Challenges to Implementing Comprehensive Carer Assessment in Palliative Home Care: Findings from a Cluster Trial

Gail Ewing *  Lynn Austin  Gunn Grande

**Study Aim**
To identify factors hindering implementation of the CSNAT in routine palliative home care to inform CSNAT trial results

**Methods**
- CSNAT implemented in six palliative home carer services as part of cluster trial to test for improved carer outcomes
- Training for the trial included fundamental principles of using the CSNAT in practice: move to a carer-led approach
- Qualitative study across all sites on experiences of using the tool in practice
- Sample: 8 practitioners who were CSNAT ‘champions’ and 7 service managers
- Interviews and focus groups transcribed verbatim: extracts quoted in italics
- Extensive field notes (FN) made on site visits and contacts with champions
- Thematic framework analysis

**Findings**

(1) Integrating CSNAT into practice
- Many felt they ‘already do this’: so why the need for a tool? CSNAT champions came to question this view: ‘I struggle to believe that carer assessment systematically happened with everyone without a tool. I know it’s said that we all do it (C/M3); We just didn’t do it before (C3).
- Rather than an assessment conversation involving the CSNAT, it was viewed as a ‘form’; ‘extra paperwork’ (FN 6/3/13). This was seen in language used: practitioners referred to ‘giving it out’ and ‘getting it back’ (FN 24/9/13). A champion reflected on how some places have kept their practice and the CSNAT as two separate things and have not integrated it (CS).
- Relinquishing practitioner-led assessment, one service manager explained: there is still a mind switch for some staff to think, “actually no, this is for the carer to be able to decide for themselves”. I think that is a bit inherent in nursing that we want to be doing things (M1). This was not a CSNAT issue: she had found this was also true of patient holistic needs assessment.

(2) Structural challenges
- Recording systems for carer data were an additional challenge with no foundation of carer records to build on. Additionally all sites set up new electronic recording systems during the trial which was a priority for use of staff time.
- Lack of a ‘steady state’ in teams. All services reported people off sick and staff turnover. When research and practice implementation conflicted with each other:

**Conclusion**
- Factors hindering CSNAT implementation aided understanding of trial results
- Findings also informed revision of the CSNAT training to a comprehensive training package for CSNAT use

**Implications for practice**
The CSNAT approach has been developed to facilitate comprehensive carer-led assessment in palliative home care
** see the CSNAT approach poster **

**Implications for Organisations**
Insights gained from this study have implications for palliative care service providers wishing to implement comprehensive carer assessment in everyday practice

1 Ewing G & Grande G 2015 A validation study.
2 Ewing G, Austin L, Grande G 2013 Life Care Strategy (2008) recommendations for carer support
3 Ewing G & Grande G 2017 Extensive field notes (FN) made on site
4 Ewing G & Grande G 2014 Training for the trial included fundamental principles of using the CSNAT in practice: move to a carer-led approach
5 Ewing G & Grande G 2016 Qualitative study across all sites on experiences of using the tool in practice
6 Contact details for further information
7 Tel 01223 334881
8 www.carers.org.uk

The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

Benefit Programme (Grant Reference Number PB PG 0610 22291).