



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



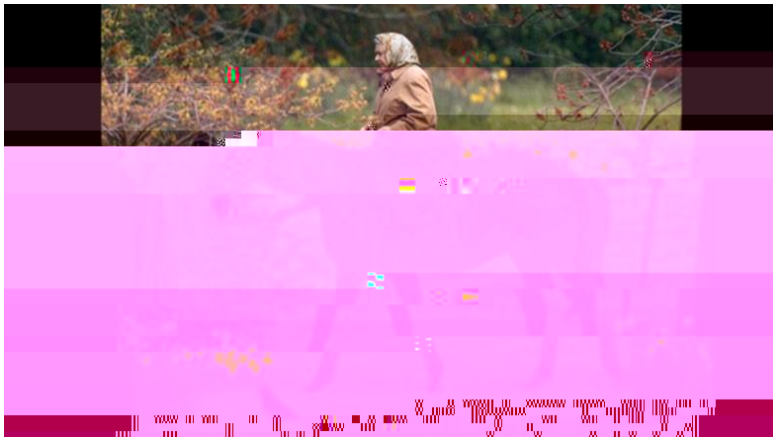
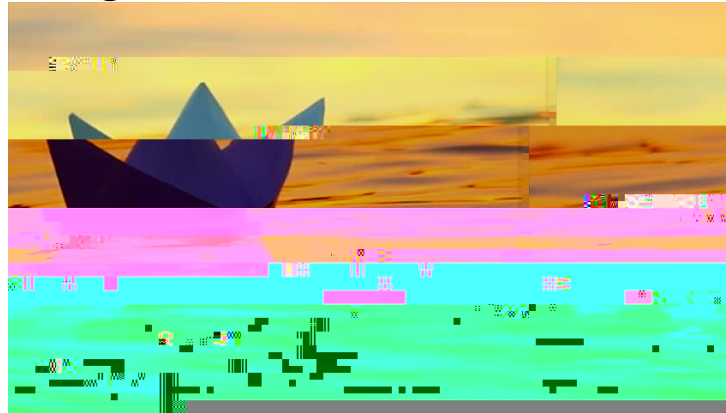
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What is frailty?



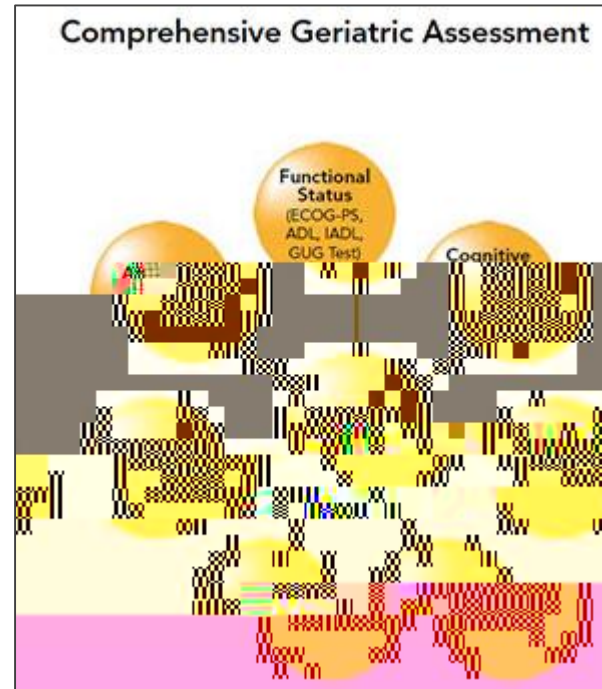
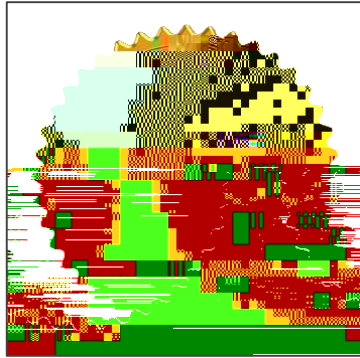
THE WORLD'S AGEING POPULATION

% of the population 65 years or over.

% of over 50's
in overall
population..



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

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

The image displays a screenshot of the HAPPI Survey Round 2 interface. The survey is titled "HAPPI Survey Round 2" and focuses on the "Importance and feasibility of components in a community/primary care setting".

Question 1: "Please rate the framework components which can support implementation of CGAPCC in a community/primary care setting. Rate to answer for each component." The components listed are:

- Account for local context
- Partnering with local health care providers
- Community-based health workers
- Multi-disciplinary team
- Local leadership

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

A Likert scale is provided at the bottom of the survey, ranging from "Not feasible" to "Very feasible".

Not feasible	Slightly	Feasible	Fairly feasible	Very feasible
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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		

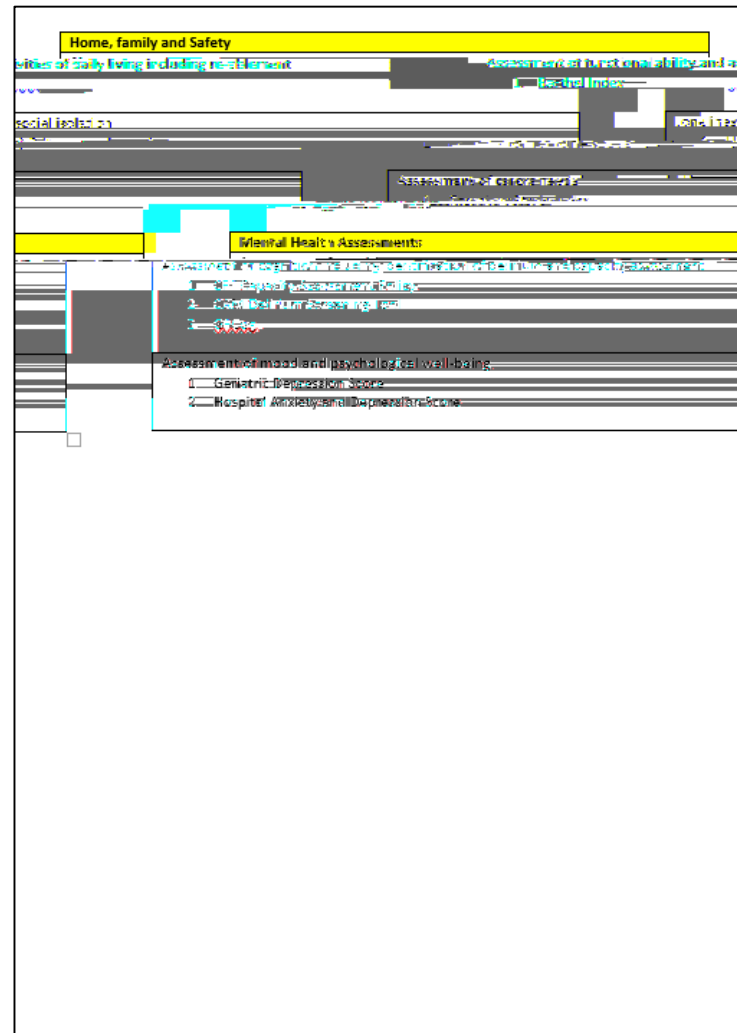
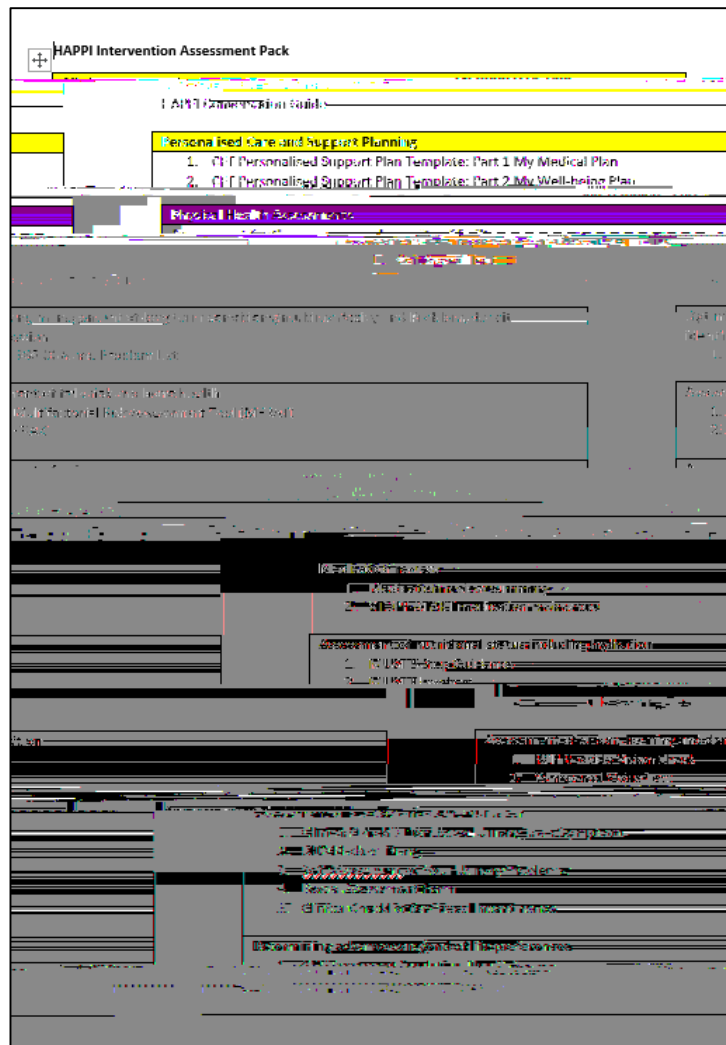
Nursing/Advanced Clinical Practice		
Assessment for the presence and severity of frailty	90.48%	80.96%
Assessment of falls risk	100.00%	80.95%
Assessment of pain	100.00%	95.23%
Medication review including ability to self-administer, concordance and de-prescribing	100.00%	80.95%
Assessment of nutritional 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 Assessment Pack

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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