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?
Japan, Ireland and Cyprus face the largest jump in ageing costs over the next decade.

In 2050 one person in three will be over 65 and one person in ten will be over 80.

2012 - 11% of the world’s 6.9bn people are over 60

2050 - 22% of the world’s 9bn people will be over 60

Between now and 2050 the fiscal burden of the crisis will be 10% of the ageing-related costs. The other 90% will be extra spending on pensions, health and long-term care.
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 Holistic Assessment and care Planning in Partnership Intervention (HAPPI) and to determine important parameters for the design of a definitive RCT

Phase I
Developing the intervention
e-Delphi survey
Outcome:
Procedure guide for HAPPI

Phase II
Testing feasibility of the intervention
Feasibility RCT
Outcome:
Feasibility parameters for use in definitive RCT

Phase III
Explore patients, carers, clinicians experiences
Qualitative Study

HAPPI: A Mixed Methods Feasibility Study
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 1: Open identification and exploration round

The Holistic Assessment and care Planning in Partnership Intervention (HAPPI) Study.

Our study aims to explore how frail older people can be best supported at home, how nurses need to work to provide this support and whether there are components of the Comprehensive Geriatric Assessment (CGA) and Person Centred Care (PCC) approach that are feasible to deliver in primary/community care. We want to explore if we can help them to live at home for longer, improve wellbeing, quality of life and help them to develop skills to remain independent. The purpose of this Delphi study is to identify the clinical outcomes for patients, are feasible and can be achieved in settings.

Demographic Information

7. Which specialty of nursing do you currently work in?
   - Other (please specify)

Opinion Round

8. How many years have you been qualified as a nurse - please state?

9. Do you have a specialist older peoples, community or practice nurse qualification?
   - Yes
   - No
   - Other

10. In the box below please give your ideas about the components of a CGA/PCC intervention that you think are important and will improve clinical outcomes for frail older people in a primary/community setting. Please list as many as you can for example; multidisciplinary team involvement, agreeing a plan of care and support, medication review, environmental assessment etc.

Thank you for completing this Round 1 Survey.

We will now analyse your ideas into clear components of the CGA/PCC intervention and we will also review the existing literature on this topic. In the next survey, which you can expect in a few weeks time, we will list all the components identified and ask you to rank these for importance and feasibility.
Round 2: Semi-structured opinion round

The HAPPI Study: E-Delphi Survey Round 2

Thank you for taking part in the first round of the survey. We have combined the information that was provided in the Round 1 evidence to suggest potential core components of a comprehensive and person-centred care (PCC) in a primary care setting. We now need to help us to develop consensus on the most important survey will take approximately 15 minutes to complete.

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

<table>
<thead>
<tr>
<th>Importance</th>
<th>Feasibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not important</td>
<td>Not feasible</td>
</tr>
<tr>
<td>Slightly important</td>
<td>Slightly Feasible</td>
</tr>
<tr>
<td>Important</td>
<td>Feasible</td>
</tr>
<tr>
<td>Fairly important</td>
<td>Fairly feasible</td>
</tr>
<tr>
<td>Very important</td>
<td>Very feasible</td>
</tr>
</tbody>
</table>

3. Do you think there are any missing components relating to frameworks/care structures or clinical tasks/processes that should be included in a CCG/PCC in a primary/secondary care setting? Please state them below.
Round 3: Consensus round

HAPPI e-Delphi Survey Round 3

Thank you for taking part in the second round of the survey. We have had 23 responses to the second round, all of which are extremely valuable and informative.

In this final round of the survey we aim to develop consensus on the important and feasible components of a CGA/PCC intervention for older people with frailty in a Primary/Community Care setting. A component will be included in the intervention if 75% or more of participants rate it as “fairly important” or “important” or “fairly feasible” or "very feasible".

In this round of the survey the aggregated results for each component and the percentage achieved for each rating are provided in tables and then the rating scales are provided again for each component.

You now have the opportunity to re-rate each component based on the aggregated response of the other participants. There is also the opportunity to rate some missing components which have been suggested by others in the expert panel.

This survey will take approximately 15 minutes to complete.

1. A system for data/information gathering e.g. past medical history, social circumstances, family history:

<table>
<thead>
<tr>
<th>Importance</th>
<th>%age</th>
<th>Feasibility</th>
<th>%age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all important</td>
<td>0.00%</td>
<td>Not at all feasible</td>
<td>0.00%</td>
</tr>
<tr>
<td>Slightly important</td>
<td>0.00%</td>
<td>Slightly feasible</td>
<td>0.00%</td>
</tr>
<tr>
<td>Important</td>
<td>8.70%</td>
<td>Feasible</td>
<td>40.00%</td>
</tr>
<tr>
<td>Fairly important</td>
<td>4.35%</td>
<td>Fairly feasible</td>
<td>40.00%</td>
</tr>
<tr>
<td>Very Important</td>
<td>86.96%</td>
<td>Very feasible</td>
<td>20.00%</td>
</tr>
</tbody>
</table>
# E-Delphi Results

## Care Structure/Processes

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage Delphi</th>
<th>Percentage Literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>A system for data/information gathering e.g. past medical history, social</td>
<td>100.00%</td>
<td>80.95%</td>
</tr>
<tr>
<td>Multi-disciplinary team discussion/review</td>
<td>100.00%</td>
<td>76.19%</td>
</tr>
<tr>
<td>Coordinated assessment and care with an identified lead</td>
<td>95.32%</td>
<td>47.62%</td>
</tr>
<tr>
<td>A shared care record</td>
<td>90.48%</td>
<td>19.05%</td>
</tr>
<tr>
<td>A timely response to crises</td>
<td>100.00%</td>
<td>47.62%</td>
</tr>
<tr>
<td>A competent, well trained workforce who can deliver an assessment and care planning</td>
<td>95.24%</td>
<td>57.78%</td>
</tr>
</tbody>
</table>

## Functional capacity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage Delphi</th>
<th>Percentage Literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of functional ability and activities of daily living including re-ablement</td>
<td>95.24%</td>
<td>85.71%</td>
</tr>
</tbody>
</table>

## Mental Health

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage Delphi</th>
<th>Percentage Literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of cognition including identification of delirium and capacity assessment</td>
<td>100.00%</td>
<td>71.43%</td>
</tr>
<tr>
<td>Assessment of mood and psychological well-being</td>
<td>100.00%</td>
<td>66.67%</td>
</tr>
<tr>
<td>Specific assessment of anxiety and depression</td>
<td>95.24%</td>
<td>61.90%</td>
</tr>
</tbody>
</table>

## Nursing/Advanced Clinical Practice

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

### Social and Environmental Circumstances

<table>
<thead>
<tr>
<th>Topic</th>
<th>Delphi Results</th>
<th>Faculty Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of social support including financial concerns, benefits entitlement, social support</td>
<td>95.24% 47.62%</td>
<td></td>
</tr>
<tr>
<td>Environmental assessment including housing and equipment aimed at maximising independence</td>
<td>95.23% 52.39%</td>
<td></td>
</tr>
<tr>
<td>Determining spiritual needs and support systems</td>
<td>95.24% 57.14%</td>
<td></td>
</tr>
<tr>
<td>Exploring opportunities for employment/education/hobbies</td>
<td>80.95% 38.10%</td>
<td></td>
</tr>
<tr>
<td>Assessment of carer’s needs</td>
<td>100.00% 66.67%</td>
<td></td>
</tr>
<tr>
<td>Family/Next of Kin story</td>
<td>68.42% 36.84%</td>
<td></td>
</tr>
</tbody>
</table>

### Personalised care and support planning

<table>
<thead>
<tr>
<th>Topic</th>
<th>Delphi Results</th>
<th>Faculty Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishing the patient’s personal goals and where support is needed (person centred care)</td>
<td>95.23% 80.95%</td>
<td></td>
</tr>
<tr>
<td>Empowerment and self-management and enabling behavioural change</td>
<td>95.24% 33.34%</td>
<td></td>
</tr>
<tr>
<td>Assessment of patient’s ability to actively participate in care and planning</td>
<td>85.71% 76.19%</td>
<td></td>
</tr>
<tr>
<td>Assessment of resilience and coping mechanisms – an asset based approach</td>
<td>95.24% 33.33%</td>
<td></td>
</tr>
<tr>
<td>Establishing an individual’s narrative by active listening/appreciative enquiry</td>
<td>90.48% 52.38%</td>
<td></td>
</tr>
<tr>
<td>Agreeing and formulating a plan together based on shared decision making and the preferences of the individual: working the partnership</td>
<td>90.47% 57.14%</td>
<td></td>
</tr>
<tr>
<td>Safeguarding this contract by documenting it in a co-created care or support plan</td>
<td>85.71% 33.33%</td>
<td></td>
</tr>
<tr>
<td>Monitoring response to the care and support plan</td>
<td>85.71% 42.85%</td>
<td></td>
</tr>
<tr>
<td>Review and revising of the care and support plan</td>
<td>95.23% 61.91%</td>
<td></td>
</tr>
</tbody>
</table>
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 Study Conversation Guide

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>ID Number</th>
</tr>
</thead>
</table>

**What matters to you?**
Prompts: Usual day, social networks, activities, joining in – helps & challenges, family, friends, social circle, support network, personal care, your home, finances, benefits

**Do you have any health conditions that worry you? How do you manage them?**
Prompts: well-being, ITCs, frailty, pain effects on lifestyle/exercise/mobility, falls, eating and drinking, sleep, hearing/eyesight/dentition, bladder and bowel function/sexual health, depression, anxiety, cognitive impairment

**Do you feel safe in your home? Is there anything regarding your home that concerns you?**
Functional abilities at home, environmental hazards, equipment needs, maximising independence, re-ablement needs

**What medication do you take and does it cause you any problems?**
Prompts: medication review, consider polypharmacy, need for de-prescribing

**Is there anything you would like to change and what might help you or prevent you making the changes?**
Prompts: problem/decision identification, resilience and coping mechanisms

**What would you like to happen if your health deteriorated?**
Health and care packages, support, what happens in an emergency, escalation plan, advance care plan, spiritual needs and support mechanisms

**Who is around to support you?**
Informal and formal care, consider assessment of carers needs. Would the person benefit from an advocate or IMCA?

**What can we achieve together?**
(Use SMART – Specific, Measurable, Achievable, Realistic, Timely)
Personal goals or aspirations support needed for empowerment, ability to participate in care planning

HAPPI Conversation Guide
The HAPPI Intervention

HAPPI Intervention Assessment Pack

All Participants Documentation
- HAPPI Conversation Guide

Personalised Care and Support Planning
- CFT Personalised Support Plan Template: Part 1 My Medical Plan
- CFT Personalised Support Plan Template: Part 2 My Well-being Plan

Physical Health Assessments
- Assessment for the presence and severity of frailty
  1. Gait Speed Test
  2. Clinical Frailty Scale
- Optimising management of long term conditions/multimorbidity and Problem/deficit identification
  1. BGS CGA and Problem List
- Assessment of falls risk and bone health
  1. Multifactorial Risk Assessment Tool (MFRAT)
  2. FRAX

Assessment of pain
- Numeric pain scale
- Pain assessment record
- Abbey Pain Scale (for use in patients with cognitive impairment)

Medication review
- Medication review summary
- STOPP-START medication review tool

Assessment of nutritional status including hydration
- MUST 5 Step Guidance
- MUST Flowchart
- MUST Full Screening Tool

Assessment of vision, hearing and dentition
- RCP Bedside Vision Check
- Whisparked Voice Test

Assessment of bladder and bowel function
- Clinical Checklist for Lower Urinary Tract Symptoms
- KUG Bladder Diary
- Self-Assessment of Your Urinary Problems
- Bowel Assessment Form
- Clinical Checklist for Faecal Incontinence

Determining advance care/end of life preferences
- CFT Treatment Escalation Plan Policy
- CFT Treatment Escalation Plan Booklet

Home, family and safety
- Assessment of functional ability and activities of daily living including re-orientation
  1. Barthel Index

Loneliness/social isolation
- UCLA 3 Item Loneliness Scale

Assessment of care needs
- Caregiver Strain Index

Mental Health Assessment
- Assessment of cognition including identification of dementium and capacity assessment
  1. CFT Capacity Assessment Policy
  2. CFT Dementia Screening Tool
  3. GOSce

Assessment of mood and psychological well-being
- Geriatric Depression Score
- Hospital Anxiety and Depression Score
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

### Sites
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### My Supervisory Team
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### CFT Community Matrons
- Siobhan Aris
- Bev Bromley
- Cathy Ledbetter
- Michelle Black
- Nicky Burgess
- Samantha Dimmock
- Lorna Pamphillon

### CFT Research Team
- Sharon Hudson
- Adrian Sellers
- Richard Higgins
- Luke Talbot
- Vanessa Shawcross

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- Suzy Dean
- Will Pynsent

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- John Goddard
- Margaret Lapping

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- Siobhan Creanor
- Sarah Campbell
- Jonny Wilks
- Adam Streeter
- Kara Stevens
- Laura Cocking
- Brian Wainman

### The HAPPI Study Participants
Thank you for your attention. Any questions?

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