

Triggering into Comprehensive Assessments (Output 4)

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Initial responses and issues arising

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Deliverables of SG4

- #1. Restate the vision for SAP which will continue to evolve (and SG1)
- #5. Identify current information flows between organisations (and SGs 1 and 2)
- #6. Describe a vision for SAP (and SG1)
- #8. Review current use of datasets for SAP, such as the Current Summary Record and consider its usefulness in field (and SGs 1 and 2)
- #10. Identification of training needs - building on the competencies framework (all SGs)

Some basic analysis #1

- 16 replies as at 26 January: 11 from London SAP leads, 1 each from Sunderland, BUPA and North Bristol, Gloucestershire and East Lancashire (we expect some more to be returned)*
- All do Contact and Overview Assessment; most do Specialist and/or Comprehensive Assessments
- All deal with the 65+ group; and a few do some of the other groups

* eg. Nurse consultants group

Some basic analysis #2

- LTC links are all either in development or exist already; and use Contact and Overview Assessments
 - The “Community Matron” role provides the opportunity for being the ‘anchor’ for SAP
 - SAP information tends not to flow between statutory and independent sectors
- Continuing Care links were comparatively less developed (exceptions eg. Sunderland, Redbridge)

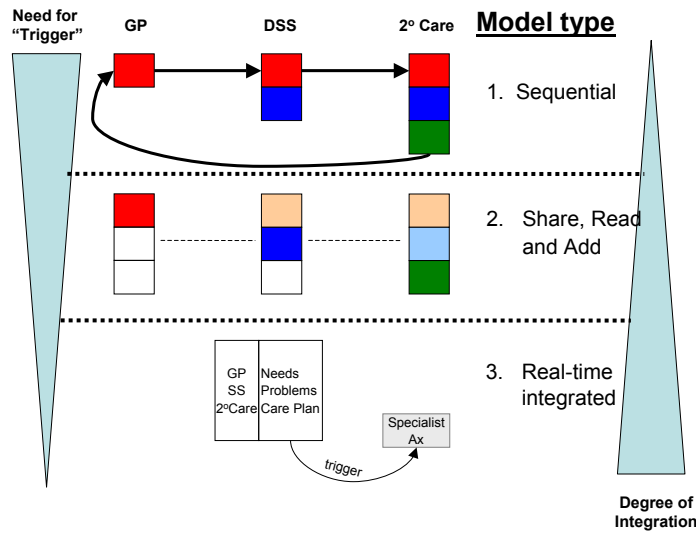
Some basic analysis #3

- Definitions of Comprehensive Assessment:
 - Contact and/or Overview + Specialist Assessments (3 examples)
 - Those done by an MDT and which leads to continuing care (Newham)
 - Those that involve 2 or more services (Bristol North)
 - Those that involve 2 or more professionals and where the client presents with complex needs (Sunderland)

Triggers

- Triggers: at first sight, it looks like 'none'
- However, there is actually a diversity of interpretation:
 - We always do a Comprehensive Assessment (Sunderland)
 - Aim is to have an Overview and Fast track process (Barking)
 - Indications in the Overview may result in a Specialist Assessment (Kingston)
 - Individual practitioner judgement (eg. Hackney, Richmond, Newham)
 - from Overview to other assessments and referrals eg falls clinic, mental health services, but not to comprehensive assessments (Gloucestershire)
 - Often in inpatient settings, assessment happens in isolation from SAP Assessments
- We think that this shows that there are different conceptual models (which reflect different starting points)

Possible SAP Models



Issues raised by that model

- Where are you in the diagram; and where are you trying to get to?
- Is there a phased approach to implementing SAP models?
- Different models may imply different approaches to triggers
- Do we all have to have the same model?

Some basic analysis #4

- Tools:
 - FACE. Paper: 1; Electronic: 2; Both 3
 - EasyCare: Both: 1
 - CAT: Paper: 1; Electronic: 1; Both 1
 - MDS RAI Paper: 1
 - Local Both: 4

Some basic analysis #5

- Information flows: a mixed picture here, but generally Overview and Contact AXs and the care plan are shared. Some share the Specialist AX. In Sunderland the referrals are on a Contact AX and shared with all agencies; care plans are not shared [**NB**: we need to unpick what we all mean by “sharing”]
- Information mechanisms: phone, FAX, email; occasionally the web and tailored IT.
 - Protocol system, which is web-based (Islington)
 - Liquid Logic (Kingston)
 - E-SAP (Sunderland)
- Mechanisms are inconsistent and may not be timely

Some basic analysis #6

- Current Summary Record: most don't – those that do are the ones with electronic information systems
- Joint training: some have done it, some are planning it ... and some aren't

Successes

Senior commitment	7
Dedicated SAP post	4
Clarity of processes	4
MDT working	3
Adequate funding	2
FACE	2
IT across agencies	2
Operational staff commitment	2
SAP steering group	2
Working relationships	2
Agreed ISPs	1
Better models of care	1
Early joint working	1
Integration needs SAP	1
IT literate staff	1
Joint training	1
Learning from other SAPs	1
Leaving out GPs !!	1
Link to national agenda	1
Locally agreed policies	1
LTC interest	1
Wider engagement	1

Barriers

IT not supportive (IM&T)	7
Competing priorities	4
Inadequate finance	3
Information (not) sharing	3
Operational staff sign-up	3
GP involvement inadequate	2
Senior (non) commitment	2
Acute involvement inadequate	1
Culture	1
Focus on SAP in the community	1
MH involvement inadequate	1
New initiatives	1
New organisational structures	1
Output for SUs overwhelming	1
Progress too slow	1
Supporting paper <u>and</u> eSAP	1
System supplier	1

“Anything else?”

- “SAP has been a challenge; much is good about inter-agency working, but there are still IT issues ...”
- “Thinking in pathways rather than teams is good”
- “SAP needs both SSDs and PCTs to work together more”
- “Implementation of electronic systems does need to be done properly”
- The core challenge is how dynamic information is passed along the client pathway, so it deals with multiple needs

Topics for the break-out group

1. Response to the presentation – key issues raised
– linked back to the project deliverables – **“Triggering into Comprehensive Assessments”**
2. Specific response to the topic of ‘triggers’ (i.e. sub-group 4’s main output)
 - how that might strengthen the links between health and social care?
 - Different SAP models imply different approaches to triggers
3. Views on unresolved issues
4. Suggested next steps – including further stakeholder involvement etc.

Thank you

Any Questions?

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