ScotPHN Health & Housing

| Title of project/initiative Contact for project Name, email, telephone Website of project, if available Which organisations are involved? Planning/monitoring/delivery Partners Sponsors Funders – how funded? Brief description of project Rationale Aims and objectives Key activities Target population Geographical area Start (± finish) dates Title of project — Delivering HNA & Care Planning to Pewith Lower Limb Amputations (QEUH) Debbie Schofield Debbie. Schofield @ggc.scot.nhs.uk O141 201 4782 The project is still at scoping and testing stage. Currently Public Health, Vascular Wards & physio and rehabilitation team at QEUH, Glasgow City Council (as advisors), Soci Work & third sector (Finding Your Feet charity) are involved: Testing application of the holistic needs assessment and planning to people with lower limb amputations. There are approximately 150 people undergoing lower lim amputation in QEUH a year, often from GGC and Lanark areas. This group of patients are often in hospital for a considerable length of time. Their quality of life and life circumstances are changed significantly with the loss of a limb and this can have a devastating effect on both the individuals and their surrounding family/carers. It was felt this life changing experience has so many similarities to the ways in which people describe experier a cancer diagnosis that the holistic needs assessment to | n al ed. care |
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| (which was developed under auspices of National Cance | |
| Survivorship Programme in England) could provide equa | ly |
| useful. Three meetings with the multidisciplinary and pro | |
| team have taken place over the past 6 months, and these | are |
| achieved: | |
| - the tool has been amended to include concerns r | nore |
| relevant to this client group | |
| - more direct relationships have been made with the | |
| Support & Information Service on ground floor Q | |
| to begin assisting patients on an individual basis | |
| identified needs/presenting enquiries such as mo & entitlements, housing, information on condition | |
| - Interviews with patients have generated some ke | |
| issues that require support pathways to be mapp | |
| Housing (adaptations required & re-house) | |
| for some) | 9 |
| Social isolation | |
| Carer needs | |
| Changes to welfare entitlements | |
| Assistance with maintaining/finding work | |
| - The next meeting is scheduled for October and | |
| following this the project will 'go live', i.e. all new | |
| amputees will be offered an HNA through the Su | port |
| & Information Service. | - |
| There is no additional funding for this project – resources | |
| capacity will be provided through Support and Information | ļ |
| Service. | |
| Resources NHSGGC has established Support & Information Service | as at |
| Staffing Staffing N133335 has established Support & Information Service four acute hospital sites, (Stobhill, Victoria, Queen Eliza | |
| Time University and Royal Children's Hospitals). Along with nat | |
| Financial Financial Financial | บแลเ |
| acute settings; and supporting staff health, these ser | |

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| | underpin the Health Promoting Health Service principles challenging hospitals to ensure that "Every health care contact is a health improvement opportunity." . The services support the health improvement of patients, families and staff and provide: |
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| | Accessible Health Information and 'health literacy' support Brief intervention to support Health Related Behaviour Change Togilitated access to NUS convices and support as |
| | Facilitated access to NHS services and support as well as Local Authority / Voluntary sector services Host a range of Health Improvement services on site e.g. financial inclusion; smoking cessation Deliver awareness raising campaigns Volunteer engagement and co-ordination. |
| | It is anticipated that this project would be mainstreamed into Support & Information Service at QEUH as part of core business and an automatic offer of HNA to amputees would be embedded. |
| Evaluation and outcomesReachImpact | Core funding has been allocated to conduct an evaluation of this project and two others (renal and PDRU HNA projects currently at project initiation stages). |
| What was successful? What was challenging? What would be done differently in future? | Not yet started however already more amputees are accessing existing services at the Support & Information Service such as money advice appointments, Home Energy Scotland support. |
| differently in ruture? | Following engagement with Finding Your Feet charity – they accessed Support & Information Service to find a solution for a client in Lanarkshire. The lady in Lanarkshire had lower limb amputation two years ago due to congential disorder and is awaiting second limb amputation later this year. Following mobility issues and limb amputation the lady had received support for adaptations to her home however as her condition had deteriorated these were no longer fit for purpose. |
| | It was only on getting in touch with the charity that the lady revealed she had not had a shower in over a year, and had been cutting her hair off as she was not able to access shower to wash. She also indicated she had missed hospital appointments as she had no way of getting to hospital, had little money and barely left the house at all. |
| | Due to having been present at the project meeting, the charity representative was able to access support through the Support & Information Service. Services in Lanarkshire where found that could: - conduct a home visit for money advice - contact the lady to arrange housing assessment. The lady should have been entitled to ambulance transport to hospital appointments and she was made aware of this and told how to contact. |
| Next steps • What is the future of this initiative? | The project is continuing and further information can be shared as available. |
| initiative? Wider application Is this project scalable? Is it transferable to other areas/contexts? | Yes transferrable – renal pathways are being explored in Inverclyde Royal Hospital. Physical Disability Rehabilitation Unit at QEUH is also interested. These will operate as test of change projects until proven effective. |

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| | These projects if proven successful are scalable, but are likely to require re-allocation of funds given the need to identify capacity to conduct HNAs and manage the care plan. In renal the specialist nurse tema are keen to try to incorporate this into day to day treatment. This approach has been used before with cancer services however, research shows that concerns such as money, work and housing are not discussed to the same extent with health care professionals, perhaps because of lack of knowledge of assistance/support or perhaps because patients would not anticipate this is as relevant to their clinical appointment. |
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| Any further informationReports or publicationsOther reflections | Holistic needs assessment Test of C |
| Person completing pro-forma Date of completion | Debbie Schofield 20 th September 2016 |

Pro-forma for gathering information on case studies