CLAHRC Wessex

NHS
National Institute for
Health Research

EUGENIE

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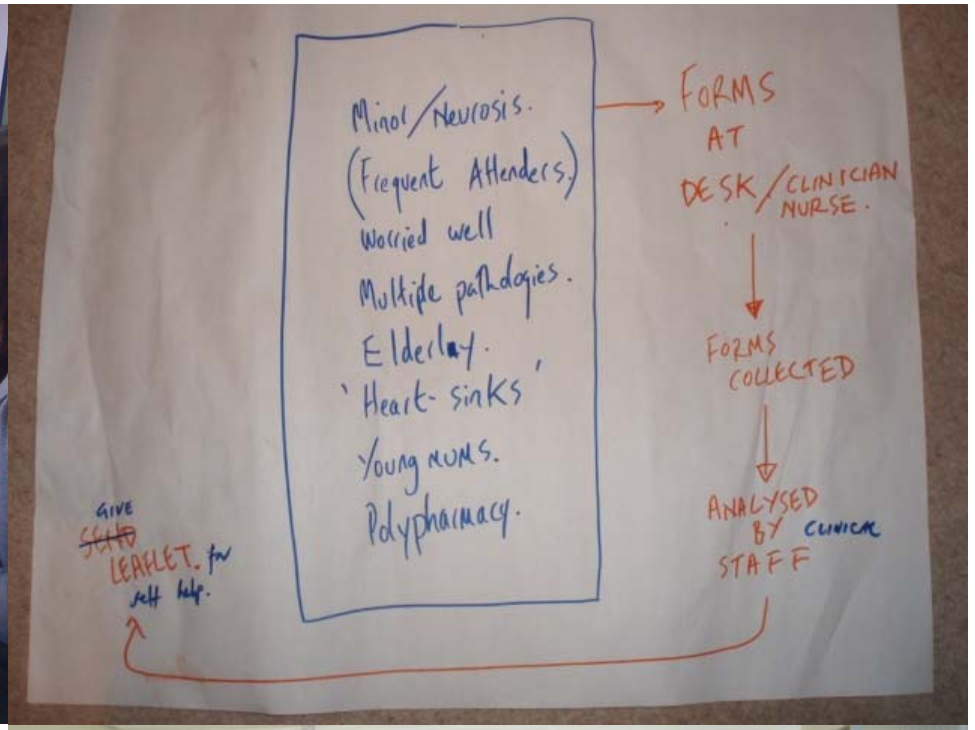
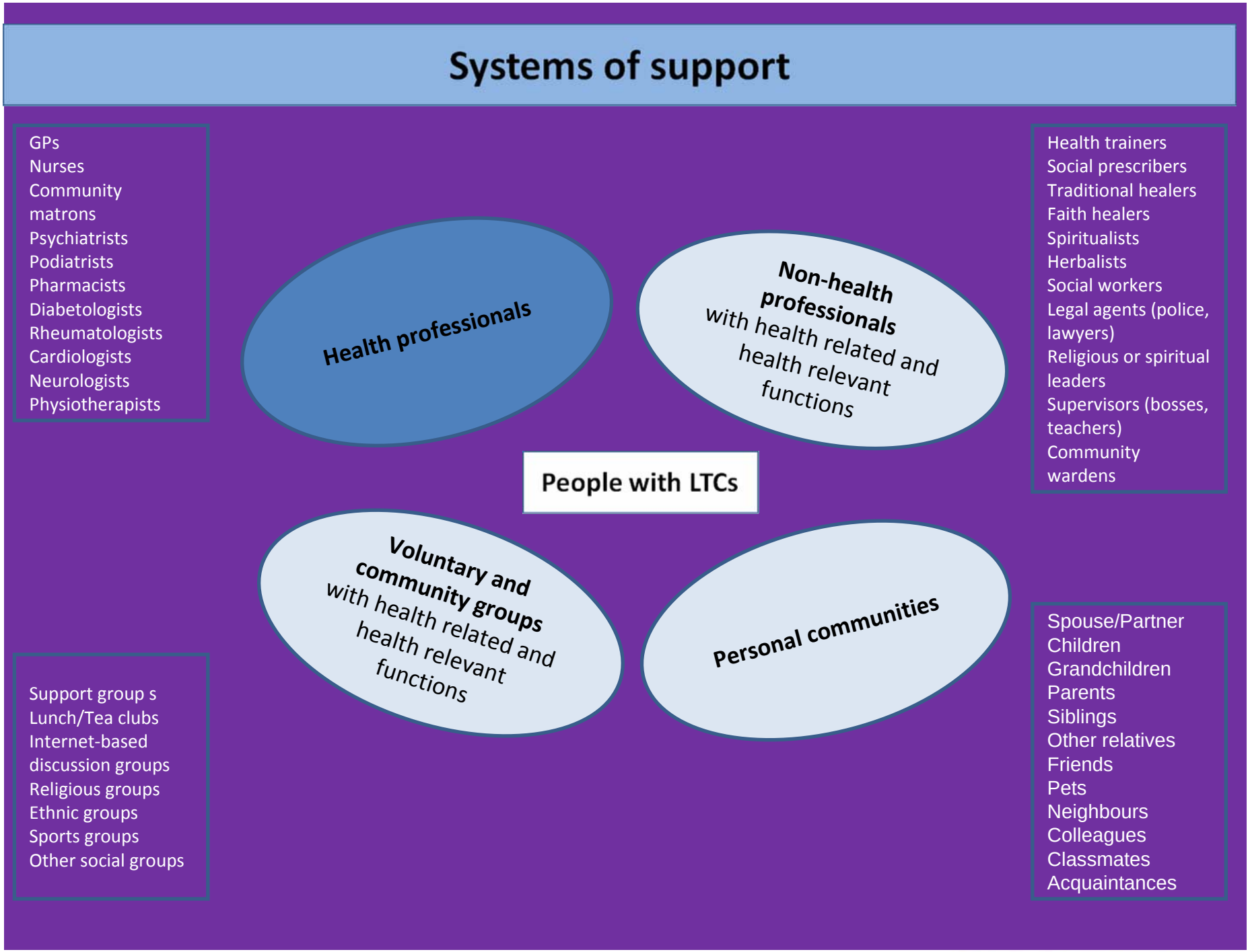
EHS Foundation

Brussels, May 12th 2014

euwise


Minor/Neurosis.
(Frequent Attenders.)
Worried well
Multiple pathologies.
Elderly.
'Heart-sinks'
Young mums.
Polypharmacy.
FORMS AT DESK/CLINICIAN NURSE.
FORMS COLLECTED
ANALYSED BY CLINICAL STAFF
GIVE LEAFLET. for self help.


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 group s
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
  - **CONECTS**: Community and Networks for Condition Support

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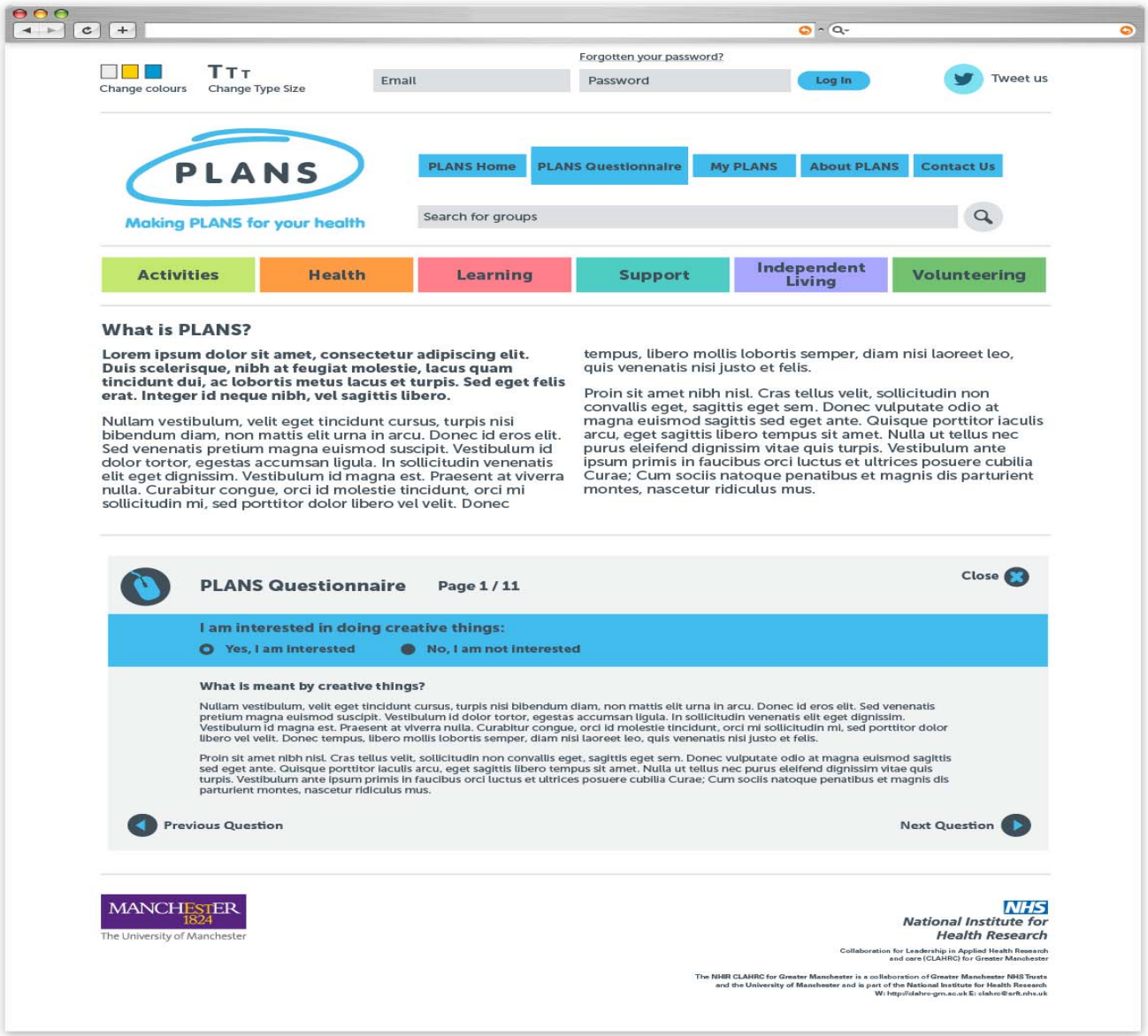

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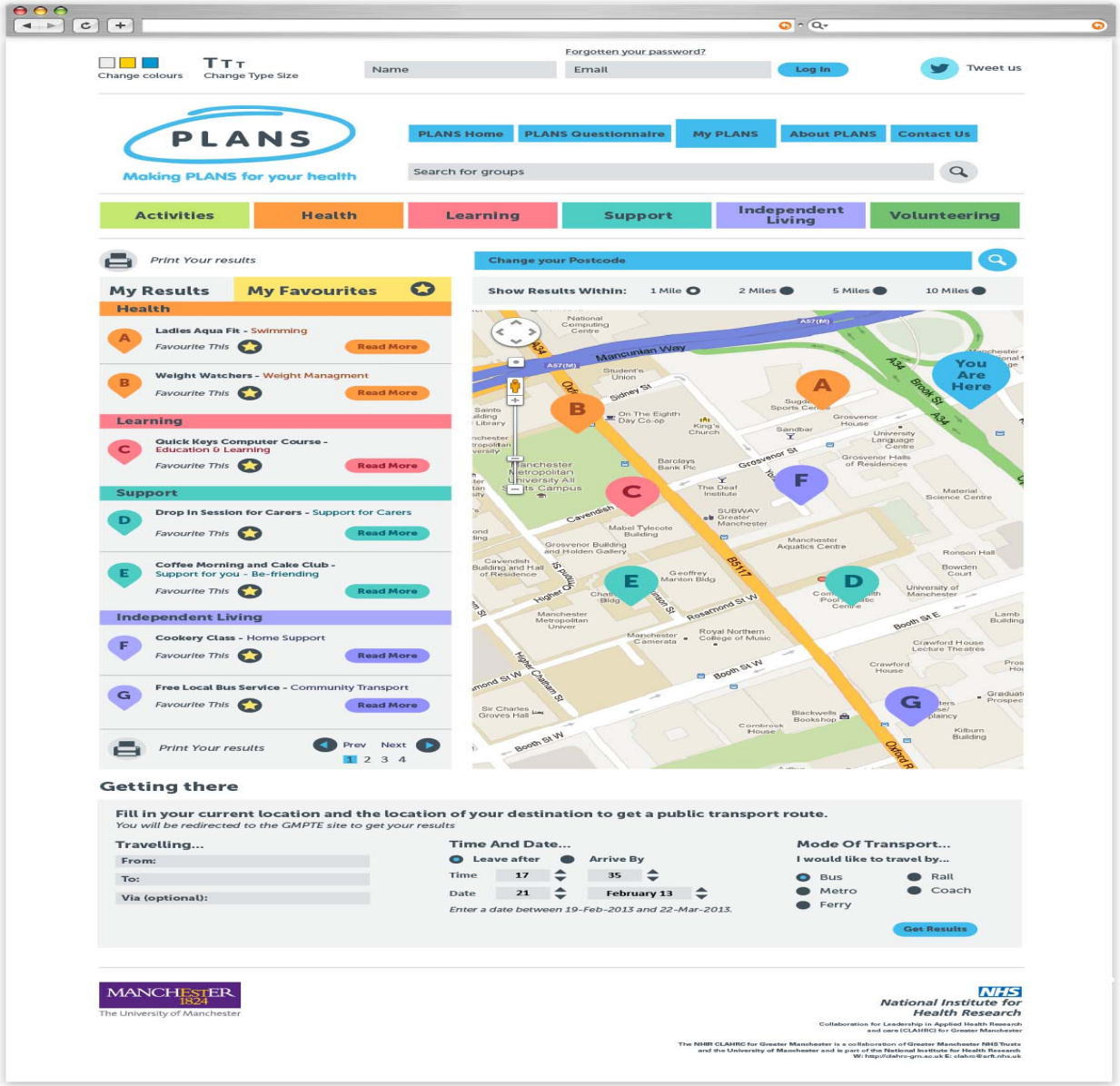

euwise

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

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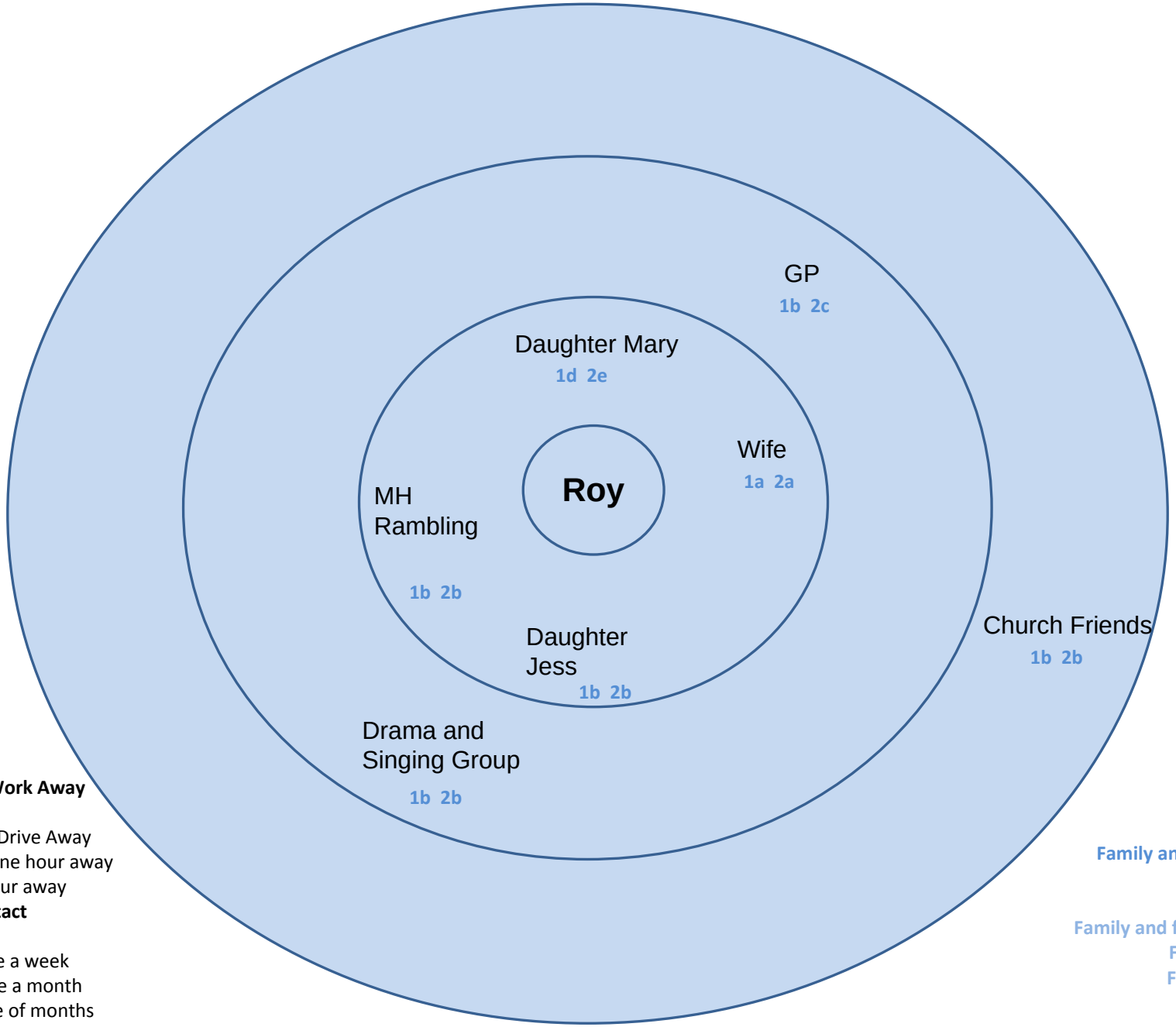
Network Typology

eu wise

Typology of networks

Network type	Coding criteria
Very diverse	If family >= 20 **and** friends >=15 **and** groups>=2
Diverse	If family >= 20 **and** 0<friends <15 **and** groups>=2 **OR** If 0<family <20 **and** friends >=15 **and** groups>=2 **OR** If family >= 20 **and** friends >=15 **and** groups=1
Family and friend centred	If family >= 20 **and** friends >=15
Friend centred	If family < 20 **and** friends >=15
Family centred	If family >= 20 **and** friends <15
Family and friend supported	If 7 =< family < 20 **and** 5 =< friends<15
Friend supported	If family < 7 **and** 5 =< friends<15
Family supported	If 7 =< 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

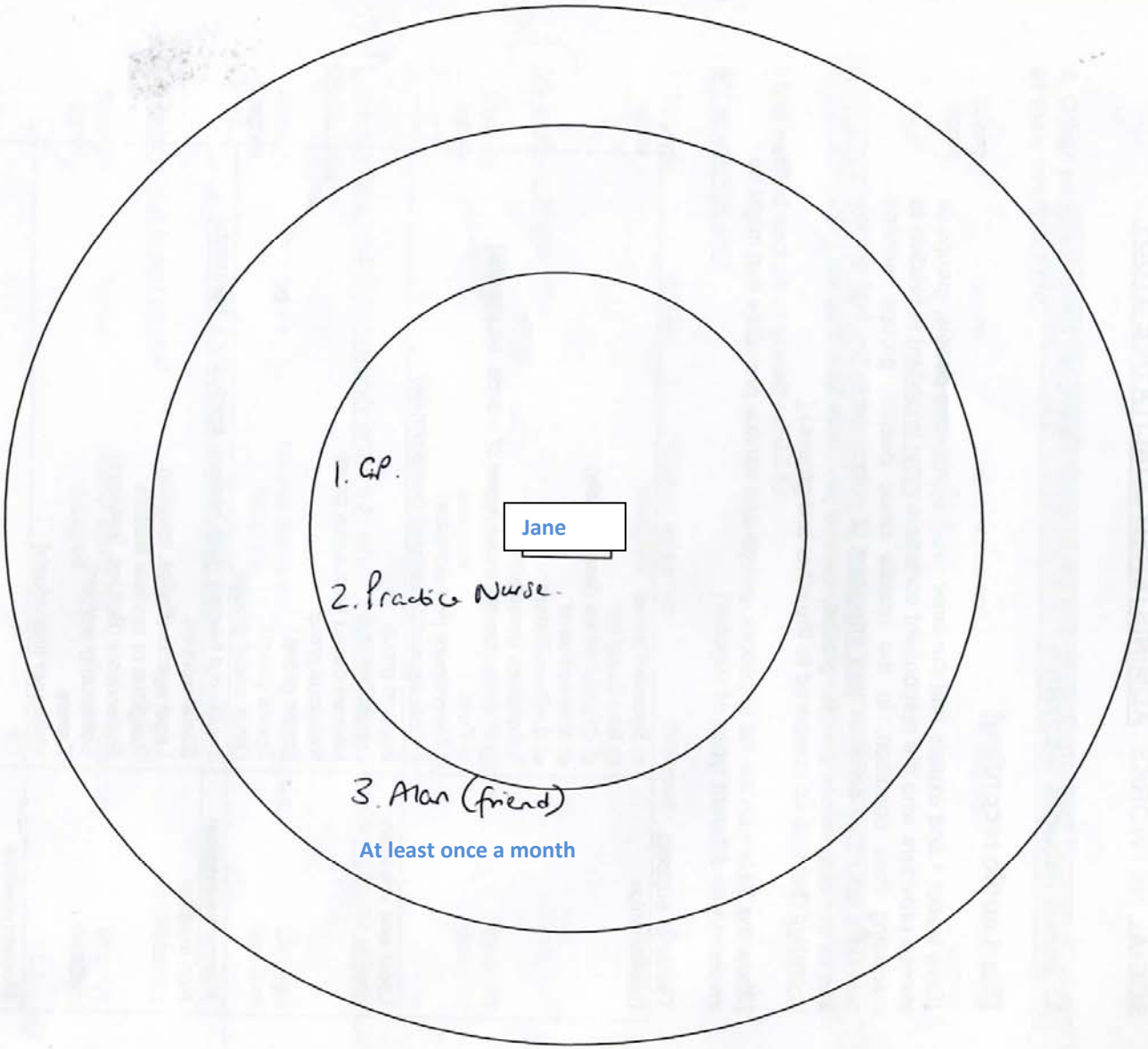
There are 7 network members. This includes 3 family, a group of friends, and 2 groups.

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.

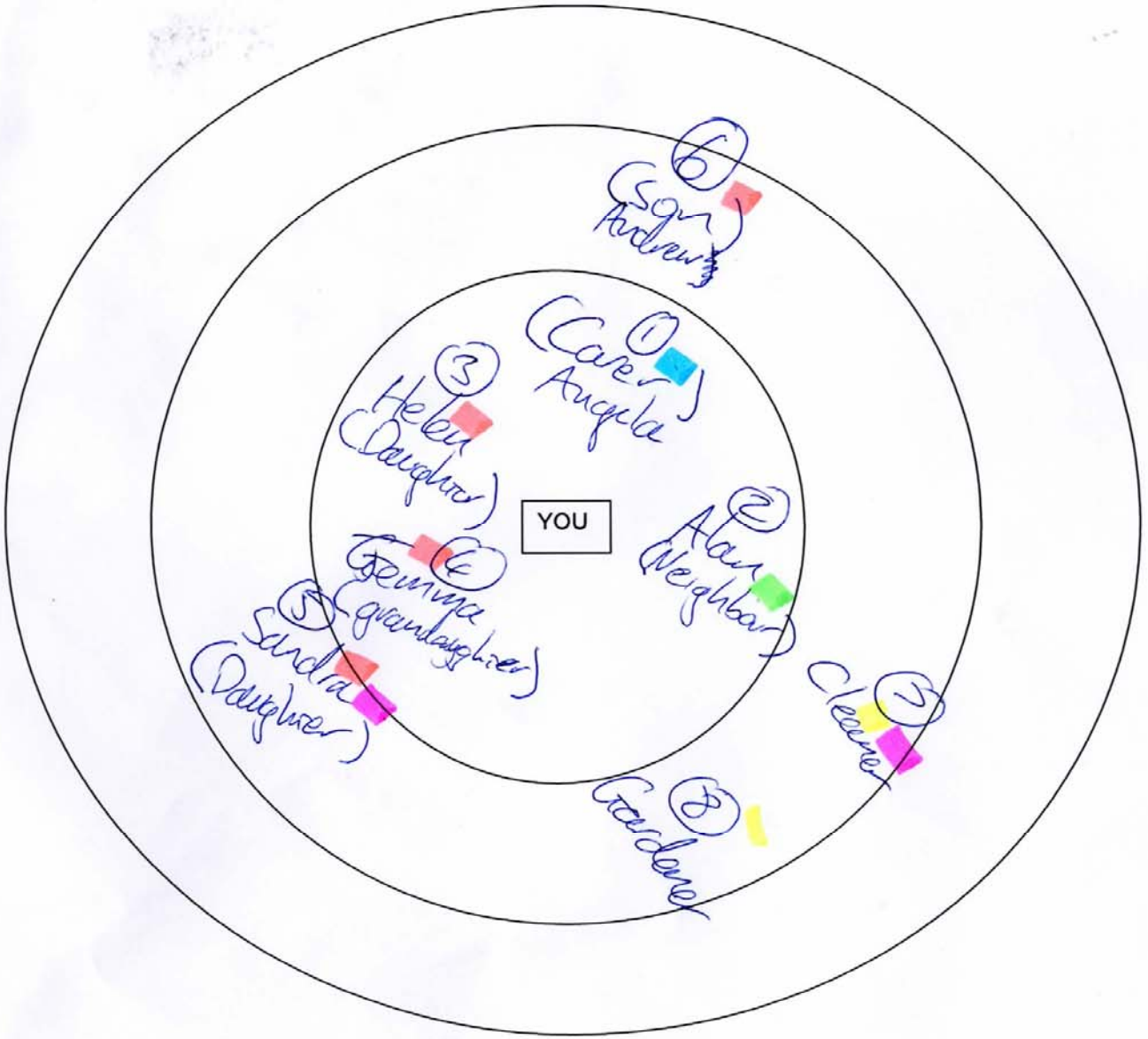
There is no key person in Jane's network in terms of frequency of contact.

Possible actions

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

GP055

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.