



FoNS Improvement Insights

Supporting Patients in their Own Homes

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Project background

The Nightingale Surgery is a semi-rural General Practice (GP) with a patient population of 9,400 and is a training practice for GP registrars as well as a research and development centre. Over the last few decades, there has been a demographic shift as the population has aged. The practice nursing team had become more aware of increasing numbers of elderly patients who were no longer able to come into the surgery easily, due to a lack of physical mobility, increasing frailty or isolation. Recently the practice nursing team started to gather together a list of patients on a 'vulnerable patients register'. The criteria for being included was someone whom the nurse felt to be 'vulnerable' in terms of their reducing independence and potential impact on their quality of life although no strict measures were applied. The project was seen as an opportunity to address the needs of those on the 'vulnerable patients register', and make a difference to these people's lives.

Aims and objectives of the project

The aims of the project were to identify 'vulnerable' patients, to assess their physical and emotional needs and to support them through follow-up and appropriate referral. To achieve these aims the objectives of the project were to:

- Explore the meaning of the term 'vulnerability'
- Develop a robust system to identify 'vulnerable' patients
- Develop and pilot an assessment process that identifies possible areas of support needed for vulnerable patients, including a quality of life assessment
- Increase awareness amongst the practice team of outside agencies who might already be involved or, to whom patients could be referred for appropriate support

Key activities and outcomes from the project

The project team agreed from the outset that an appropriate approach would be based on the principles of action research using the 'professionalising approach'. The project methodology used reflection on current practice and improvement through negotiation with patients and carers and combined the findings with theory and ideas about practice to then make decisions on practice changes. It was therefore agreed that focus groups would provide a discussion platform which would then help to

inform subsequent stages of the project. Questions about which patients might require support and how the surgery could assist in their care were posed in three staff focus groups and one patient group. Findings were mapped into themes which revealed that vulnerability took many forms ranging from living alone to having complex medical or psychological needs. The team identified 'regular' contact as important for patients deemed vulnerable. However, this raised the question of what GP resources 'could do' rather than 'should do'. Following the focus groups, a pilot template was devised to enable the team to explore these issues with vulnerable patients during a home visit (n=4). This led to a postal questionnaire with a letter of explanation sent to all those on the vulnerable patient register followed by a home visit and interview a week later (n=15:25).

The initial impressions of the term 'vulnerability' and the challenges faced by patients described in the focus groups were confirmed on patient interviews. For instance the findings revealed variability in the physical support which patients were already receiving e.g. assistance at home which interestingly did not necessarily correlate with how supported they actually felt. The findings also revealed that being able to cook, work in the garden and drive were all seen as positive in continuing independence and cited as a source of frustration to patients who became dependent on others as their ability to continue such tasks lessened. Bereavement, lack of interaction and social isolation appeared to contribute to vulnerability. As a result of the findings the vulnerable patients register is to be updated. The nursing team will review patients on the register more formally and at least annually. A revised template is to be taken and completed during home visits based on four key areas identified by the project: depression, help and support at home, medications and clinical assessment.

Implications for practice:

- Mapping themes from the focus groups identified how improvements could be made and raised awareness of what community resources were already available
- The project team learned new skills relating to group facilitation through the use of focus groups
- The use of a quality of life scale in the pilot stage was found to be too complex for vulnerable patients to complete and was not utilised although would have provided further data

A full project report including references can be accessed from: <http://www.fons.org/library/report-details.aspx?nstid=26954>

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