and once it's on that system, anybody who wants to, in future I think, will be able to access it.

And:

> No, I think security is obviously always an issue with things on computers, but I've been reassured nobody's going to be able to hack into it and get patient information

However, some people felt that the previous paper-based systems were more insecure and had more potential for loss of documentation:

> …What would be good obviously is everything gets lost, files get lost, that's everywhere isn't it, but hopefully, it can't get lost electronically hopefully, so certainly the efficiency I would imagine would increase, everything would be documented and everything would be logged.

3.4. Actual Usage of eSAP

The following section details some limited quantification of the use of eSAP. This is based on self-reported approximations of the time spent on entering data onto the system, along with system data supplied from Accenture®.

The following table (table 1) details reported approximations of the time taken to complete various tasks associated with using the eSAP system, from

logging on to making referrals. This does not include the time taken for the actual assessment undertaken with the older person, which is described as very variable. The tabulated times for the contact and overview assessments are those taken to undertake the administrative tasks of data entry i.e. enter information from a completed paper version of an assessment onto eSAP.

Table 1: Time reported by professionals to complete tasks using the eSAP system

Specific Task	Approximate Time
Log on and search for patient	5-15 mins
Contact Assessment	10-15mins
Overview Assessment	30-45 mins
Referral	5 mins

Figure 6 shows the number of eSAP users registered on the system from February to the beginning of July.

Figure 6: Graph illustrating the number of registered users of eSAP

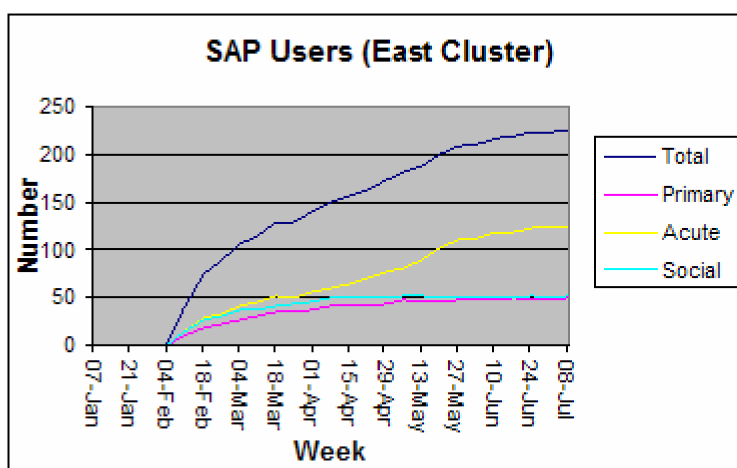
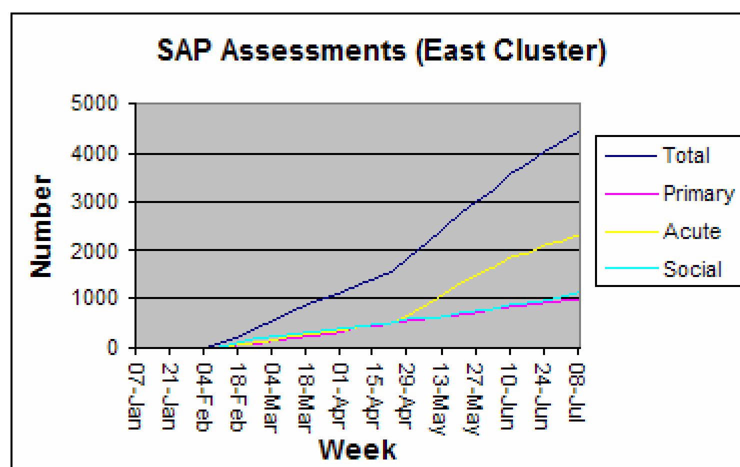


Figure 7 shows the numbers of SAP assessments carried out across the same time period. However, it should be noted that the number included both contact and overview assessments. Currently it is not possible to undertake detailed exploration of system-level data. (See Appendix A for a breakdown by workplace.)

Figure 7: Graph illustrating the number of assessments entered on the eSAP system.



*Does not separate Contact or Overview Assessments

Crude exploration of the system data shows that in July, there were 226 registered users on the system, and a total of 4449 assessments have been entered onto the system. This means that for the period of the rollout, an average of 20 assessments have been carried out by each user.

The number of assessments being undertaken, however, is not uniform over the groups involved. Some teams are undertaking more assessments than others. High users of the system include: the Medical Assessment Unit (21 users, and 898 assessments, average 43 assessments per user), the Client Services Team (5 users, and 512 assessments, average 102 assessments per user), the Intermediate Care Team (4 users, and 374 assessments, average 94 assessments per user) and QVM ward (1 user, 114 assessments, average 114 assessments).

From this level of data, though it is unclear as to the amount of data being

included in the assessments, for example, although the Medical Assessment Unit appears to be undertaking a large number of assessments, the interview findings indicate that the data recorded tends to be limited to the contact assessment.

Impact on Length of Stay

Figure 8 shows changes in the length of stay between 2003/4 and 2004/5 for patients aged 75 and over from Welwyn and Hatfield PCT. It is difficult to assess the impact of eSAP on length of stay for a number of reasons, including the range of initiatives being undertaken to address this across Hertfordshire as part of the Innovation Forum. These initiatives have been designed with the specific aim of reducing length of stay, making it very difficult to separate their effect on length of stay from that resulting from the introduction of eSAP.

Figure 8: To illustrate the changes in length of stay for patients from Welwyn Hatfield PCT

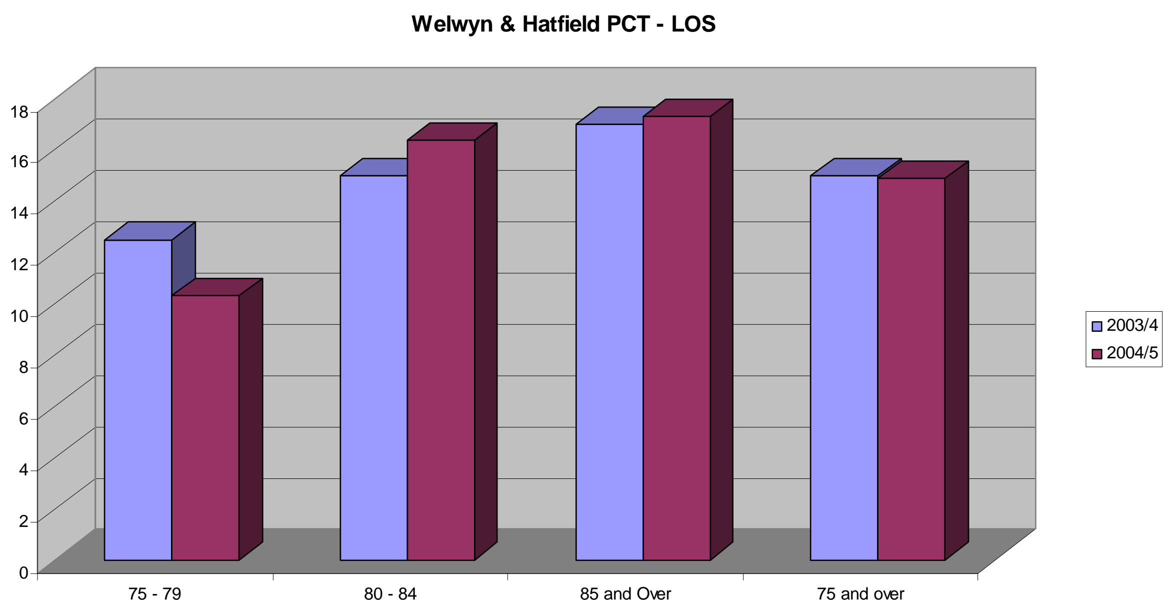


Table 2: Average length of stay across 2003/04 and 2004/05 for each age group

Age Group	Time Period	
	2003/04	2004/05
75 to 79	12.5	10.3
80-84	15.0	16.4
85 and over	17.0	17.3
75 and over	15.0	14.9

4. Discussion and Conclusions

The Single Assessment Process is a major part of the National Service Framework for Older People (DH 2001). The findings presented in this report indicate that despite over a decade of work aimed at implementing changes in the assessment practice of health and social care professionals many challenges remain for both those charged with implementing this policy and practitioners seeking to undertake SAP.

The data presented here outline the major challenges and opportunities. Although this study gathered data from a small pilot study, the findings resonate with the academic literature emerging since the introduction of the NHS and Community Care Act (DoH 1990).

Other authors have focused on the need for practitioners to be adaptable to change, as the following quote illustrates:

> 'The pivotal role given to assessment meant success or otherwise of the reforms lay in part on the ability of practitioners to make this transition.' (Parry Jones & Soulsby 2001)

However, if the SAP is not to become a repeat of the failed *NHS and Community Care Act* (DoH 1990), practitioners working in increasingly pressurised NHS and community care settings need effective support in order

to make the required changes in the way they practice. Practitioners cannot be expected to make this transition unaided.

The finding highlight the need for effective management, ongoing education and training, work to enhance collaboration and cross disciplinary working, and adequate infrastructure to be the focus of work during the rollout of the electronic Single Assessment Process across Hertfordshire.

5. Recommendations

5.1. Recommendations for Practice

5.1.1. Education/Training and Support

- Education, training and support should be available and ongoing for all eSAP users. Many current users will require more training, especially those with poor IT skills and those who lack confidence using the system.
- Those who are avoiding using the system or having difficulties need particular support.
- All new users should be given the full eSAP training before implementation as the process of cascading knowledge down through teams has not been as successful as predicted. By preparing users properly they not only learn to use the system but gain an understanding of why eSAP is being introduced, including the benefits for both them, their patients and the wider health and social care system.
- At the time of implementation, trainers were very effective in the provision of ‘hand-holding’ and this should continue throughout the rollout. Ongoing support should continue to be available after the initial implementation as this ensures staff feel supported and continue to learn or receive further training where needed.
- Opportunities for staff to learn from each other should be explored and facilitated.

- Finally, it is important to ensure users have an appropriate level of IT skills before they begin using eSAP as lack of basic IT skills is identified as a factor which will prevent staff using and progressing with the system.

5.1.2. Management Support

- There is a clear need for managers to take the lead on the introduction of the new system into their teams, encourage its use and support their staff during and after the implementation.
- Clear leadership and support from managers is essential for a positive uptake and integration of eSAP into the daily work. If managers fail to demonstrate clear and positive leadership of their teams, users are effectively given the option not to 'get involved' or to use the system.
- All staff need to be involved from the beginning, with the support of the entire team.

5.1.3. Working together

- Using eSAP facilitates electronic information sharing, however, care should be taken that work undertaken to bridge health and social care and primary/secondary care divides is not negated if staff are not provided with opportunities for other modes of communication and working together.

5.1.4. Improving assessment practice

- eSAP represents a challenge not only to how practitioners record their assessments but also in how they work with older people. Some professionals have reported that this has had a positive impact on their assessment practice. However, others have raised concerns that eSAP may have a deleterious effect. Care needs to be taken to preserve good practice, but also to take the opportunity that the introduction of eSAP provides to improve the quality of assessments, as these have a direct impact on the care provided to older people.
- Opportunities should be provided for professionals to explore and

develop their practice. This could be done through mechanisms such as supervision, education and action learning style activities.

5.2. Recommendations for Further Research

- Exploration of the perceptions of older people to eSAP
- ‘Longitudinal’ study of eSAP to explore the implementation following the initial introduction
- examination of the impact of eSAP on the assessment practise of professionals (including observations of assessment events)
- Studying the cost-benefits of introducing eSAP

6. References

AUDIT COMMISSION. (1999). First Assessment: A review of district nursing services in England and Wales. Audit Commission: London.

BRYAR, R. & BANNIGAN, K. (2003). The process of change: issues for practice development. In: BRYAR, R.M. AND GRIFFITHS, J.M. (Eds) *Practice development in community nursing: principles and processes.* London: Arnold.

CLARKE, A. (1999). *Evaluation Research.* London: Sage.

DAVEY, B., LEVIN, E., ILIFFE, S. & KHARICHA, K. (2005). Integrating health and social care: implications for joint working and community care outcomes for older people. *Journal of Interprofessional Care*. **19** (1), 22-34.

DEPARTMENT OF HEALTH. (1997). *The New NHS, Modern, Dependable*. London: The Stationary Office.

DEPARTMENT OF HEALTH. (1998). Modernising Social Services: Promoting Independence, Improving Protection, Raising Standards. London: HMSO.

DEPARTMENT OF HEALTH. (1990). The National Health Service and Community Care Act. London, HMSO.

DEPARTMENT OF HEALTH. (2001). *National Service Framework for Older People.* London: The Stationary Office.

DEPARTMENT OF HEALTH. (2002a). HSC 2002/001: LAC (2002)1. *Guidance on the single assessment process for older people.* London: Department of Health.

DEPARTMENT OF HEALTH. (2002b). *The single assessment process: Assessment tools and scales*. London: Department of Health.

GLASBY, J. (2004). Social services and the Single Assessment Process: early warning signs? *Journal of Interprofessional Care*. **18** (2), 129-139.

GLASER, B. & STRAUSS, A. (1967). *The discovery of grounded theory.*

Chicago: Aldine.

HAMMERSLEY, M. & ATKINSON, P. (1995). *Ethnography: Principles in practice* (2nd Edn) Routledge: London.

HOUSTON, A.M. & COWLEY, S. (2002). An empowerment approach to needs assessment in health visiting. *Journal of Clinical Nursing*. **11**, 640-650.

KENNEDY, C.M. (2002). The work of district nurses: first assessment visits. *Journal of Advanced Nursing*. **40** (6), 710-720.

MALIN, N., WILMOT, S. & MANTHORPE, J. (2002). *Key concepts and debates in health and social policy.* Buckingham: Open University Press.

MARINETTO, M. (1999). *Studies of the Policy Process: A case analysis.* Prentice Hall: Europe: London

MILNER, J. & O'BYRNE, P. (2002). *Assessment in social work* (2nd Edition). Houndmills: MacMillan.

MOURATIDIS, H., MANSON, G. & PHILP, I. (2003). A novel agent-based system to support the single assessment process of older people. *Health Informatics Journal*. **9** (3), 149-162.

NOLAN, M. & CALDOCK, K. (1996). Assessment: Identifying the barriers to good practice. *Health and Social Care in the Community*. **4,** 77-85.

OVRETVEIT, J. (1998). *Evaluating Health Interventions*. Buckingham: Open University Press.

PARRY-JONES, B. & SOULSBY, J. (2001). Needs-led assessment: the challenges and the reality. *Health and Social Care in the Community*. **9**(6), 414-428.

SOCIAL SERVICES INSPECTORATE (2003). *Improving Older People's Services*. London: Department of Health.

STAKE, R.E. (1995). *The art of case study research*. Thousand Oaks: Sage.

SULLIVAN, H. & SKELCHER, C. (2002). Working across boundaries: Collaboration in public services. Houndmills, Palgrave.

VERNON, S., ROSS, F. & GOULD, M.A. (2000). Assessment of older people: politics and practice in primary care. *Journal of Advanced Nursing*. **31** (2), 282-297.

WILD, D. (2002). The single assessment process. *Primary Health Care*. **12** (1), 20-21.

WORTH, A. (1998). Community care assessment of older people: identifying the contribution of community nurses and social workers. *Health and Social Care in the Community.* **6** (5), 382-386.

WORTH, A. (2001). Assessment of the needs of older people by district nurses and social workers: a changing culture. *Journal of Interprofessional Care*. **15** (3), 257-266.

YIN, R.K. (1993). *Applications of Case Study Research.* Sage Publications: London

YIN, R.K. (1994). *Case Study Research: Design and Methods.* Second Edition: London

7. Appendix A: Table illustrating the number of users completing assessments and the number of assessments entered on the eSAP system

Eastern Cluster	Users	Assessments
East & North Hertfordshire NHS Trust	122	2306
Hertfordshire CC	52	1125
Hertfordshire Partnership NHS	13	110
Welwyn & Hatfield PCT	39	908
TOTAL	226	4449