

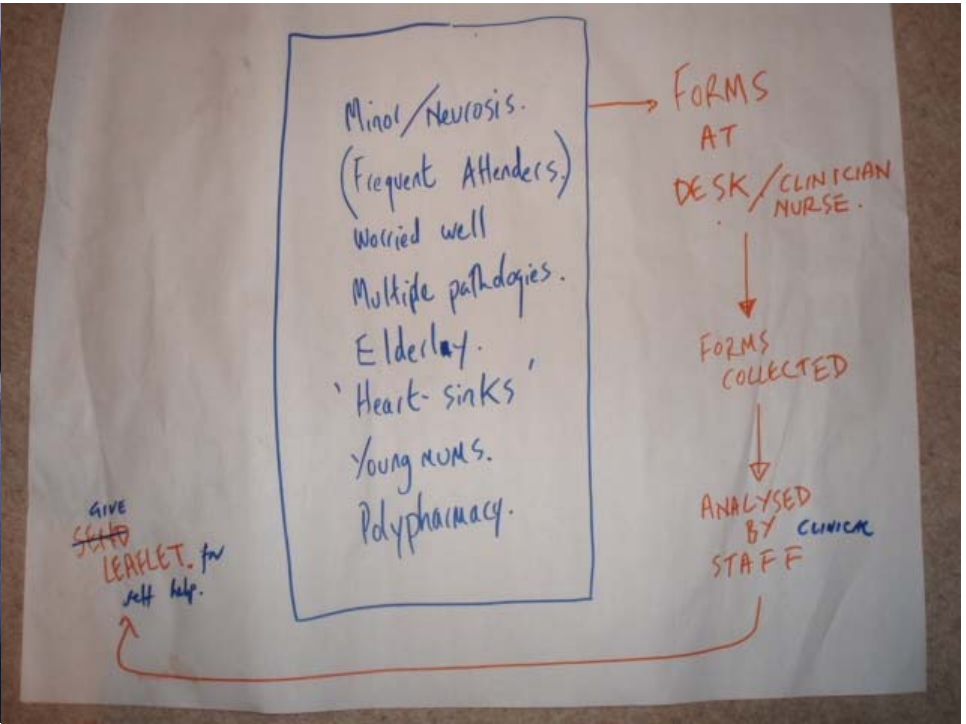
CLAHRC Wessex


*National Institute for
Health Research*

EUGENIE

Dr Manuel Serrano-Gil
EHS Foundation
Brussels, May 12th 2014





Systems of support

GPs
Nurses
Community matrons
Psychiatrists
Podiatrists
Pharmacists
Diabetologists
Rheumatologists
Cardiologists
Neurologists
Physiotherapists

Health professionals

Non-health professionals with health related and health relevant functions

Health trainers
Social prescribers
Traditional healers
Faith healers
Spiritualists
Herbalists
Social workers
Legal agents (police, lawyers)
Religious or spiritual leaders
Supervisors (bosses, teachers)
Community wardens

People with LTCs

Voluntary and community groups with health related and health relevant functions

Personal communities

Support groups
Lunch/Tea clubs
Internet-based discussion groups
Religious groups
Ethnic groups
Sports groups
Other social groups

Spouse/Partner
Children
Grandchildren
Parents
Siblings
Other relatives
Friends
Pets
Neighbours
Colleagues
Classmates
Acquaintances

What are the possible benefits of taking a social networks approach?

- Increased awareness for patients, HCPs and organisations of
 - People's personal networks and risks of isolation
 - What is available locally
- Better engagement
 - Patients and families able to reflect on needs and support and get appropriate resources to help with behaviour change
 - Strengthens and sustains local community resources

PLANS:

Patient Led Assessment for Network Support



- Objective for PLANS is to (self) assess needs
- Match & link people's needs & preferences to local community resources
- Emphasis on linking to everyday local activities that may benefit health
- Create a workable and relevant set of options

PLANS Categories: mapping exercise

Patient Led Assessment for Network Support



- Following categories of support available in the community:
 - **Well being:** Social groups, hobbies
 - **Health education:** NHS support, EPP
 - **Diet:** Weightwatchers
 - **Exercise:** Walking groups, gym classes
 - **Practical support:** home support, age concern
 - **Mobility:** Community transport
 - **CONNECTS:** Community and Networks for Condition Support

CLAH

The screenshot shows a web browser window displaying the PLANS website. At the top, there are navigation links: "PLANS Home", "PLANS Questionnaire", "My PLANS", "About PLANS", and "Contact Us". Below these is a search bar for groups. A horizontal menu contains categories: "Activities", "Health", "Learning", "Support", "Independent Living", and "Volunteering".

The main content area is titled "What is PLANS?". It contains two columns of placeholder text. The left column starts with "Lorem ipsum dolor sit amet, consectetur adipiscing elit. Duis scelerisque, nibh at feugiat molestie, lacus quam tincidunt dui, ac lobortis metus lacus et turpis. Sed eget felis erat. Integer id neque nibh, vel sagittis libero." The right column starts with "tempus, libero mollis lobortis semper, diam nisi laoreet leo, quis venenatis nisi justo et felis."

Below this is a "PLANS Questionnaire" section, labeled "Page 1 / 11". The current question is "I am interested in doing creative things:", with radio button options for "Yes, I am interested" and "No, I am not interested". The "No" option is selected. Below the question is a definition of "creative things" with placeholder text. Navigation buttons for "Previous Question" and "Next Question" are visible.

At the bottom, there are logos for "The University of Manchester" and "NHS National Institute for Health Research". A footer note states: "The NHR CLAHRC for Greater Manchester is a collaboration of Greater Manchester NHS Trusts and the University of Manchester and is part of the National Institute for Health Research. W: <http://clahr-gm.ac.uk> E: clahr@nhr.nhs.uk

The screenshot displays the PLANS website interface. At the top, there are navigation links for 'PLANS Home', 'PLANS Questionnaire', 'My PLANS', 'About PLANS', and 'Contact Us'. Below this is a search bar for groups. A horizontal menu categorizes activities into 'Activities', 'Health', 'Learning', 'Support', 'Independent Living', and 'Volunteering'. The main content area is divided into 'My Results' and 'My Favourites'. Under 'My Results', there are sections for Health (A, B), Learning (C), Support (D, E), and Independent Living (F, G). Each activity includes a 'Favourite This' star icon and a 'Read More' button. To the right, a map shows the location of these activities across Greater Manchester, with colored markers corresponding to the activity letters. Below the map is a 'Getting there' section with a form to calculate a public transport route. The form includes fields for 'Travelling...' (From, To, Via), 'Time And Date...' (Leave after, Arrive By, Date), and 'Mode Of Transport...' (Bus, Metro, Ferry, Rail, Coach). A 'Get Results' button is at the bottom of the form. The footer contains the University of Manchester logo and the NHS National Institute for Health Research logo, along with a small text block about the CLAHRC for Greater Manchester.

Overview of the EUGENIE

- How long is it going to take?
 - 15-20 min
- Where is it going to take place?
 - voluntary and community groups
 - GP practices
 - Online
- Who is going to do the intervention?

What is the intervention? What is going to happen?

- network mapping
- identify needs
- identify relevant local resources
- discussion of options
- printout details/create user account)

Why do we need these elements?

- Personal network mapping
 - create awareness
 - make people think about support outside the health service
- Typology of networks
 - point of reflection
 - brief summary of complex information
 - useful summary of the structure of relationships as a starting point for the discussion
 - some basic but relevant information about potential concerns and needs (isolation, role of family members, social involvement)

Why do we need these elements?

- Identification of needs and personal interests
 - a structured way of addressing needs centered on individual preference
 - narrowing down options, addressing information overload
 - Linking needs and preferences to types of activities and support
 - Linking activities to existing support
- PLANS database
 - structured information linked to individual preferences

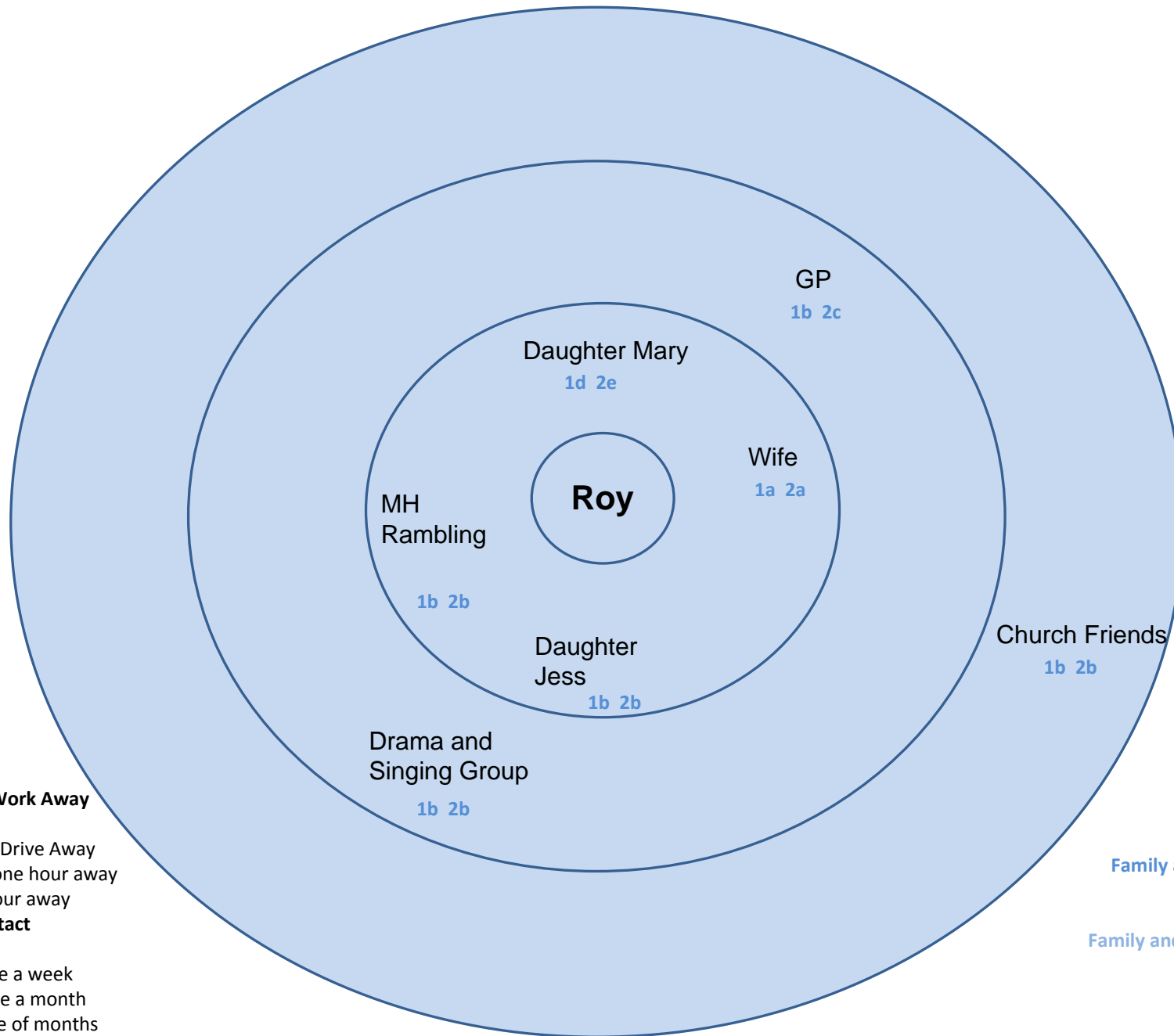
CLAHRC Wessex


*National Institute for
Health Research*

Network Typology

Typology of networks

Network type	Coding criteria
<i>Very diverse</i>	If family ≥ 20 and friends ≥ 15 and groups ≥ 2
Diverse	If family ≥ 20 and $0 < \text{friends} < 15$ and groups ≥ 2 OR If $0 < \text{family} < 20$ and friends ≥ 15 and groups ≥ 2 OR If family ≥ 20 and friends ≥ 15 and groups = 1
<i>Family and friend centred</i>	If family ≥ 20 and friends ≥ 15
<i>Friend centred</i>	If family < 20 and friends ≥ 15
<i>Family centred</i>	If family ≥ 20 and friends < 15
<i>Family and friend supported</i>	If $7 \leq \text{family} < 20$ and $5 \leq \text{friends} < 15$
<i>Friend supported</i>	If family < 7 and $5 \leq \text{friends} < 15$
<i>Family supported</i>	If $7 \leq \text{family} < 20$ and friends < 5
Isolated	If family < 7 and friends < 5 and overall score ≥ 8
Highly isolated	If family < 7 and friends < 5 and overall score < 8



Key

Distance Live/Work Away

- 1a: Co-habiting
- 1b: Short Walk/Drive Away
- 1c: Lives up to one hour away
- 1d: Over one hour away

Amount of Contact

- 2a: Daily
- 2b: At least once a week
- 2c: At least once a month
- 2d: Every couple of months
- 2e: Less often than every couple of months

Network type

- Very diverse
- Diverse
- Family and friend centred
- Friend centred
- Family centred
- Family and friend supported
- Friend supported
- Family supported
- Isolated
- Very isolated

Roy's network: Diverse

Type of network

People with a **diverse type** of network tend to be in contact with a wide range of people including family members, friends and voluntary or community groups. They are likely to be able to rely on a wide range of support and to have different options when choosing the most appropriate and acceptable to them type of network involvement.

In Roy's network

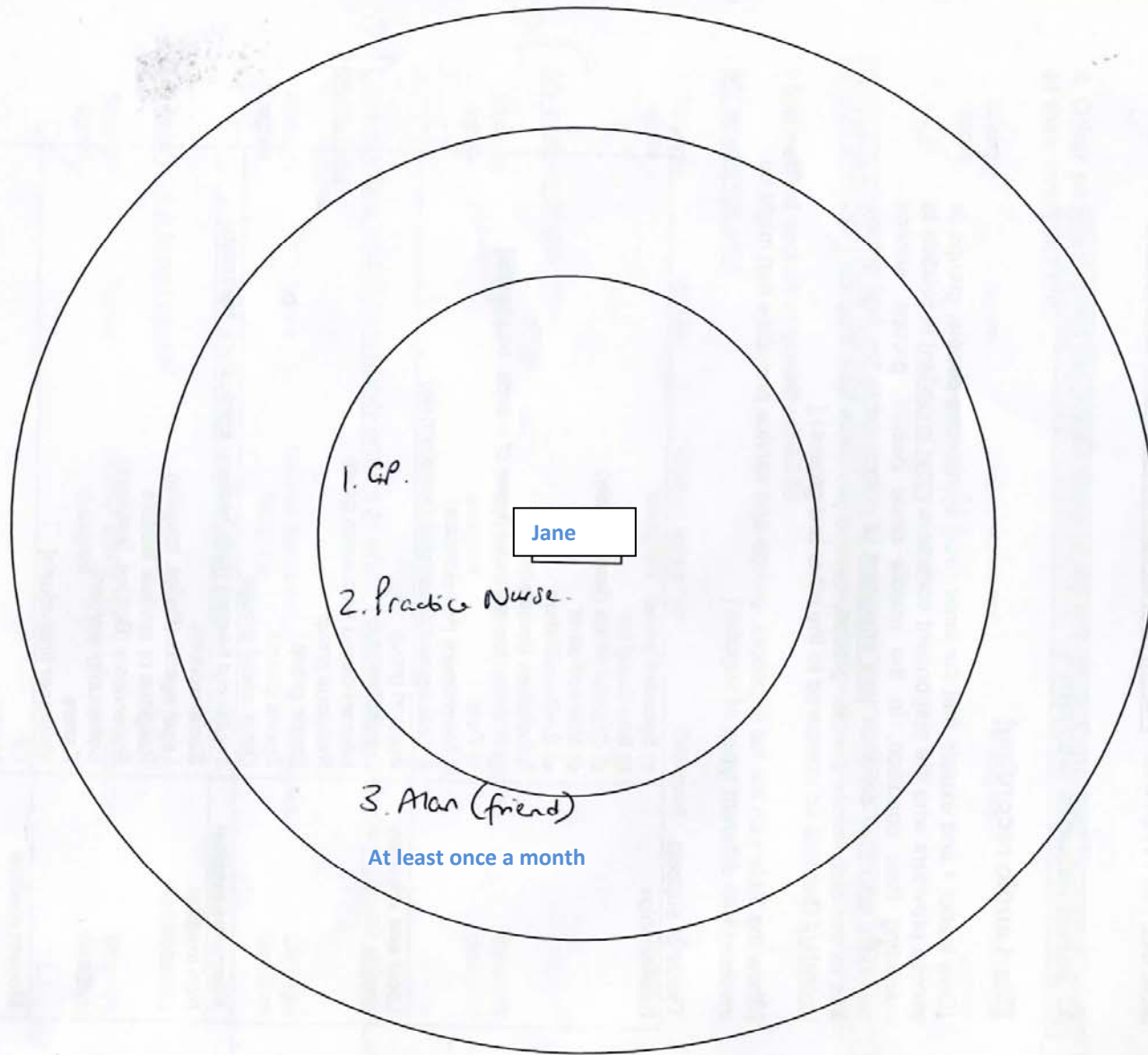
There are **7 network members**. This includes 3 family, a group of friends, and 2 groups.

The **key people** in Roy's network in terms of frequency of contact with them are Roy's wife, daughter Carol, his church friends, the Rambling group, and the Drama group.

Possible actions

Potential focus for further referral could be on health education and support with practical needs, but only if these are identified by the respondent. In case of referral to such activities a suggestion might be that one or more of the **key network** members is also involved.

Leaflet 1



Jane's network: Highly isolated

Type of network

People with a **highly isolated type** of network tend to only have a limited number of contacts and to rarely be in contact with their network members. It is likely that they will not be able to rely on others for health related support and for completing day-to-day practical tasks.

In Jane's network

There are **3 network members**. This includes a friend, and 2 health professionals.

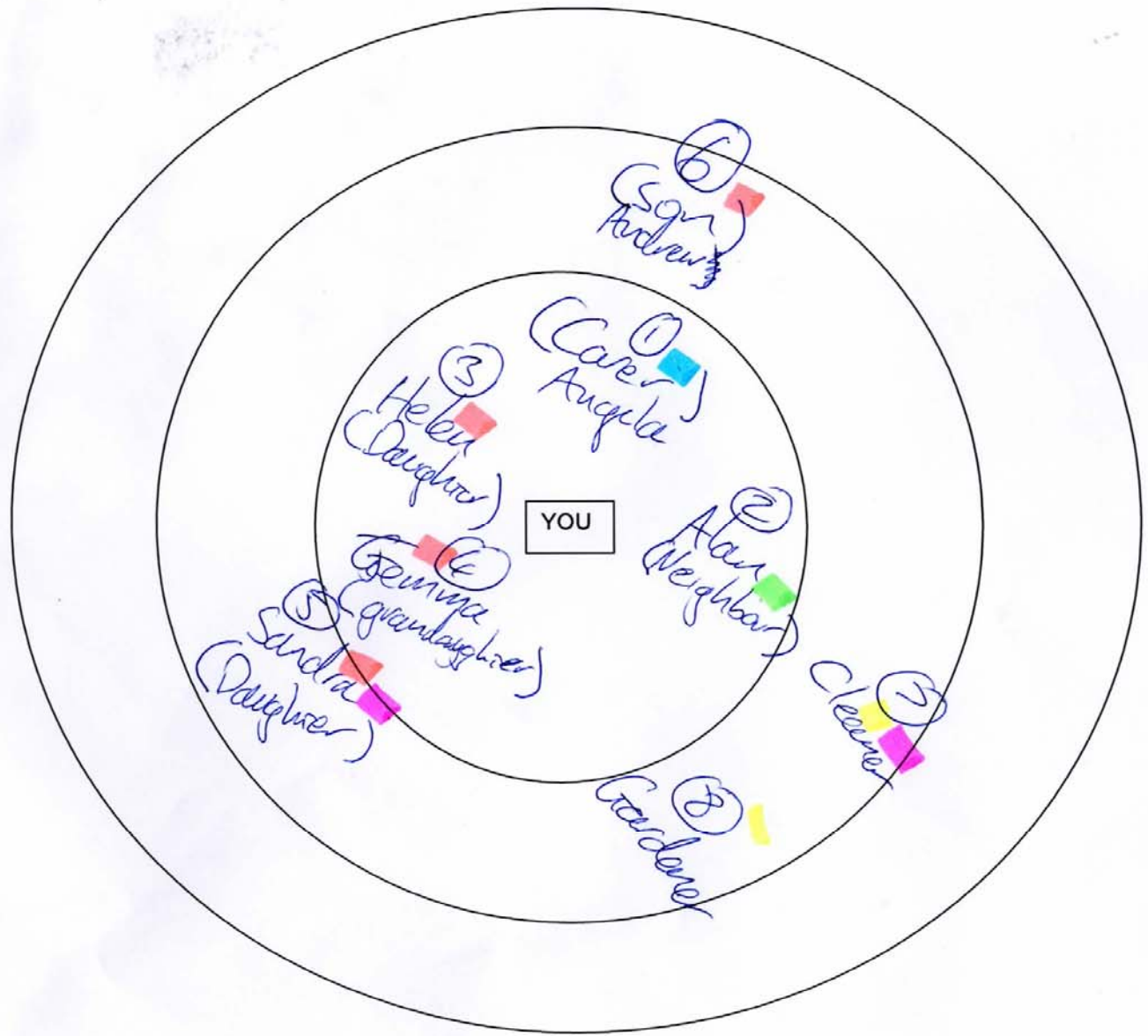
There is **no key person** in Jane's network in terms of frequency of contact.

Possible actions

Potential focus for further referral could be on building social capital through linking with social and well being activities.

GROSS

Leaflet 1



Pete's network: Family centred

Type of network

People with a **family centred type** of network tend to primarily be in contact with family members. Family members are likely to be providing substantial support for key practical and illness related needs. However, Pete only has one friend in his network, but sees him very infrequently, and does not have access to social groups. Friends and social activities outside the immediate family are very important for overall illness management, but especially for emotional support.

In Pete's network

There are **8 network members**. This includes 4 family members, a friend, carer, cleaner, and gardener.

There is **one key person, daughter Helen**, in Pete's network in terms of frequency of contact.

Possible actions

Potential focus for further referral could be on building social capital through linking with social and well being activities. Potential network member who could be involved is daughter Helen.