Facilitating successful implementation of a person-centred approach to carer assessment and support

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### Carer Support Needs Assessment Tool (CSNAT)

#### Enabling carers to care (co-worker role)

- Knowing who to contact when concerned
- Understanding the patient’s illness
- Knowing what to expect in the future
- Managing symptoms and giving medicine
- Talking to the patient about their illness
- Equipment to help care for the patient
- Providing personal care for the patient

#### Direct support for carers (client role)

- Own physical health concerns
- Dealing with their own feelings and worries
- Beliefs or spiritual concerns
- Practical help in the home
- Financial, legal or work issues
- Having time for them themselves in the day
- Overnight break from caring
The Carer Support Needs Assessment Tool (CSNAT)

Your support needs
We would like to know what help you need to enable you to care for your relative or friend, and what support you need for yourself. For each statement, please tick the box that best represents your support needs at the moment.

<table>
<thead>
<tr>
<th>Do you need more support with...</th>
<th>No</th>
<th>A little more</th>
<th>Quite a bit more</th>
<th>Very much more</th>
</tr>
</thead>
<tbody>
<tr>
<td>...understanding your relative’s illness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...having time for yourself in the day</td>
<td>✔</td>
<td></td>
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“It’s opened up conversations in a different way, it’s not just ticking boxes...it’s what comes out of that...”
The CSNAT intervention

CSNAT Approach

Stage 1:
Introduction of CSNAT

Stage 2:
Carer consideration of needs

Stage 3:
Assessment conversation

Stage 4:
Shared action plan

Stage 5:
Shared review

14 domains
Enabling the carer to care (7)
Direct support for the carer (7)
CSNAT programme of development and testing

**CSNAT development:** listening to 75 bereaved carers

**CSNAT validation:** questionnaire study with 225 current carers

**Piloting** CSNAT within hospice home care practice

**Feasibility** work for a trial in hospice home care

Stepped wedge cluster trials in UK and Australia

**Wider national implementation** across 36 UK sites delivering palliative care
Aim

To investigate components of facilitation associated with successful implementation of the CSNAT intervention across a range of palliative/end-of-life care services.
Method

- **National study**: 36 services delivering palliative/end-of-life care from across the UK participated.

- Study design and implementation strategy for the CSNAT intervention informed by the **Promoting Action on Research through Implementation (PARIHS)** framework (Rycroft-Malone 2004).
## Interviews with Champions

### Staff role of champions who participated in the interviews (N=38)

<table>
<thead>
<tr>
<th>Staff Role</th>
<th>N</th>
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<tbody>
<tr>
<td>- Clinical Nurse Specialist (CNS)</td>
<td>6</td>
</tr>
<tr>
<td>- Social Worker</td>
<td>7</td>
</tr>
<tr>
<td>- Head of overall service/ management position (e.g. Hospice at home team manager, Family services manager)</td>
<td>16</td>
</tr>
<tr>
<td>- Senior Hospice at Home team practitioner</td>
<td>2</td>
</tr>
<tr>
<td>- Occupational Therapist (OT)</td>
<td>2</td>
</tr>
<tr>
<td>- Carer support lead/ co-coordinator</td>
<td>2</td>
</tr>
<tr>
<td>- Other Medical professional</td>
<td>2</td>
</tr>
</tbody>
</table>
Approach to facilitation

• Those services who took a **team work approach** had much more success than those champions who led the implementation on their own:

  “the three of us together... I think having three of us was really, really good. I think it would have been a lot harder to do it with just one person [...] and particularly with having a member, one of the champions, that was quite IT and clinical governance savvy [...] that really helped us with the initial set up and looking at how we could integrate it into the systems we already have in the organisation” [P62 3 month]
Champions: A clear rationale

- Lead champions who communicated a clear rationale to the team for implementing the CSNAT intervention and who presented it in a more collegial manner tended to have more success:

  “I think, between us, we just sort of said, look, it’s work that you’re doing and we’re just trying to formalise it in a way that say, look, we can get a true response from the carer […] And so they could see…so we sort of sold it with that sort of potential, in terms of growing the service as well. As well as obviously, supporting the carers, giving them what they’re looking for really”  [P94 6 month]
Champions: Drivers of change

• Champions who reflected on the progress of the implementation and identified any issues but were then proactive in making changes, had more success with the implementation of the CSNAT intervention:

“We’ve found actually what we’re doing now, is if it’s going to be more than a week before we do the next visit we’re actually do a telephone conversation saying to the carer, we’re not going to see you for two weeks, do you mind if we ring you next week just to see how things are, if you’ve managed to have a look at the tool et cetera. So that’s been a change in practice”

[P75 3 month]
Proportion of CSNAT champions

• Services with a higher proportion of champions in relation to the total number of staff members, had more success with cascading training:

“We were quite lucky that we’ve only got a small team, and three of us, and there’s only seven in it, three of us were on the training day...So that gave us an opportunity to have one to one’s with the rest of the staff and go through and spend time with any of the training, any questions and answers [...] I think we were fortunate in that way that between three of us we could all have a member of staff each” [P71 3 month]
Size of team

• Larger Clinical Nurse Specialist (CNS) teams reported difficulties:

“The difficulty has been capturing all members of a big team because people are on leave or not able to come back for an MDT”

[...] [P62 3 month]
Nature of the team

• The nature of the CNS teams including less frequent meetings, meant it was difficult for champions to try and maintain enthusiasm over time:

“I think doing it across a very spread-out team of fourteen nurses which covers a very big geographical area and a lot of us work remotely, they may only meet up once a month for our big MDT meeting. Actually keeping people...you know, keeping it in people’s, you know, a priority for them has been difficult” [P62 6month]
Inner context: Establishing a carer record

- **Where** will information on the carer assessment be recorded?

  “So we had to look at Crosscare and how we recorded things. So we have got that in place now, just thinking about where we're going to store stuff. So it was just all, sort of, the practicalities, organising books to record things in and, you know, how are you going to do things, and who's going to do what. And it is still evolving really”

  [P71 3 month]
Inner context: Leadership support

- **Support from management** for implementing the CSNAT intervention was *important for success*, both in the pre-implementation phase and once the implementation was under way:

  “I mean, we’re really lucky because the manager that we’ve got has recognised that it’s important and we’ve been given the time that we need really to be able to take part in implementing the **CSNAT**”  [P75 3 month]

  “she said, now just set some time aside, if you feel you need it, for the CSNAT, when you have one of those days, or whatever you need, just make sure that you’re giving yourself time to do it”  […]  [P98 3 month]
Several lead champions at sites with lower levels of adoption reflected that whilst they were given the time to attend the CSNAT training day, there was a lack of support for the implementation from management:

“I don’t think...we’ve got a little bit of mixed leadership at the moment, and I don’t think there’s much recognition of that particularly” [P95 3 month]

“I wouldn’t say the hospice was proactive about it. I would say that I had to be proactive”. [P90 3 month]
Inner context: Organisational changes

• Wider organisational changes impacted on the ability of champions to fulfil their roles:

“The other thing that has happened for the team at the moment as well is they’ve had a major roll out of syringe drivers, so the syringe drivers, they’ve been using and changing for new ones and that’s involving quite a lot of work and training for them at the moment as well, so again that’s a distraction” [P85 3month]
A much wider issue raised within the monthly teleconferences and interviews was how implementing the CSNAT intervention actually required a ‘change in culture’:

“I think its maybe changing the culture because if they are to go and visit a patient and the carer is a part of that visit, so whether or not we need to change our culture and the way we work so actually we have carer visits booked in, so actually that’s part of your...you are going to see the carer and the patient” [...] [P66 6 month]
Conclusions

• Numerous policies have suggested that carers needs should be assessed, but it has not been recognised that there are wider contextual considerations.

• It cannot be assumed that a ‘one size fits all’ approach is appropriate when providing guidance on how to best identify and address the support needs of carers within a palliative care setting.

• An implementation strategy needs to be tailored to meet the needs of the service implementing the intervention.
Conclusions

• There is a need for a **shift in the culture of an organisation towards carer assessment** rather than a sole focus on the patient.

• **Internal facilitation appears to be key** in helping to make this change and guidance on how to support and address the needs of carers should recognise this.
What’s next?

- We have developed an **on-line training package** to help guide organisations to successfully implement the CSNAT intervention.
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Thank-you

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