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A SYSTEMATIC EVALUATION OF THE DEVELOPMENT AND IMPACT OF THE SINGLE ASSESSMENT PROCESS IN ENGLAND

INTRODUCTION

Assessment has been a longstanding concern as a means to achieve better care for vulnerable people which is more closely attuned to their needs. However, until the 1980s this was entirely the province of professional debate. In the White Paper *Caring for People*, which preceded the community care reforms, assessment was defined as one of the cornerstones of good quality care. Effective assessment was seen not only as ensuring that services were more closely matched to people’s needs, but also as achieving the broader policy goals of enabling people to live at home and preventing unnecessary entry to institutional care. Assessment thus became both a practice tool and a mechanism to achieve core policy goals. This has been reinforced in subsequent policy. However, during the 1990s, studies indicated that despite a significant investment in assessment tools, the quality of assessment processes and instruments was not of a high standard. These concerns were reflected in the development of the Single Assessment Process (SAP) as part of the National Service Framework for Older People.
DESIGN AND METHODS

The PSSRU at the University of Manchester has been commissioned to undertake an evaluation of the development and implementation of the SAP in England. The project had two aims: to review the conduct of assessment across health and social care in order to highlight key issues in the initial implementation of the Single Assessment Process (SAP); and to evaluate its impact from the perspective of multiple stakeholders – managers in health and social services; service users; and professionals including specialist clinicians. The study has seven distinct stages:

- A review of UK literature relating to assessment and the potential implementation problems for the SAP
- A focus group of managers with responsibility for implementing SAP to review the key conclusions from the literature
- A survey of Lead Officers responsible for implementation across England
- Surveys of Specialist Clinicians (Geriatricians and Old Age Psychiatrists) responsible for care of older people in England
- A comparison of a sample of assessments and care plans before and after the introduction of the SAP in three local authorities
- A comparison of assessments of vulnerable older people before and after the introduction of the SAP in one local authority compared with standard assessments
- A study of user experience and satisfaction with assessment in five local authority areas in North West England
SOME KEY FINDINGS

Literature on Implementation of Assessment

Implementation problems were seen as associated with:
- Differences between professional cultures
- Lack of shared definitions of need
- Problems of information transfer at key transition points (e.g., hospital discharge)
- The role of new technology – viewed as essential but dependent on resolving professional and operational issues
- Limited involvement of older people in assessment

Focus Group of Lead Managers

The group highlighted key issues associated with the implementation of the SAP as:
- Lack of infrastructure and incentives to facilitate multidisciplinary assessment across agency divides
- The need to link SAP to the broader strategy for integrating health and social care
- The need to develop a clearer bridge between assessment and moving into long term care management
- Greater involvement of NHS staff in community care assessments and the impact on the roles of social care staff

National Survey of Lead Officers

- Most respondents reported the use of locally developed assessment tools although two accredited tools were used in about 50 per cent of areas
- Social Workers, District Nurses and Occupational Therapists were most likely to be using overview assessments. Community Psychiatric Nurses and GPs were less likely to do so.
- A low level of involvement of medical staff in comprehensive assessments was reported
- Despite the importance of information technology in development of the SAP, most inter-professional and interagency communication was by traditional means (paper, meetings etc)
- Greater user involvement in assessment was most evident in the use of person held records
- The SAP was only variably integrated with other assessment and resource allocation processes such as intermediate care and Registered Nursing Care Contribution assessments

National Survey of Specialist Clinicians

- Despite the importance of their role in comprehensive assessment, less than a third of respondents reported involvement in the SAP within their day to day practice
- The perceived changes for clinicians following the introduction of the SAP related to new paperwork
• The use of standardised assessment tools was more common than was found before the introduction of the SAP
• The degree of integration with other agency assessments and patient involvement in assessment were only modest

Comparison of Assessments and Care Plans in Three Authorities

Post the introduction of the SAP it appeared that:
• Levels of dependency were higher
• Levels of cognitive impairment were higher
• There was less use of local authority home care, meals services and day care
• There was more occupational therapy involvement in assessments
• There was greater involvement of secondary health care personnel in assessments
• There were fewer assessment documents signed by users – attributed to the effect of electronic assessments
• Greater scrutiny of case records by someone other than the care manager

A Comparison of the Identification of Need in One Local Authority

Post the introduction of the SAP it appeared that:
• Physical care needs, cognitive impairment and communication difficulties (elicited from standardised interviews) were higher
• In most assessment domains, needs were more accurately identified
• The greatest improvements in need identification were in the areas of cognitive function, mobility and activities of daily living
• There was no improvement in identifying the presence of depression

User Satisfaction with Assessment

• A self administered assessment satisfaction schedule was developed with the assistance of older people
• The satisfaction schedule was acceptable to older people and local authorities and distinguished between groups of older people receiving different types of assessment
• Determinants of satisfaction with assessment included the effectiveness of the professional assessor in identifying need and an absence of cognitive impairment
CONCLUSIONS

The study suggests that there have been increases in multidisciplinary assessment and the use of standardised approaches since the introduction of the SAP. Key professional actors appear to be social workers/care managers, occupational therapists and district nurses. However, the engagement of specialist clinicians in this process appears relatively low and there remain both technical and operational difficulties in the use of IT to facilitate assessment.