

DOAS SAP Concept Paper – Specialist Assessments

SPECIALIST ASSESSMENTS IN THE SINGLE ASSESSMENT PROCESS AND HOW INFORMATION TECHNOLOGY COULD SUPPORT THEIR USE

Background

In the original guidance from the DH on SAP, a specialist assessment was defined as ‘a way of exploring specific needs, often in detail’ and that it should be ‘administered and interpreted by the most appropriate qualified professional’.

Some specialist assessments will undoubtedly relate to one professional group whilst others can be carried out by a variety of different disciplines. It is not necessarily the case that only a ‘specialist’ practitioner can carry out such an assessment.

Additionally, some specialist assessments will be used by only one agency, whilst others will be generic across multiple agencies.

Categorising specialist assessments

SAP provides a flexible, light-touch framework that supports a holistic multi-agency assessment of a person’s needs. A specialist assessment is a means of exploring in further detail a person’s specific needs and contributes to the development of a care plan.

Often, an overview assessment will precede one or more specialist assessments. In some cases however, a specialist assessment may be the first instance where information is gathered for SAP.

Therefore, to avoid asking the same questions twice, electronic SAP applications should utilise information from specialist assessments to populate the relevant domains of the overview.

‘Generic’ specialist assessments

It is debatable whether all specialist assessments sit comfortably within the high level plane that SAP occupies. Some specialist assessments do gather information that is relevant and indeed essential for all involved practitioners from acute health, mental health, social care, primary health care and external agencies. Examples of such tools would be a falls assessment, a risk assessment, and a moving and handling assessment. The information gathered would be valuable to all the professionals involved and inform the SAP record and care plan.

This would suggest that some specialist assessments can be carried out by a range of professions / agencies and that the outcomes are of generic value and should be shared in full and inform the high level SAP care plan. For the purposes of this discussion, these could be labelled ‘generic specialist assessments’.

‘Focused’ specialist assessments

Some assessments are highly technical or clinical in their content and in the language used and would not be widely understood, other than by the professional discipline or team that created them. Examples of such tools would include a leg ulcer assessment, a swallowing assessment and a detailed mental health assessment. It is therefore unlikely that the full detail of the information gathered would be useful to others using SAP. However, a high level summary of the specialist assessment findings is certain to be of value to most, if not all, of the practitioners involved, whatever agency they represent.

Such specialist assessments are highly specific to one discipline or agency and could be categorised as ‘focused specialist assessments’. The summary of the outcomes should be shared and used to inform the summary care plan and further information may be available through discussion between professionals.

How a single IT solution for SAP could support specialist assessments

There is a view that there should be one electronic solution capable of providing a holistic view of needs and at the same time meeting the requirements of the practitioners carrying out specialist assessments. This would negate the need for SAP and a clinical solution and/or a social care system to interface – all agencies and disciplines would be using the same solution to record the needs of individuals, refer to other services and plan, monitor and review care. (Integration with back-office and management systems within health and social care would be required.) Importantly, there would be no need for practitioners to access more than one solution.

Practitioners would have access to templates for all specialist assessments and would be able to view the outcomes of completed assessments according to their viewing rights, as dictated by role-based access via a Smartcard. Consent would be required from the person being assessed to the sharing of the information collected in a specialist assessment and 'lock down' functionality would be essential to restrict information being shared beyond the consent given.

Information gathered during a specialist assessment would populate other relevant areas within the solution e.g. the overview; other specialist assessments, in order to avoid repetition of questions as further assessments are undertaken. For example, a leg ulcer assessment will collect information on mobility and nutrition and this should be carried forward to populate the overview and also any subsequent specialist assessments e.g. continence assessment.

This is the ideal model in many ways. However, it does not accurately reflect 'where we are now'. Currently within NPfIT, there is a variety of electronic solutions available and considerable potential for overlap in the functionality provided. In some of the Clusters, there is an LSP application offered for use by community clinicians in the NHS and another for SAP. Integration between the two will be required if the information from the specialist assessments carried out in the NHS Clinical application is to be utilised in the separate SAP application. Also, social care systems will need to integrate with the shared SAP application.

In the absence of a single solution, can integration between applications be effective for SAP?

As described above, the evolution of IT solutions in health and social care has led to a situation in some localities where the SAP solution needs to be integrated with other applications.

Using the integration model, generic specialist assessments need to sit in all SAP applications and the entire findings and outcomes, including the low-level detailed care plan for that specific intervention / service, would therefore be available to all system users who have a legitimate relationship with the person.

Focused specialist assessments could sit in an appropriate application that integrates with all SAP applications and allows a summary of the findings and the outcomes of the specialist assessment to be shared amongst those involved in the care of a person. This could then drive *the SAP Summary Care Plan, populating it where possible*, and still give the opportunity to contact the care professional responsible for carrying out the assessment for further detail if required.

Until all applications handling people with a holistic care plan can handle this integration, system users may need to work in more than one application, which is clumsy, time consuming and likely to lead to disengagement.

The NHS Connecting for Health e-SAP Project due to report in late May 2006 will further examine the issues surrounding electronic implementation of SAP.

Consent

Overriding all of the above suggestions is the need for consent to information sharing by the person taking part in the assessment. By their nature, specialist assessments gather highly personal data and no case can be made for the integration of applications unless there is the functionality to restrict the sharing of information according to the wishes of the person being assessed. This may

be particularly significant for the individual being assessed where agencies external to health and social services have access to SAP systems.

Examples of specialist assessments that contain highly personal data include mental health assessments, continence assessments and carer's assessments. In such sensitive fields, it is to be expected that consent to sharing may be withheld in a significant number of cases.

Recommendations

- Generic specialist assessments should be available for all involved care professionals to use and accessible to all of them to view the entire findings and outcomes, including the low-level care plan, assuming that consent is given by the person.
- A summary of the findings and outcomes of focused specialist assessments should be accessible to all involved care professionals having a legitimate relationship with the person. Again, this recommendation is based on the assumption that the person being assessed consents to the sharing of their information.
- Applications designed to record specialist assessments and integrations designed to share the information generated by specialist assessments must have the functionality to restrict the sharing of any part (or all) of that information if the person does not consent.
- Needs generated and summarised within a specialist assessment should populate the SAP overview assessment and any other specialist assessments. This assumes consent has been sought to move and share the person's information in this way.
- The NHS Connecting for Health e-SAP Project due to report in late May 2006 will provide valuable guidance on how the issues discussed here can be addressed.

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