

Appendix 6: DOAS SAP Action Team Workshop, February 2006

Members of subgroup 5:

Richard Curry

Elizabeth Lawler

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Detailed planning for the event started on 12/12/05 including:

Purpose of the event

Format of the event

Material to be presented

Facilitators

Speakers

Invitees

Acknowledgement of attendance

Material to be available for the event

Mailing of joining instructions

Catering

Reporting

The workshop

The Do Once and Share ' *Single Assessment Process* ' (DOAS SAP) Action Team invited a selected audience to a one day workshop at the Department of Health, Skipton House, Elephant & Castle, London from 10am – 4pm on Friday 3rd February 2006. A large room with the capacity to hold 100 people and five breakout rooms were booked for the event.

Using DH conference facilities kept costs low. The workshop was thus free of charge for delegates, but was strictly by invitation only to a selected audience as spaces were limited. Delegates' home institutions were expected to fund their traveling expenses, which resulted in a small number of people being unable to attend due to lack of funding.

The workshop was an opportunity for the wider SAP community to share in the findings of the six month project by the DOAS SAP Action Team, to provide an input into the final report and to help shape the Action Team's recommendations. The workshop showcased the outputs of the four sub-groups and was also an important opportunity to receive feedback from stakeholders.

Attendance

Invitations were sent by email to 119 stakeholders from a range of relevant organizations involved with or with an interest in SAP. The names of invitees were provided by members of the DOAS SAP Action Team and also from nominations from early invitees. (Annex 6.2)

Appendix 6 SAP Workshop group

From those invited, 66 were able to attend plus 18 members of the DOAS SAP action team making a total of 84 delegates. (Annex 6.3)

(Please see Annex 6.1 for an agenda for the day which lists speakers and presentations)

Speakers

The keynote address was given by Dr Glenys Jones, chair CRDB Action Team on the Single Assessment Process for Older People.

Other speakers were members of the DOAS SAP Action Team and included:

Chair: Beverly Castleton

Keith Strahan

David McNally

Gillian Crosby

Richard Carthew

The morning plenary sessions consisted of the following:

The Vision and Pathway of SAP - A high level pathway for SAP has been developed building on the work of the London and Southern Cluster Best Practice Process Design Group and shared with stakeholders. The analysis of the stakeholder feedback was presented.

Current e-SAP implementations - A small number of sites have implemented an e-SAP solution. Their experiences were shared with workshop delegates.

SAP Network - The Centre for Policy on Ageing SAP website contains information and features to support a SAP community in the future. Views on its development were showcased.

SAP and Complex Assessments - "Triggering into Comprehensive and Specialist Assessments" - A small number of sites where comprehensive assessments and more in-depth specialist assessments for long term conditions are linked were being studied. The results were presented at the workshop.

Workshops

Following the morning presentations, there were three interactive workshops in the afternoon providing an opportunity for delegates to have their say on the morning sessions and to contribute to the recommendations in the SAP Action Team's final report. (Annex 6.4)

Appendix 6 SAP Workshop group

Evaluation

The workshop was evaluated by delegates using the evaluation form provided; an analysis of the evaluation forms is attached (Annex 6.5).

Workshop outputs

All the material presented at the DOAS SAP Action Team workshop is available to view or download on the Centre for Policy on Ageing website at

http://www.cpa.org.uk/sap/sap_home.html

All workshop delegates (Annex 6.3) have agreed to be members of a national SAP network and extended reference group.

Programme

Time	Description	Speaker
10.00 – 10.30	Arrival & Refreshments	
10.30	Introduction to day by Chair	Beverly Castleton
10.35	Keynote and questions	Glenys Jones
11.05	Introduction to work of DOaS and objectives of day	Beverly Castleton
11.10	Presentation by Vision and Pathway sub-group and questions	Keith Strahan
11.30	Presentation by E-SAP implementation sub-group and questions	David McNally
11.50	Break	
12.00	Presentation SAP community sub-group and questions	Gillian Crosby
12.20	Presentation by SAP and complex assessments sub-group and questions	Richard Carthew
12.40	Questions and Answers	All
12.55	Introduction to workshops	Beverly Castleton
13.00	Lunch, networking and viewing CPA SAP website	
14.00	Workshops	
15.00	Brief reports from each workshop	
15.30	Chair's closing remarks	Beverly Castleton

Annex 6.2: Workshop invitation list

Workshop invitation list

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	Beverley	Castleton	DOAD SAP Action Team Leader, London & Southern Cluster SAP chair, Member of championing SAP Group		
	Carole	Stamper	DOAD SAP Action Team Member, Best Practice Process Design Lead CFH London	London CFH	
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			Ageing		
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	Sally	Bassett	DOAS SAP Action Team member, Nursing Advisor		

Annex 6.4: Workshop feedback

Feedback and questions/issues from the E-SAP workshop

Issues to be addressed

- What should they be doing with the interim solutions both short and long term?
- Interim solutions need to be connected.
- What is it they need to know to make it work?
- Difficulties sharing information locally, can they do it by email? Currently faxing a lot of paper - how can this be addressed?
- Where are we going nationally? How will the white paper affect the national solution? How long is Interim solution as there will be additional IT training needs?
- How does this project influence the national solution?

- Communities need to know what solutions will be able to interface to theirs and send messages to the spine before they decide to go further with their current solution.
- It is ridiculous that Social Services and other agencies e.g. nursing homes have been left out of the contract - how can we change or influence the contracts?

- Some solutions are only used as a referral system but social services and some other users will not use the IT
- Other communities have a liquid logic solution that contains some GP information

- Concern - do the LSP's have the capacity to meet and supply the best approach to SAP?
- SAP is the only process that needs to provide a solution across agencies.

- Roll out projects of interim solutions - do they carry on or should they wait for the National solution? Concern that committing to an implementation path could be irreversible and would cost a lot of money.

- Integration needs to be robust

- No clear direction - different parts of the health community are selecting different options i.e. GP system or community or SAP modules/solutions.

- Really need to understand the scope of data sharing with Social care, even in the absence of IT solutions.

- Sharing data is a political hot potato and is often different in different areas. What is the data that can be shared and how is it shared?
- Suggest using existing protocols e.g. Caldicott Guardian protocol etc.

- Using the solution provided by LSP's, access and sharing is often easier than the current practice or the interim solutions.

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- Can we email information to social services – this is a local agreement!!! Some say it must be encrypted others say it must not have patient identifiable information – what is the standard?
- Identify what solutions are out there?
- What interfaces exist?
- How is information shared?
- Who has access to this information?
- What Social care systems are out there?
- Need to get a richer picture of interim solutions and issues.
- What are the information sharing protocols used?
- Needs to be a listing of communities and what are they doing, e.g. lessons learnt, process, change management etc
- Do you need to contact the sites that haven't got anything and find out what they are planning to do?
- Review and discussion about the potential development for the CPA web site.
- SAP needs to be cluster linked
- Find out what documents are there regarding interface specifications and protocols, Social services etc.
- Open cluster events and visits to sites would be useful.
- Look at the Common assessment framework

Annex 6.4 continued

Feedback and questions/issues from the triggering into comprehensive assessments workshop

- A. TOPICS SUGGESTED FOR COVERAGE.**
- B. KEY THEMES EMERGING.**
- C. BREAK-OUT SESSION ATTENDEES.**

A TOPICS SUGGESTED FOR COVERAGE

- 1. Response to the presentation**
- 2. Specific responses to the topic of ‘triggers’ – and particularly**
 - a. how that might strengthen the links between health and social care**
 - b. if different SAP models might imply different approaches to ‘triggers’**
- 3. views on unresolved issues**
- 4. Suggested next steps.**

B KEY THEMES EMERGING

1. Response to the presentation

General discussion including:

- How does continuing care fit into SAP ?
- Observations of need for eligibility trail given ombudsman interest.
- Potential for confusion between the process of assessment, tools to collect material and the outcome
- Recognition that current situation often gives rise to duplication of information collection.
- SAP is seen as the sum of assessments built up over time.
- Case example given (Castlefield PCT) where joint assessments had been gradually introduced with health and social services working together initially and then gradually moving to provide assessments which both used (took about a year).
- Suggestion that there is no common understanding of ‘comprehensive assessment’ or agreement of what ‘triggers’ are in place or need to be in place – it is essential to have common definitions to enable team working.

2. Specific responses to the topic of ‘triggers’ – and particularly

- a. how that might strengthen the links between health and social care**
- b. if different SAP models might imply different approaches to ‘triggers’.**

General discussion on ‘triggers’ including:

- The process for SAP/Joint assessments and triggers needs to be sufficiently robust to enable colleagues familiar with the system and those meeting it for the first time to easily gain access and use the material.
- Recognition of need for ‘link’ person/key worker.
- Term ‘triggers’ could imply either anticipatory or reactive response – and associated ‘cultural’ shift. It could also be either ‘positive’ or negative’.

- a How that might strengthen the links between health and social care?

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- Castlefield PCT case example provided by David Lyon – gave example of approach and indication of timescale. (See above).
- Views expressed about need for tailored training

b If different SAP models might imply different approaches to ‘triggers’.

- Example of Evercare tool given – giving rise to observation of positive and negative triggers.
- Potential for both standard and client specific triggers.
- Difference between signposts and triggers drawn out
- Alerts (for multi-use) also need to be included – as was need for practitioner engagement to define these.

3. Views on unresolved issues

Summarised as need for:

- Need for clarification if triggering into complex or comprehensive assessments.
- Clarification of how continuing care fits into SAP.
- Further work on alerts/signposts/triggers – for current SAP and future e-SAP to cover the common assessment framework.
- Education/training – to reflect the cultural shifts that may be required.
- Sharing of good practice examples more widely so others can adopt/tailor to specific local circumstances.
- User access to both information and resources may be problematic eg downloading resources from CPA site for individual older people/carers/relatives needing service information and how can this be enabled.

4. Suggested next steps

- Feedback to plenary session and include in final project report.

C BREAK-OUT SESSION ATTENDEES

There were 18 attendees.

Sub-group 4 – Bev Castleton, Richard Carthew, Jenny Stephany

Delegates joining session:

Mary Maconachy	Best Practice process design lead
Shirley Hay	Development manager NSF older people
Steve Griffiths	Service Manager
Sheila Hillhouse	Deputy Director of Nursing
Nan Newberry	Acting programme manager - Cancer
David Lyon	Clinical Lead DOaS – complex conditions
Maggie Rastall	NSF Older People Manager
Michael Pountney	Learning and development lead - SAP
Penny Hill	Member of CRDB/Information Strategy Manager Warwickshire
Oliver King	OPAG

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Peter Jones	Clinical Specialist NCRS Project/Informatics
Wendy Emerson	Information and Performance Manager – Older People Modernisation team - Leeds
Ann Caperwell	Consultant Physician/Clinical Director Care of the Elderly
Pauline Hobson	SAP Business Change lead
Philippa Garner	Falls co-ordinator
Elissa Renouf	Senior consultant – Central Consultancy and Training
Judith Whittam	Health and Social Care Change Agent DH
Glenys Jones	Director of Social Services, Sunderland Chairman of the CRDB SAP Action Team

Annex 6.5**Analysis - EVENT EVALUATION FORM - DOaS SAP Conference 3 February 2006**

Question	Not at all	Not very	Fairly	Very
1 After attending today's event how informed do you feel about the specific topic the event covered?		3	10	15

Question	Well	Partially	Not at all
2 How well do you feel the following aims were achieved?			
Establish consensus on the overall pathway for SAP	4	22	3
Building Electronic SAP solutions	4	22	2
Building an on-line SAP community	13	12	2
Triggering into Comprehensive Assessments	1	23	2

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Question

3 Do you think the DOaS project is covering the major issues around SAP

Yes 19

No 10

If No, which ones does it not cover

- 1 *Links to the wider ESCR + CRS where does assessment sit as part of overall care management?*
- 2 *Much better than appeared in December. Far more national emphasis.*
- 3 *Some, but the biggest problem always has seemed to be getting the*
- 4 *Government departments to do some joined up thinking*
- 5 *It's interface with Supporting People QAF, housing professionals, housing and support needs and housing related services*
- 6 *Implementation already happening need to learn lessons around "how"*
- 7 *? not covering care-coordination – not covered in workshops?*
- 8 *Preaching to converted, need to disseminate across service and professions - this has to be next step*
- 9 *This would mean comprehensively covering the 13 key issues on the original document (could have done with a partially box to tick)*
- 10 *Performance indicators on SAP
I suggest availability of information to Emergency Units/Ambulances on emergencies should have PI defined for Acute Community and SSD's.*
- 11 *Quality of assessment/data
Costs of implementation
Training requirements*
- 12 *Care coordination
Practical steps using best practice*

Question

4 Would you like to continue to be involved through membership of the DOaS Group

Yes 25

No 2

Question

5 General/further comments about the DOaS SAP Project

- 1 *My first attendance – much appreciated I go away with a mix of validation/optimism and a pragmatic approach to current problem.*
- 2 *A difficult but invaluable project. Are there lessons to be learnt from CPA in Mental Health 1991! Need to discuss how to keep the “safety on”*
- 3 *Should be rebranded to take forward White Paper and Social Exclusion Unit paper issues re CAF*
- 4 *Well done*
- 5 *Great work!!*
- 6 *It is not quite clear to me what the current aims are and to what extent these are supported by DH – and what weight recommendations carry.*
- 7 *Need direct feedback lines into CFH*
- 8 *Need to ensure communication of ongoing work and lessons learnt is wide to all SAP leads*
- 9 *I feel optimistic that there is a centralised focus – the project equivalent of a “care coordinator” for consistency, comprehensiveness, safety etc and guidance/good practice etc.*
- 10 *Publish widely solution focused practice articles!*
- 11 *This has been useful in pulling together work on key topics, hopefully the impetus can be maintained afterwards (April onwards)*
- 12 *The content of Workshop 1 was well prepared*
- 13 *Keep it going*
- 14 *Still feel there are a large number of questions, practical issues and solutions*

Question

6 General/further comments about the event and how it could be improved

- 1 *I would appreciate further involvement in smaller group work to take work forward.*
- 2 *Not just triggers. Prof Huxley and Joe Oliver, University of Man Training Event CPA 1922-3. If you do not define complex care.*
- 3 *Was a good event*
- 4 *Wider invitations as although involved in a December workshop only just managed to get on invite list.*
- 5 *Enjoyed the day – inevitable unanswerable questions because of differing perceptions/stages of development. Thank you for the invitation*
- 6 *The organisation of the day was very poor –agenda and copies of presentations should be circulated prior to the event
Keep to time
The general standard of presentations was poor – a number of people went home after lunch because of this
I didn't feel the day achieved anything we just had a general discussion around questions we are all asking ourselves →
I am not sure you got anything out of the day to take forward*
- 7 *Time limitations are always a factor – the agenda always “enjoys” much debate! ?longer time required*
- 8 *Reduce amount of presentations*
- 9 *Send more information out prior to event to enable participants to have a clearer understanding of what will be discussed
to bring useful information to the workshops*

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*Need to explain and get messages out for all to be involved and understand the whole picture rather than just those
Involved in the National Team.*

Comment

Not all boxes were ticked or all questions answered.