Attitudes, perceptions and behaviours associated with Hospital Admission Avoidance in the Frail and Elderly (HAAFE study)

In August 2017, a University of Sunderland research team (Professor Scott Wilkes (Principle Investigator) and Dr Rosie Dew (Co-applicant)) published their report into the HAAFE Study.
This study was funded and supported by Northumberland CCG.

Executive Summary

21 participants took part in this study, of which 13 patients had no unplanned hospital admissions in the twelve months prior to their interview. Out of the remaining participants two participants had one, one participant had three, two participants had five, one participant had eight and two participants had twelve unplanned hospital admission in the 12 months prior to their interview. Five of the eight participants that had been to hospital as an unplanned admission prior to the interview lived alone and generally had higher rates of hospital admission than those from this subgroup of patients that did not live alone.

Generally participants in this study perceived that they had reasonably good health, although felt that they had a lack of control over their wellbeing, and that old age had a detrimental effect on their health. Some participants, however, perceived that they were a burden to the healthcare system, and some participants recounted that they often felt anxious about their health with those that lived alone explaining that they felt the most vulnerable. Participants perceived that taking preventative medication, having physical aids such as a walking frame or personal alarm if they fall, physical adaptations within their homes such as adapted shower or stair lift, living a healthy lifestyle that included healthy food and exercise, resting and knowing their limitations were enablers of avoiding an unplanned hospital admission. The coping mechanisms described by participants to help them manage their health included positive thinking, mental disengagement such as doing an activity to take their mind of their health, focus and venting of emotions, and acceptance of the effects of old age and/or their health condition, or accepting that they can no longer do certain things anymore.

The majority of participants described a social support network of family, friends and/or neighbours that contribute to helping them manage their health by both emotional and physical support mechanisms. However, for a number of participants, their spouse had become their carer, and participants were conscious that this was a strain on their spouse. Six participants that took part in this study had paid carers, and the level of care required varied from a daily visits in the morning, more frequent visits of 2-3 times a day, to 11 hours of care each day. Participants that had carers generally accepted they needed care and felt the care they received was good and continuity in care from carers was preferred.

Participant perspectives on access to GP appointments were mixed, with some recounting they usually don't wait more than 2 days; while dissatisfaction was seen amongst participants who commented that they sometimes have to wait up to two to three weeks. Nearly all of the participants were unaware of what the Northumberland High Risk Patient Programme (NHRPP) was or why they were registered on it. All participants explained that they enjoy being in their own homes, but accepted that they would have to go into hospital if they needed care. There were mixed views on the hospitals within the North East of England, including lack of decision making by hospital doctors, long waiting times, the temperature being too cold, and the hospital being too busy to cope. However, generally participants were very positive about the NHS, although some participants recounted experiences where they felt the health care system was inadequate including GP surgeries being more focused on cost saving than providing good health care, communication issues between GP surgery and hospitals, lost medical records, incorrect medication dosages, and lack of staff and staff time.

©NHS Commissioning Board 2017. Developed by Research and Evidence team North of England Commissioning Support Unit (NECS).

Continuity of care was described by participants and generally participants saw the same GP when they could, and described that this contributed to the GP having a good knowledge of their health, and allowed for trust, confidence and a relationship to develop. Most participants described having routine check-ups with a number of health professionals, such as nurses and consultants, and recounted having confidence in these health professionals and largely felt that the health care they receive was excellent. Continuity of care, however, was affected by high demand for a particular GP, high turnover of staff and GPs being absent. Lack of confidence in the GP, lack of continuity of care from the GP, and/or the absence of support from family, friends or neighbours were described by participants who had at least one hospital visit in the 12 months prior to the interview. Moreover, the majority of these patients lived alone, felt the most anxious and vulnerable about their health, and were most likely to seek reassurance for their health and have an unplanned hospital admission.

Finally, patient decision making was described by some participants including stopping taking prescribed medication, and deciding against going for an operation or into respite care. However, some participants felt that there was more shared decision making between the patient and health professional than there had been previously.

Key points: implications for hospital admission avoidance

- Participants perceived that taking preventative medication, having daily living aids, physical adaptations within their homes, living a healthy lifestyle and resting were enablers of avoiding an unplanned hospital admission. Highlighting the importance of these **physical enablers** to patients, carers and healthcare providers will contribute to helping high risk patients avoid an unplanned hospital admission.
- Reinforcing the **coping strategies** that high risk patients use in their approach to the management of their health, including acceptance of the effects of their health condition and/or old age, acceptance of not being able to do certain things anymore, positive reinterpretation and growth, mental disengagement, and focus and venting of emotions could be a simple beneficial solution that could help patients cope with their health, and has the potential to reduce the perceived vulnerability and anxiety that a patient feels, and in turn reduce unplanned hospital admissions.
- Emphasising the importance of **patient support networks** from family and friends, especially in the high risk patients that described being most anxious about their health, would be advantageous. However, for those with spouses, the strain on the spouse from the physical and mental demands and responsibility of being a carer should be considered.
- **Promoting the continuity of care** from the GP and other professionals, and the perceived consistency of care amongst GPs, will contribute to improving the trust and confidence that a high risk patient has in their GP, help encourage patient outcomes and wellbeing, and thus could help reduce unplanned hospital admissions. However, this may be challenged by patient decision making.

Contact the Research and Evidence Team for signposting to the full report for this study.
NECSU.RETeam@nhs.net

©NHS Commissioning Board 2017. Developed by Research and Evidence team North of England Commissioning Support Unit (NECS).