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Belinda Wigmore, Community Matron

Croydon Health Services UK

Sylvie Marshall-Lucette

Senior lecturer

St George's University of London UK

Patients' reactions to being selected by a computerised predictive risk tool for case management by a Community Matron in the UK

Introduction

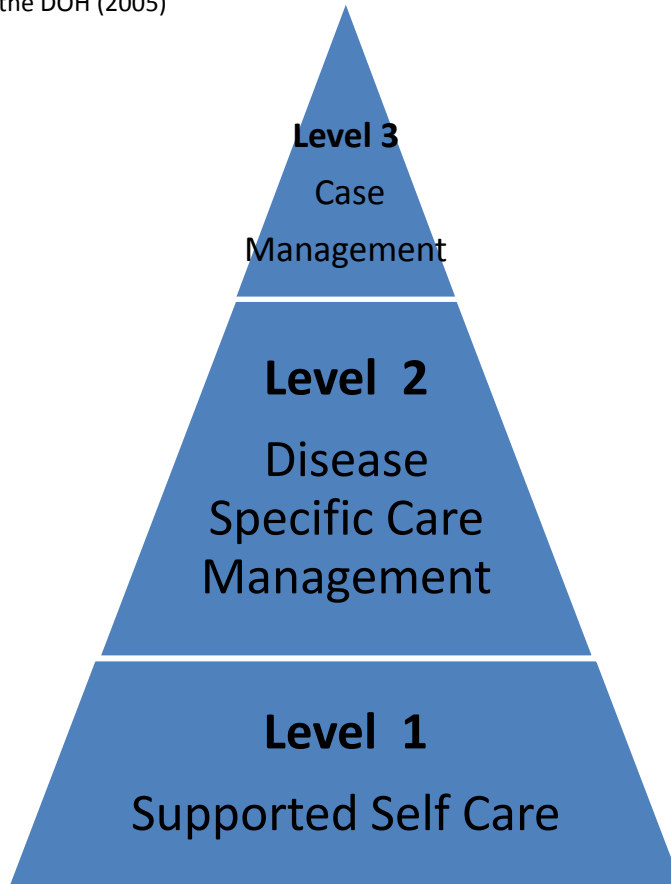
- 15 million people in UK live with one or more long term condition
- 70% of the cost of the health and social care budget: £12.2 billion in 2011 (The Health and Social Care Information Centre 2013)
- Figures continue to rise!

Croydon



Health and Social Care triangle

Adapted from the DOH (2005)



Level 3: Case management

– identification of very high intensity users of unplanned secondary care.

Level 2: Disease-specific care management

– specialist services to people with complex single need or multiple conditions

Level 1: Supported self care

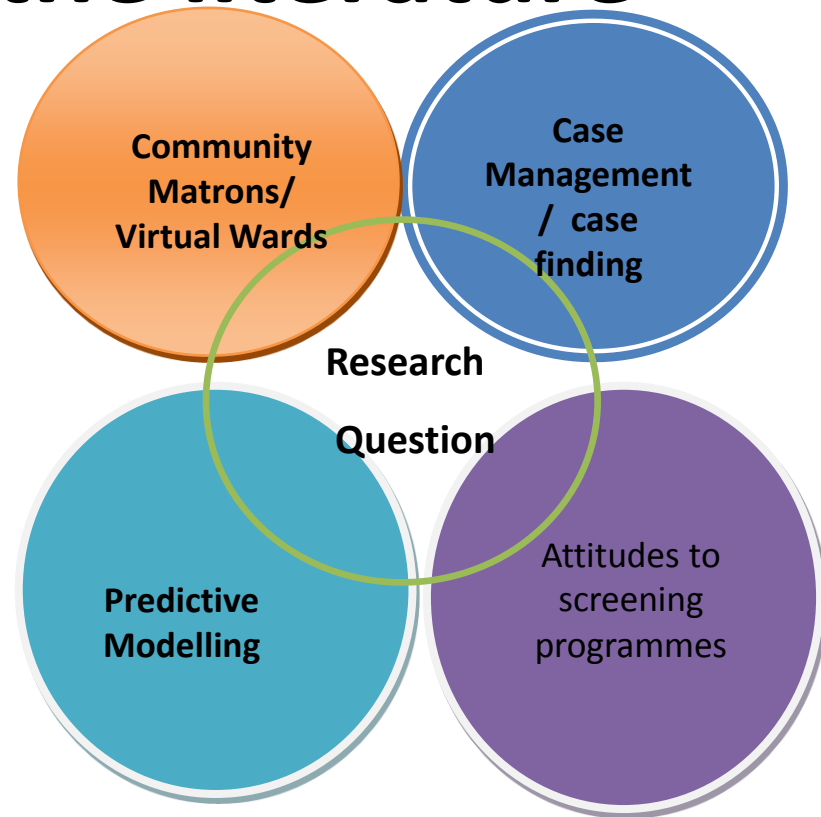
– collaborative help to individuals and their carers

Case management

- Introduction of local case management
- Establishing the role of Community Matron
- Specifically designed Combined Predictive Model
- New concept: Virtual Wards Framework

Examining the literature

- No direct reference within the literature
- Lateral thinking approach to searching
- Screening research most useful.....



Aim & Objectives

- ❑ To explore the reactions of patients who have been selected by a 'computerised' predictive risk tool for case management assessment.
- To elicit the selected patients' views of being invited for a health assessment and case management by a community matron.
- To establish the impact of being selected for case management assessment on patients.
- To compare the patients' experiences, between being selected for a service and being referred to a service, within a healthcare context.

Design & Methods

- Qualitative research approach:
Phenomenology
- Sampling : Purposive
- Data collection: In-depth open ended interviews
- Interpretative Phenomenology Analysis (IPA)
- Ethical consideration : Full approval sought and granted

Sample Characteristics

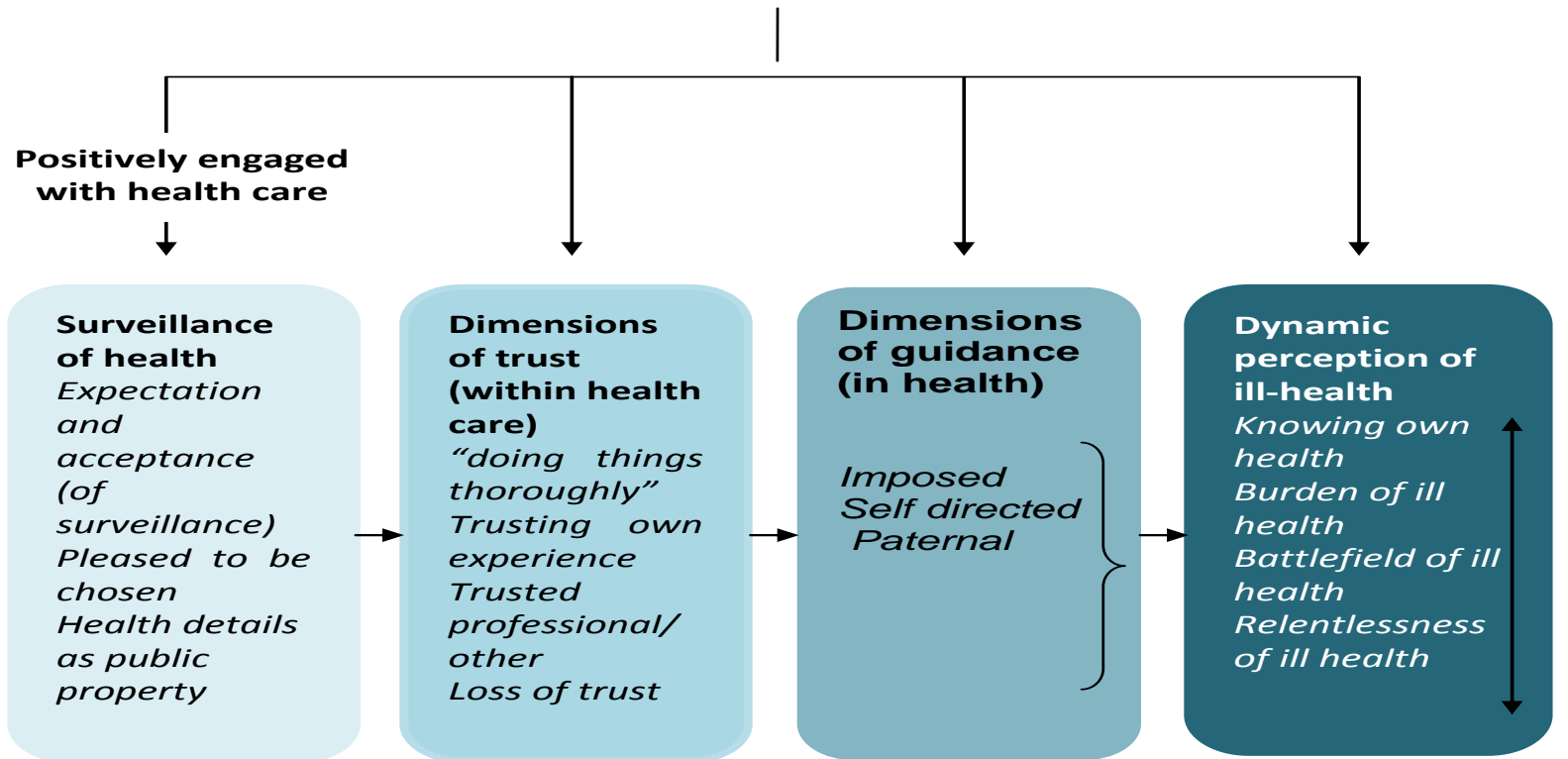
Age/Gender	Ethnic origin	Social characteristics	Diagnosis
63/ Male	White Irish	Owned building firm , lived in own home with wife , dog & grown up children	Ischemic Heart disease, (IHD)diabetes, ulcerative colitis
75/ Female	White British	Widowed lived alone in rented accommodation with her dog	Recurrent pylo-nephritis
81 /Male	White British	Widower, lived alone in own home. Previous experience in armed forces	Heart failure, renal failure, atrial fibrillation
80/Female	White British	Lived in rented accommodation with husband and dog	COPD, type 2 diabetes, thrombocytopenia, cor-pulmonale
78 /Female	Indian origin	Widowed, shared own house with son. Retired teacher	Diabetes, strokes ,IHD hypothyroidism,
79/ Female	White British	Widowed, lived alone in own home	Polymyalgia, atrial fibrillation, cervical spondylitis
87/Female	White British	Widowed, lived alone in own home. Retired teacher	Breast cancer, heart failure
82 /Female	West Indian	Lived with her husband	Renal failure IHD heart failure

Themes

Themes	Sub Themes
Dynamic perception of ill-health	<ul style="list-style-type: none"> ➤ Relentlessness of ill health ➤ Burden of ill health ➤ Knowing own ill-health ➤ Battlefield of ill health
Dimensions of health guidance	<ul style="list-style-type: none"> ➤ Imposed guidance ➤ Self directed guidance ➤ Paternal Guidance
Dimensions of trust	<ul style="list-style-type: none"> ➤ “Doing things thoroughly” ➤ Trusting own experience ➤ Trusted professional/other ➤ Loss of trust
Surveillance of health	<ul style="list-style-type: none"> ➤ Expectation and acceptance surveillance ➤ Health details as public property ➤ Pleased to be chosen

Conceptual framework

Patients' Reactions to Computerised Referrals



Negatively engaged with health care

Conclusions

- Risk tools will be more widely used to target health care
- Hard to reach individuals required to engage in pro-active case management to prevent the rising cost of chronic ill health
- Further research: specifically targeting those who have refused case management and yet could potentially benefit from it the most.

Contact details

Belinda Wigmore

Community Matron

Croydon Health services

Belinda.wigmore@croydonhealth.nhs.uk

Dr Sylvie Marshall-Lucette

Senior Lecturer, FHSCS

Kingston University & St George's University of London

S.Marshall-Lucette@sgul.kingston.ac.uk