

# Designing a Nurse-Led Holistic Assessment and care Planning Intervention (HAPPI) to support Frail Older People in Primary Care



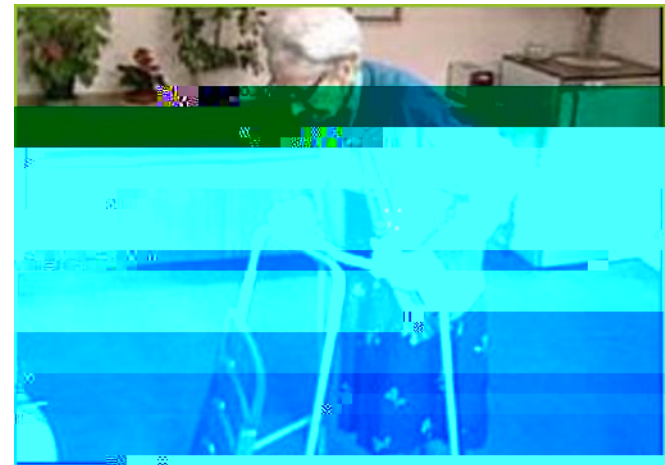
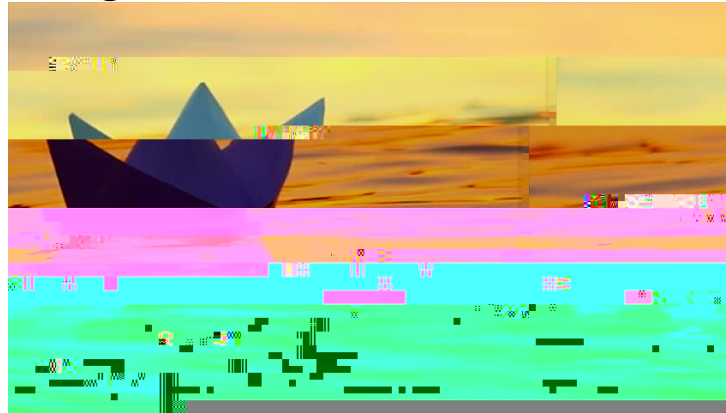
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# What is frailty?



# THE WORLD'S AGEING POPULATION

% of over 50's  
in overall  
population..

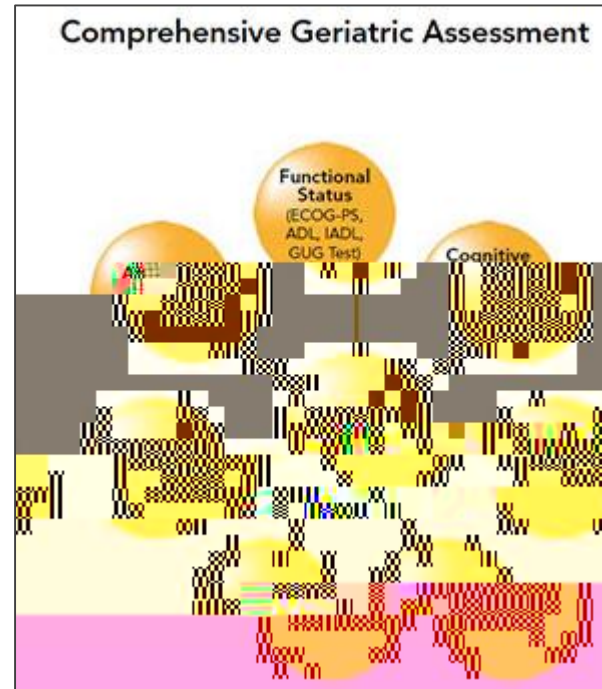
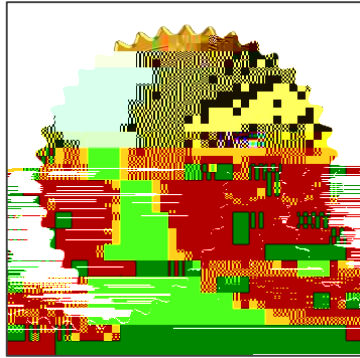
% of the population 65 years or over.

2006 2011 2016

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# So what can we do?



But....

The supporting evidence base is weak and making frailty integral to primary care has challenges:

- Acceptability of the concept to patients and clinicians

- Determining if CGA is feasible in primary care

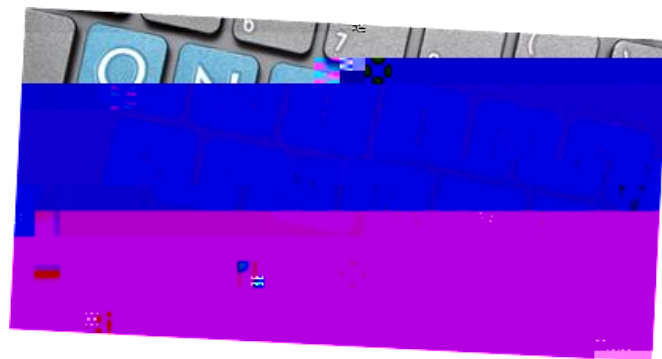
- Convincing over-stretched primary care clinicians that this can improve patient outcomes and reduce workloads

Aim

To develop, implement and test a nurse-led H

# Aim of e-Delphi Survey

To gain expert panel consensus on the components of a holistic assessment and care planning intervention for frail older people in primary care



# Design and Methods

A three-round e-Delphi survey

Expert panel of 33 UK specialist older people and primary care nurses.

Round One: open identification and exploration round

Round Two: semi-structured opinion round

Round Three: consensus round





# Round 2: Semi-structured opinion round

**HAPPI Survey Round 2**

Thank you for taking part in the survey. The HAPPI components are extremely valuable and informative. We would be most grateful if you could...

**HAPPI Survey Round 2**

Importance and feasibility of components in a community/primary care setting

1. Please rate the framework/care structures which can support implementation of CGAP in the primary/community care setting. By feasible, we mean possible and practical to do easily or conveniently. Please click on the scroll-down arrow to answer for each component.

Importance

- System for data/information gathering e.g. past medical history, social circumstances, family history
- Multi-disciplinary team discussions/notes
- Shared care record
- Accompetent, well trained workforce who can deliver a...

Feasibility

2. Do you think there are any missing components relating to framework/care tasks/processes that should be included in a CGAPCC...

3. Do you think there are any missing components relating to framework/care tasks/processes that should be included in a CGAPCC...

Not feasible | Slightly | Feasible | Fairly feasible | Very feasible



# E-Delphi Results

Care Structure/Processes		
A system for data/information gathering e.g. past medical history, social	100.00%	80.95%
Multi-disciplinary team discussion/review	100.00%	76.19%
Coordinated assessment and care with an identified lead	95.32%	47.62%
A shared care record	90.48%	19.05%
A timely response to crises	100.00%	47.62%
A competent, well trained workforce who can deliver an assessment and care planning	95.24%	57.78%

Functional capacity		
Assessment of functional ability and activities of daily living including re-ablement		

Nursing/Advanced Clinical Practice		
Assessment for the presence and severity of frailty	90.48%	80.96%
Assessment of falls risk	100.00%	80.95%
Assessment of pain	100.00%	95.23%
Medication review including ability to self-administer, concordance and de-prescribing	100.00%	80.95%
Assessment of nutritional status including hydration	100.00%	85.72%
Assessment of vision, hearing and dentition	100.00%	66.67%
Assessment of bladder and bowel function	100.00%	80.95%
Sexual health assessment	80.95%	28.57%
Optimising management of long term conditions/multimorbidity	100.00%	71.43%
Advanced clinical assessment skills – physical examination and ordering investigations	90.48%	57.15%
Problem/deficit identification	95.24%	71.43%
Determining advance care/end of life preferences	100.00%	71.43%
Escalation/contingency planning: actions for when the patient's condition	100.00%	61.91%



# Findings and next steps

All but one of the components met consensus on importance, but only 11 out of the 37 components reached consensus on feasibility.

Given the low scores on feasibility there was a danger that components which are important to frail older people and their carers could be omitted from the final intervention.



# The HAPPI Intervention

**HAPPI Intervention Assessment Pack**

- 1. **Personalised care and support Planning**
  - 1.1 Personalised Support Plan Template: Part 1 My Medical Plan
  - 1.2 Personalised Support Plan Template: Part 2 My Well-being Plan
- 2. **Essential Health Assessments**

The screenshot shows a complex web interface with a top navigation bar, a main content area with a sidebar, and a bottom section with a list of items. The interface is partially obscured by a large black redaction box.

**Home, family and Safety**

Assessment of daily living including needs Element

Assessment of direct communication and use of technology

Assessment of social isolation

Assessment of mental health

**Essential Health Assessments**

1. Assessment of cognition using a Mini-Mental State Examination (MMSE)
2. **Psychological Assessment Form**
3. **ADL Scale**

Assessment of mood and psychological wellbeing

1. **Genetic Depression Scale**
2. **Hospital Anxiety and Depression Scale**

The screenshot shows a web interface with a top navigation bar, a main content area with a sidebar, and a bottom section with a list of items. The interface is partially obscured by a large black redaction box.

# Next steps: The HAPPI Trial



Aim:

To conduct a cluster randomised, controlled feasibility study of a nurse-led assessment and care planning intervention

To determine feasibility of delivering the intervention in primary care to older people with frailty.

This includes testing potential trial methods to inform the design of a definitive randomised controlled trial (RCT).



# Acknowledgements

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Patient and Public Involvement

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