

McCormack B, Taylor BJ, McConville J, Slater P & Murray B (2008) *The Usability of the Northern Ireland Single Assessment Tool for the Health and Social Care of Older People*, Belfast: Department of Health, Social Services and Public Safety

Background

The National Service Framework for Older People (NSF, DoH 2001) outlined a strategic prospective of the future direction for older people health and social care. Strand two of the document focused on the development of a single assessment process that promoted person-centred care, holistic assessment and the promotion of quality of life issues. The focus was on a multi-staged process of assessment. The National Service Framework advocated a four-stage, layered assessment; Contact assessment; Overview; Specialist and Complex assessment. Increased complexity of the individuals needs required more in-depth assessments. Each assessment was proportionate to the needs of the individual and each assessment used a reliable and valid assessment tool. Local Strategic Authorities were provided with three alternatives: use ‘of the shelf’ assessment tools (such as Easycare); develop and test there own instruments; or adapt a checklist approach whereby professionals ensure that the domains of the SAP guidance are covered during the assessment (Richardson et al 2005).

In Northern Ireland a three-tiered assessment instrument was developed called the Northern Ireland Single Assessment Tool (NISAT). This comprised of three stands (Contact Screening, Core and Complex Assessment) supported by a number of specialists assessments (such as G.P assessment, Carers assessment, Specialist Assessment Summary). The NISAT was developed through a participatory process of engagement with front-line staff, and had acceptable psychometric properties. In keeping with the participatory research design this study examined users options regarding the usability of the three components of the NISAT and invited comments on how best to implement training across the province.

Implementation of Single Assessment in the U.K.

Initial research into the ‘rolling out’ of the assessment process regardless of the method used found that twelve out of thirteen Trusts in the U.K. opted for a home grown assessment tool (Nicholls 2004) and that following initial embedding period the contact and overview assessment worked well. However the Specialist and Complex assessment were more difficult to implement due to a lack of clarity of how it fits into the complete

assessment process. The crux of the problem was that the complexities of the implementation process itself distracted from its purpose and ethos (Richardson et al 2005). Glover (2005) suggested that the assessment instrument was being applied into existing processes of assessment and where it fitted well, the instrument was deemed a success and where it challenged existing processes of assessment the instrument was viewed as problematic.

A review of the findings regarding the implementation of the single assessment process across settings in the U.K. highlighted a number of key points important in its successful implementation. McCormack et al (2007a) identified two types of barriers: organisational barriers and instrument related barriers.

Organisational related barriers related to the fact that health professionals agree with the laudable principles of a single assessment process but fail to reach consensus on instrument content and responsibility for its completion (McCormack et al 2007a). Richardson et al (2005) reported that the introduction of a single assessment process forced inter-agency collaboration and the success of the inter-agency working determined the success of the instrument. Dickinson et al (2006) highlighted three main difficulties in inter-agency working as being: different professional perspectives on problems; different occupational cultures; and confusion over professional roles. Other potential problems were variety in commitment (particularly among GP's); different management styles among professional groups; and the lack of ownership of the instrument by front line staff.

Glover (2005) saw the greatest single issue to determine the success of inter-agency work and thus the single assessment process to be the advent of a standardised electronic version of the tool. This would increase information sharing; referrals; reduce repeated assessment of the older person and significant others; and aid storage of data. However this potential is conditional on the availability of up-to-date training and resources and a willingness to use it.

Instrument related issues have been limited to the training and content of the instrument. The standardisation of training in the use of the tool was imperative (Dickinson et al 2006). This must be within a workable timeframe that allowed staff to become familiar with the instrument and that the training should focus on the practicalities of the assessment tool and not the policy background to its development. This training should encompass a mixed of traditional training methods such as lectures with practical methods such as practice development. The West Midlands Regional SAP group (Nicholls 2004) recommended that training should promote inter-agency working among assessors. This could be achieved through the clarification of roles and responsibilities in localised training groups. Derbyshire and Derby Social Care and Health Communities recommended the continuing support of trained staff after training is complete.

Dickinson et al (2006) reported that reaching a consensus among health professional regarding the contents of the assessment tool was a major problem. Different professional prospective felt that the instrument, whether off the shelf or locally derived, contained information irrelevant to their profession and that this was surplus to requirements and only lengthened an already lengthy assessment process. The Northamptonshire Overview Assessment Tool was reported to have an average length of two hours to complete and Dickinson et al (2006) felt that a lengthy assessment deterred further exploration of key issues. An acceptable instrument could only be achieved through the involvement of front-line staff, which is responsible for the completion of the instrument, in agreeing the content and length of the instrument.

Implementation of NISAT in Northern Ireland

In Northern Ireland the DHSSPS commissioned the University of Ulster to develop an assessment tool designed to assess the health and social care needs of older people. The NISAT assessment tool was developed, tested and proven to be valid and reliable McCormack et al (2007b, 2007c, 2008). As part of this validity and reliability project assessors from five pilot sites (n = 72) were trained in the use of the instrument. The NISAT project team conducted five ‘roadshows’ in the 5 HSC Trusts in Northern Ireland. During discussions, two key issues emerged that need to be addressed prior to progressing to full implementation of the NISAT:

1. Trained assessors need the opportunity to use the finalized assessment tool in practice with a selected number of older people in order to increase assessors' confidence in the use of the NISAT.
2. There is a need to learn from the use of the finalized assessment tool in practice in order to inform a training and development framework for the implementation and ongoing use of the NISAT.

METHODOLOGY

Aims and Objectives

The overall aim of this project was to provide assessors with an opportunity to use the NISAT with a purposive sample of older people.

The objectives were:

- To increase assessors confidence in the use of the NISAT;
- To give assessors the opportunity to use the NISAT in real life situations to inform Trust wide service development; and
- To inform the training and development framework;

The key objectives were to quantitatively measure, using a survey, assessors opinions of the Contact Screening, Core and Complex NISAT. The findings informed further discussion with assessors regarding training, its structure, contents and format.

Design

A mixed design was used to meet the aims and objectives of the study. A quantitative survey was designed for each of the three components of the NISAT: the Contact Screening Form (10 items Appendix 1); The Core Assessment form (21 Items Appendix 2); and the Complex Assessment Form (20 items Appendix 3). Assessors were asked to rate each item on a four point Likert Scale ranging from Strongly Agree to Strongly Disagree. Assessors were invited to provide additional qualitative information to two open-ended questions at the end of each NISAT survey.

Four focus groups were conducted to explore assessors' views and opinions regarding future training issues (Appendix 4). The purposes of the focus groups were to:

1. highlight key considerations in the use of the NISAT in practice that need to be included in the guidance document.
2. identify key issues for consideration in implementation plans
3. develop a training and development framework that is fit for purpose.

The key themes to emerge from the survey strands of the study formed the basis for the focus groups.

Training the Assessors

Four pilot sites, representing four of the five Northern Ireland Trusts, participated in the study. Assessors (n = 30) involved in the development of the NISAT received training in the final version of the tool commensurate to their assessment abilities. A full explanation of the philosophy, structure, and content of each components of the NISAT tool was provided as well as provided with the instrument guidelines. Assessors had an opportunity to have queries answered as part of the training. Each assessor was asked to assess one older person.

Sample

A purposive sample of older people was involved in the project. Inclusion criteria included all older people over 65 and participants were drawn from existing clients' database. Each participant was in a stable and secure environment and did not require placement into services. The sample included older people with dementia. Exclusion criteria were set to include older people with acute mental health needs, addiction problems and those with a learning disability. **No health or social care decisions were based on the findings of the assessment.**

Data Collection

The assessors provided information on the assessment tool using a mixture of quantitative and qualitative methods. Each assessor completed a feedback survey sheet to gauge

opinions regarding issues concerning the NISAT instrument. The feedback sheet was designed to cover issues regarding usability of the NISAT, practical challenges encountered, process issues and training and development issues. Assessors were asked to complete whichever section of the NISAT they felt competent with and to provide feedback via the corresponding survey form. Completed forms were either emailed to the researcher or forwarded to a key liaison representative within each pilot site, and collected by the researcher. The completion of the survey forms was anonymous. Frequency scores were generated for each of the items contained in the feedback sheets.

Assessors participated in a series of focus groups to further explore issues arising from the analysis of the feedback sheets. It provided the assessors with an opportunity to discuss the NISAT. The focus groups were recorded, transcribed and the data analyzed using cognitive mapping to extract the main themes.

Ethics

The project is considered service development and part of the training and implementation process within each of the pilot sites and their wider Trusts. Each assessor was instructed to inform participants that no health and social care needs would be based on the findings of the project. The data collected as part of this project using the NISAT remained the property of the assessors. Formal ethics approval was not required for this project for the following reasons:

1. the data was used to inform service and practice developments and not to generate new knowledge.
2. the data generated was retained by assessors.

FINDINGS

The response rate of each NISAT survey was 12 Contact Screenings; 12 Core NISAT; and 14 Complex NISAT. This represented a wide range of inputs from health and social care professionals.

A total of 26 assessors and managers attended the four focus groups. The composition of each focus group is outlined in table 1.

	Social Workers	AHP	Nurses	Management
PILOT SITE 1	4	2	1	0
PILOT SITE 2	2	0	1	0
PILOT SITE 3	2	2	0	0
PILOT SITE 4	6	3	1	2
TOTAL SAMPLE	14	8	2	2

Table 1. Focus group sample distribution according to professional background and location

The Contact Screening

A total of 12 assessors completed the Contact Screening.

Statements	Strongly Agree	Agree	Disagree	Strongly Disagree
The Contact Screening is easy to use	41.7%	58.3%		
The Contact Screening NISAT is easy to understand	41.7%	58.3%		
The Contact Screening NISAT is time consuming	16.7%	16.7%	58.3%	8.3%
The Contact Screening NISAT captures the basic needs of the individual	8.3%	83.3%		8.3%
The Contact NISAT captures the individuals views	16.7%	50.0%	8.3%	25%
The layout of the tool is clear and easy to use	25%	75%		
The terminology used is consistent and familiar	33.3%	66.7%		
The Contact NISAT directs the person to the appropriate care	25%	58.3%	16.7%	
The guidance explained all the main concepts in each component adequately	27.3%	72.7%		

There are areas that require further explanation	25%	12.5%	62.5%	
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Table 2. Response Frequencies to Statements regarding the Contact Screening Assessment

In order to complete contact screening, the face to face contact with the individual took an average of 30 minutes with times ranging from 5 to 90 minutes. Collating information from other sources required an average time of 17 minutes and the writing up of the screening needed an average of 15 minutes.

Assessors were generally positive about the Contact Screening. Assessors found it easy to use and understand, clearly laid out with consistent and familiar language throughout. Two-thirds of assessors felt that the Contact Screening took sufficient time to complete and all assessors found the guidance documentation coverage adequate. Of those assessors who did provide comments on the feedback sheet, the general feeling was that the Contact Screening captured all the necessary dimensions of screening and relevant information but would only succeed if it replaced existing referral forms. The assessors felt that the NISAT Contact Screening was more comprehensive than existing forms as “it captures more information”.

Contact Screening NISAT Summary

The assessors felt that the Contact Screening NISAT worked well as an instrument designed to capture the basis information proportionate to this type of assessment. It was user-friendly and clearly presented. However the success of the Contact Screening rested on it replacing existing screening forms.

The Core Assessment

A total of 12 assessors completed the Core Assessment

Statements	Strongly Agree	Agree	Disagree	Strongly Disagree
The Core NISAT is easy to use	41.7%	58.3%		
The Core NISAT is easy to understand	41.7%	50.0%	8.3%	
The Core NISAT is time consuming	41.7%	50%	8.3%	
The Core NISAT captures the basic needs of the individual	27.3%	72.7%		

The Core NISAT captures the individuals views	41.7%	58.3%		
The Core NISAT promotes professional judgement	25.0%	75.0%		
The layout of the tool is clear and easy to use	8.3%	83.3%	8.3%	
I have a clear understanding of the individuals abilities and needs	16.7%	75.0%	8.3%	
The terminology used is consistent and familiar	8.3%	75.0%	16.7%	
The structure of the Core NISAT facilitates proportionate assessment	16.7%	66.7%	16.7%	
The Core NISAT captures the life history of the person	16.7%	66.7%	16.7%	
The Assessment triggers are informative in guiding you	16.7%	75.0%	8.3%	
The person's perspective is promoted throughout the Core NISAT	16.7%	83.3%		
The ten domains are comprehensive	25.0%	75.0%		
Each domain triggers further assessment where appropriate	16.7%	75.0%	8.3%	
The core assessment summary is useful	25.0%	66.7%	8.3%	
The core assessment action plan is helpful	25.0%	66.7%	8.3%	
I would trust other health professional assessment using the core NISAT	16.7%	83.3%		
I would like to use the core NISAT in my Trust	25.0%	58.3%	16.7%	
The guidance explained all the main concepts in each component adequately	41.7%	50.0%	8.3%	
There are areas that require further explanation	40.0%	40.0%	20.0%	

Table 3. Response Frequencies to Statements regarding the Core Assessment

In order to complete core assessment, the face to face contact with the individual took an average of 71 minutes with times ranging from 30 to 90 minutes. Collating information from other sources had an average time of 49 minutes and the writing up of the assessment had a mean of 45 minutes.

The general consensus among the assessors indicated a favourable view of the Core NISAT. The assessors responses to a third of the statements contained in the questionnaire were entirely positive. The findings (see table 3) may be summarised as:

The assessors found the Core NISAT to be:

- easy to understand and use, clear in its terminology and objectives, and well lay out.
- time-consuming to complete;
- promoting of person-centred perspective through the capturing of the individuals views, abilities, needs and life history. All information is from the person's perspective;
- based on professional judgement, comprehensive in its coverage, and proportionate to the older person's needs only triggering further assessment when required;

In addition, assessors felt that the Assessment Summary and Action Plan was helpful and suggested that they would trust the details of the Core NISAT if completed by another trained assessor. 83% of the assessors stated that they would like to use the Core NISAT in their Trust. Whilst the guidance document was considered to be comprehensive, a fifth of assessors felt that they would require further explanation of the Core NISAT.

The assessors were asked to identify good and bad issues in the Core NISAT. The findings are presented according to the main themes to emerge from the data and supported by direct quotations.

Generally the assessors felt that the design of the Core NISAT allowed it to flow well. This flow was facilitated by the inclusion of 'tick boxes' to guide the assessor and client through the assessment. The flow and tick boxes allowed for a holistic assessment that provided a comprehensive picture of the older person. An assessor asked an older person who had just been assessed using the Core NISAT what they felt about the contents of the assessment and the older person felt that the Core NISAT "was very thorough and felt comfortable looking at how their needs were met in the different areas".

Generally the assessors felt that the tool was time consuming and lengthy to complete. However they also felt that this was partly due to being unfamiliar with the Core NISAT

and that their speed in completing the instrument would increase with practice. One suggested amendment to the document was the inclusion of information on past medical history that may be relevant to the older person's present state.

Core NISAT Summary

The Assessors were satisfied with the Core NISAT. They found that it effectively captured details of the individual and could be used in their practice. Aesthetically the lay-out of the instrument facilitated coverage of the main areas of an older person's life while keeping the assessment proportionate to needs. The comprehensive coverage meant that assessors felt the Core NISAT could be time consuming and lengthy. However many assessors felt that this was due to unfamiliarity with the instrument and would improve with practice. The majority of assessors expressed a desire to use the Core NISAT in their work practice.

The Complex Assessment

A total of 14 assessors completed the Complex Assessment.

Statements	Strongly Agree	Agree	Disagree	Strongly Disagree
The Complex NISAT is easy to use	21.4%	78.6%		
The Complex NISAT is easy to understand	28.6%	71.4%		
The Complex NISAT is time consuming	28.6%	42.9%	28.6%	
The Complex NISAT captures the basic needs of the individual		92.9%	7.1%	
The Complex NISAT captures the individuals views		100%		
The Complex NISAT promotes professional judgement	7.7%	92.3%		
The layout of the tool is clear and easy to use		100%		
I have a clear understanding of the individuals abilities and needs	7.1%	85.7%	7.1%	
The terminology used is consistent and familiar		100%		
The structure of the Complex NISAT facilitates proportionate assessment	14.3%	71.4%	14.3%	
The Complex NISAT captures the life history of the person	7.1%	71.4%	14.3%	7.1%

The Assessment triggers are informative in guiding you through the Complex Assessment	7.7%	84.6%	7.7%	
The person's perspective is promoted throughout the Complex NISAT	14.3%	85.7%		
The Carer's Assessment is useful		100%		
The Complex Assessment Summary is helpful	14.3%	85.7%		
The Complex Action Plan is helpful	14.3%	71.4%	14.3%	
The inclusion of a measure of unmet needs is helpful	7.1%	92.9%		
I would like to use the Complex NISAT in my Trust		92.3%	7.7%	
The guidance explained all the main concepts in each component adequately		100%		
There are areas that require further explanation	11.1%	66.7%	22.2%	

Table 4. Response Frequencies to Statements regarding the Complex Assessment

In order to complete the Complex NISAT, the face to face contact with the individual took an average of 70 minutes with times ranging from 20 to 180 minutes. Collating information from other sources required an average time of 45 minutes and the writing up of the assessment needed a mean of 38 minutes.

Overall the assessors found the usability of the Complex NISAT as very favourable. The assessors agreed with over half (11 of 20) of the positively-worded statements. The Complex NISAT:

- was easy to use, understand and was clearly laid out;
- was time consuming to complete;
- was proportionate to needs, and used consistent and familiar terminology;
- promoted a person-centred assessment through the promotion of the older person's perspective, captured in their life history; promotion of views, abilities and needs;
- promoted professional judgement;
- assessment summary and action plan were helpful;
- helped identify unmet needs;
- requires further explanation of the Complex NISAT.

Over 90% of the assessors would like to use the Complex NISAT in their work practice.

The assessors felt that all appropriate information was captured in the Complex NISAT. The Complex NISAT facilitated continuity of information gained during the Core assessment. In particular they liked the detailed Carers Support and Needs Assessment and Risk Assessment contained within the Complex NISAT. Negative comments were concerned with the length of time taken to complete and the degree of repetition in the Complex NISAT. However these comments were limited to two assessors.

Complex NISAT Summary

Assessors felt happy and confident using the Complex NISAT and felt that they could and would use it in their work practice. Structurally the instrument worked well, and was viewed as very user-friendly. Completion of the NISAT was viewed as time-consuming by some, although the assessors felt that the length of time taken to complete it would decrease as they became more familiar with its content and its completion moved more towards a conversation rather than a structured interview.

Findings from the Focus Groups

Assessors attending the focus groups were invited to comment on two broad areas: the NISAT instrument and the implementation of training in the use of the NISAT. Prompts were used to focus attention on component parts of each of these broad areas and the findings are presented accordingly.

Overall views of the NISAT

There was a general sense of satisfaction with the complete document. Initially assessors felt that the size of the document was quite intimidating and off-putting. However as they became more familiar with its terminology and structure this ceased to be an issue.

*“I really quite liked it in comparison to the assessment tools I use at present. Initially it was quite intimidating but once you got use to it, it was quite good.”
(minute1, focus group IV).*

Assessors felt that the prompters located through all the documents help to ensure that all relevant issues were covered, by all assessors. The assessment was comprehensive and all questions were appropriate and easy to follow. The assessors also felt a sense of ownership of the NISAT, as all of them had actively participated in the tool development *“We have seen how the drafts have changed and how the tool has developed since we first started” (minute 2, focus group III).*

Contact Screening

The contact Screening was considered to be very straight-forward, simple to understand and self-explanatory. There were a few queries regarding the role of assistant social workers in completing the contact screening, although this is not regarded as an issue. It is important that guidance is issued prior to implementation on the categories of staff for whom each component of the tool is designed.

Core Assessment

The general consensus of the focus groups regarding the Core Assessment was that it was *“holistic, and flowed really well and captured everything” (minute 3, focus group III).* The document ‘flowed’ well and the use of prompters’ as in guiding assessors questioning on each domain. After completing the Core NISAT the assessors had a comprehensive picture of the older people’s ability and this was considered to provide a great advantage in completing the Complex NISAT. In one case *“it actually helped identify where the woman needed more help” (Minute 12, focus group 2).*

Other assessors felt that it was lengthy and laborious in parts but felt that this was due to being unfamiliar with the contents and having to cover all domains whether relevant or not in order to get a good understanding of the Core NISAT. This would eventually speed up and become more interview orientated as they used it more. This is exemplified by the following quotes:

“It took three hours [to complete] but I would imagine that this would become much quicker as you used it” (Minute 4 focus group 1).

and,

It “spoilt the normal flow of the assessment but that’s because I wasn’t familiar with the form and this would improve with time” (minute 14, focus group 2).

Assessors initially felt that the Core NISAT contained details they were not relevant to their profession, however in the course of the focus group many assessors engaged in discussions with each other regarding the relevance of different domains and challenged the criticisms and being uni-professional thinking. This was exemplified by the comment

“it will only work if any professional can use the tool, its difficult to put yourself in another professional place. Its going to take time and change” (minute 20, focus group 1).

Complex Assessment

The assessors felt that the complex assessment *“flowed quite well and was quite comprehensive” in its coverage (minute 23, focus group 1).* The details in the complex assessment linked well with the core NISAT in order to provide a holistic picture of the person being assessed. A service user being assessed using the instrument felt that *“it was very good and was very comfortable with it, and that it would be better for her” (minute 19, focus group 2).*

The Implementation of the Northern Ireland Single Assessment Tool

Assessors were asked to develop a program that would work best for the training and implementation of NISAT. This covered all the practical aspects of the training program such as who would attend, the length of each session, how the message and ethos of NISAT could be best transmitted, practical sessions, and on-going support. The key themes to emerge from the focus groups regarding training and implementation of the NISAT covered the structure of the training; the topics covered in each session and on-going support in the post-training period.

The Structure of the Training

The training could be provided across one Trust within a relatively short period of time. It could be delivered over four sessions with the audience limited to the assessors' role in the assessment process. For example, care managers should receive training in the Complex NISAT as only they would be completing it. Assessors suggested that the training process should be intense, with short breaks between (3-4 days) training days and should not take longer than two – three weeks. Table 5 highlights the suggested contents, audience and duration of each day.

Day	Topics Covered	Target Audience	Duration
Day 1	Philosophy and Background to NISAT	All interested parties	½ day
Day 2	Contact and Core NISAT	All health Professional	1 day
Day 3	Complex NISAT	Care Managers	½ day
Day 4	Reflective session	All assessors	½ day

Table 5. Training structure for the implementation of the NISAT

The structure of the training on day one could include a broad overview of the philosophical background covering the development of the NISAT, its component parts and who would be eligible to complete it. The assessors felt that the broad overview be delivered to a large Trust-wide group over a half day session. Training packs and guidance documentation would be provided prior to the training to give each assessor the opportunity to familiarise themselves with the instrument.

Training on day two could be limited to assessors that would be eligible to conduct a contact or core assessment. The training would explain all domains, the use of prompts, and its relevance to the guidance documentation. It should clearly identify how the tool is going to be used and who is going to use it. This would last for a full day and include an opportunity for to conduct an assessment using a case study.

Day three would be limited to care managers and last for half a day. The training would cover when to complete the Complex NISAT, who completes it and how the core links into the Complex NISAT. As with the Contact and Core NISAT, care managers expressed a desire to use the Complex NISAT with a case study.

After completing the relevant training sessions, the assessors expressed a desire to have a short period of time to read through the relevant sections of NISAT and complete a case study using the Tool. Training on day four would come after this opportunity to familiarise oneself with the NISAT. The focus of day four would be answering any questions regarding the NISAT. Assessors found being allowed to discuss the practical working of the NISAT with each other, within and across professional groups to be very beneficial. It helped to highlight the relevance of content of the NISAT and help to promote multi-professional thinking and inter-agency working.

The audience for days 2 – 4 should be small and organised according to the teams that currently work together. This would reflect acute settings, intermediate care teams and community settings. This would help clarify roles and responsibilities within team and promote inter-agency working. The assessors expressed a desire to have the implementation phased in across the Trust.

Focus group participants felt that once training was completed assessors should commence using the NISAT to assess older people. There should be no lengthy time-lag between training and implementation.

Guidance Documentation

The guidance documentation should be concise, and focus on the practicalities of completing the NISAT. “A *guidance document should just tell you how to complete the document*” (minute 38 focus group II). The assessors felt that the guidance document should include a worked example of how to correctly complete each section.

The assessors felt that the training in the NISAT should be recognised formally. This could be achieved by being acknowledged as contributing to continuous profession development or “*part of a module for assessment*” (*Minute 49 Focus group 1*). The assessors verbalised the necessity to have newly qualified staff trained in the use of the tool prior to taking up their post and asked if it would be worthwhile to have effective assessment include in academic modules.

Support

The provision of continuous support after the training was an important issue for the assessors. Opinion regarding the type of support covered two sources: an embedded expert within the Trust; and or web-based support. The embedded expert would be an extensively trained individual working within the Trust with a job remit to dealing with questions and queries regarding the NISAT. Web-based support was supported by assessors who were able to access the internet. This did not include all assessors and in one site a team of six assessors had access to one computer with internet access. Of those who did have internet access, they supported the idea of having all the training resources available on a dedicated single assessment website and they also put forward the idea of a discussion board for assessors to raise questions and have them answered by other assessors.

DISCUSSION

The principles that underpin the NISAT are considered laudable and well supported among assessors in Northern Ireland. The success of transforming these beliefs rested on the acceptability of the assessment instrument by assessors. Findings from research into the implementation of single assessment instruments have highlighted a number of factors that are crucial in determining its successful implementation: inter-agency working (Glover 2005, Nicholls 2004, Richardson et al 2005); ownership; a phased, up-to-date training programme using mixed teaching methods (Dickinson et al 2006); and clarity of roles and responsibilities (Nicholls 2004). The findings from this study suggested that there is considerable ownership of the NISAT among assessors. It provides valuable information on how best to proactively anticipate potential problems

with the implementation of the NISAT via the successful implementation of a training programme.

The findings from the assessors' feedback sheet and comments from the focus groups highlight a sense of ownership of the various components of the NISAT. Participants in the focus groups found that they benefited from having an opportunity to discuss the contents of the NISAT and 'see' the instrument from other health professional perspectives. This promoted an overall sense of ownership among the focus group participants, helping to reduce frustration with the contents and length of time taken to complete it.

The findings from the focus group highlighted a short, intense but proportionately measured training programme, standardised and delivered to existing teams of assessors. It covered four sessions with a clear outline of what should be contained in each session, exactly who the session is relevant to, and allowed for a reflective session among assessors to enable role clarity and responsibilities within the process of assessment (the culture). The assessors also highlighted ongoing support issues that could be put in place to support the initial training programme. Health Professionals require access to computers and the World Wide Web as part of this support scheme.

This mixed method, phased training kept the training programme interesting and relevant. It allowed time for assessors to practice using the NISAT and questions answered. The use of small established teams allowed the assessors to identify roles and responsibilities among staff, and helped identify issues that required further discussion. This simple strategy promoted inter-agency working by identifying 'who does what and when'. All research into the successful implementation of a single assessment program highlights the importance of inter-agency working in its success (Glover 2005, Nicholls 2004, Richardson et al 2005). Once training is completed, the assessors should commence using it as their normal assessment tool as soon as possible.

Conclusion

The NISAT is a psychometrically proven instrument (McCormack 2007a, 2007b, 2007c, and 2007d). It was developed using a participatory process with assessors of older people. It has a high level of acceptability as an assessment tool for older people. Assessors in Northern Ireland have provided an outline of how the training in its use would work best. A number of key recommendations of how this training and implementation should look are:

Recommendations

- **There is a necessity to develop a standardised and accessible I.T. system across all Health Trusts. This would facilitate the development and use of an electronic version of the NISAT and allow assessors access to Web-based support.**
- **There was a general acceptance of the NISAT. However the assessors felt that a committee should be established to oversee standardised changes to the NISAT as it implemented into practice.**
- **The development of a training and implementation policy based on the blueprint as provided by the front-line staff.**
- **Continuous support in the initial implementation of the NISAT**
- **The incorporation of principles of good assessment into the curriculum of health professional vis-à-vis continuous professional development for existing staff or as part of university curriculum for trainee staff.**
- **Systematic evaluation of the implementation of training and implementation across Northern Ireland.**

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Appendix 1

**NISAT
ASSESSOR FEEDBACK SHEET (Contact Screening)**

Please complete this feedback sheet as soon as possible following completion of the Contact Screening component of the NISAT.	
Return Completed Feedback Sheets to:	Paul Slater Room 17C03, School of Nursing, University of Ulster, Jordanstown. Shore Rd. Newtownabbey, Belfast. Email: pf.slater@ulster.ac.uk OR To your Trust Project representative

	Hours	Mins
How long did it take to complete the Contact Screening Component of NISAT?		
A). Face to Face Contact with Individual		
B). Sourcing other information (e.g. using case notes)		
C). Assessment write up		

Please read the following statements carefully. Indicate your response by placing and X in the box that best represents your view.	Strongly Agree	Agree	Disagree	Strongly Disagree
The Contact Screening NISAT is easy to use				
The Core NISAT is easy to understand				
The Contact Screening NISAT is time consuming				
The Contact Screening NISAT captures the basis needs of the individual				
The Contact Screening NISAT captures the individuals views				
The layout of the tool is clear and easy to follow				
The terminology used is consistent and familiar				

Please read the following statements carefully. Indicate your response by placing and X in the box that best represents your view.	Strongly Agree	Agree	Disagree	Strongly Disagree
The Contact Screening directs the person to the appropriate care				
The guidance explained all the main concepts in each component adequately?				
There any areas which would require further explanation?				

What part(s) of the instrument worked best, and why?

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What part(s) of the Contact Screening NISAT did not work, and why?

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Thank you for completing this form

Appendix 2

NISAT ASSESSOR FEEDBACK SHEET (Core)

Please complete this feedback sheet as soon as possible following completion of the Core component of the NISAT.	
Return Completed Feedback Sheets to:	Paul Slater Room 17C03, School of Nursing, University of Ulster, Jordanstown. Shore Rd. Newtownabbey, Belfast. Email: pf.slater@ulster.ac.uk OR To your Trust Project representative

How long did it take to complete the Core Component of NISAT?	Hours	Mins
A). Face to Face Contact with Individual		
B). Sourcing other information (e.g. using case notes)		
C). Assessment write up		

Please read the following statements carefully. Indicate your response by placing and X in the box that best represents your view.	Strongly Agree	Agree	Disagree	Strongly Disagree
The Core NISAT is easy to use				
The Core NISAT is easy to understand				
The Core NISAT is time consuming				
The Core NISAT captures the needs of the individual				
The Core NISAT captures the individuals views				
The Core NISAT promotes professional judgment				
The layout of the tool is clear and easy to follow				
At the end of the assessment using the Core NISAT I have a clear understanding of the individuals abilities and needs				
The terminology used is consistent and familiar				

Please read the following statements carefully. Indicate your response by placing and X in the box that best represents your view.	Strongly Agree	Agree	Disagree	Strongly Disagree
The structure of the Core NISAT facilitates assessment proportionate to a person's needs				
The Core NISAT captures the life history of the person				
The Assessment triggers are informative in guiding you through the Core NISAT				
The person's perspective is promoted throughout the Core NISAT				
The ten domains are comprehensive				
Each domain triggers further assessment where appropriate				
The Core assessment summary is helpful				
The Core assessment action plan is helpful				
I would trust other health professionals assessments using the core NISAT				
I would like to use the Core NISAT in my Trust				
The guidance explained all the main concepts in each component adequately?				
There any areas which would require further explanation?				

What part(s) of the instrument worked best, and why?

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What part(s) of the Core NISAT did not work, and why?

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Thank you for completing this form

ASSESSOR FEEDBACK SHEET (Complex)

Please complete this feedback sheet as soon as possible following completion of the Complex component of the NISAT.	
Return Completed Feedback Sheets to:	Paul Slater Room 17C03, School of Nursing, University of Ulster, Jordanstown. Shore Rd. Newtownabbey, Belfast. Email: pf.slater@ulster.ac.uk OR To your Trust Project representative

How long did it take to complete the Complex component of NISAT?	Hours	Mins
A). Face to Face Contact with Individual		
B). Sourcing other information (e.g. using case notes)		
C). Assessment write up		

Please read the following statements carefully. Indicate your response by placing and X in the box that best represents your view.	Strongly Agree	Agree	Disagree	Strongly Disagree
The Complex NISAT is easy to use				
The Complex NISAT is easy to understand				
The Complex NISAT is time consuming				
The Complex NISAT captures the needs of the individual				
The Complex NISAT captures the individuals views				
The Complex NISAT promotes professional judgment				
The layout of the tool is clear and easy to follow				
At the end of the assessment using the Complex NISAT I have a clear understanding of the individuals abilities and needs				
The terminology used is consistent and familiar				

Please read the following statements carefully. Indicate your response by placing and X in the box that best represents your view.	Strongly Agree	Agree	Disagree	Strongly Disagree
The structure of the Complex NISAT facilitates assessment proportionate to a person's needs				
The Complex NISAT captures the life history of the person				
The Assessment triggers are informative in guiding you through the Complex NISAT				
The person's perspective is promoted throughout the Complex NISAT				
The Carers assessment is helpful				
The Complex assessment summary is helpful				
The Complex assessment action plan is helpful				
The inclusion of a measure of unmet needs is helpful				
I would trust other health professionals assessments using the core NISAT				
The guidance explained all the main concepts in each component adequately?				
There any areas which would require further explanation?				

What part(s) of the instrument worked best, and why?

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What part(s) of the Core NISAT did not work, and why?

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Thank you for completing this form

Appendix 4

FOCUS GROUPS NORTHERN IRELAND SINGLE ASSESSMENT TOOL (NISAT)

Thank you for participating today. Today's discussion will be in two halves. In the first half we will focus on your opinions regarding the different components of the NISAT. We will discuss your opinions regarding the usability of the instrument, how you found using it in the assessment you completed, and the contents of each components of the instrument. We will dedicate 10 minutes to each section of the NISAT.

In the second half of the discussion we will cover issues regarding the training of assessors in the use of the NISAT. We will cover areas such as how you felt about the documentation to support the NISAT; how training could be structured to make the most of the training opportunity; and ongoing programs to support the training of assessors.

The findings from the feedback sheets indicate a general level of satisfaction with the contact screening assessment form. Do you agree?

- How could it be improved?
- Do you require further training in its use?

The findings from the feedback sheets indicate a general level of satisfaction with the core assessment form. Do you agree?

- How could it be improved?
- Assessors expressed concern with the length of time it took to complete. What would be an acceptable length of assessment?
- Do you feel it was comprehensive in its coverage?
- Was it proportionate to the needs of the individual?
- Do you require further training in its use?

The findings from the feedback sheets indicate a general level of satisfaction with the complex assessment form. Do you agree?

- How could it be improved?
- Do you require further training in its use?

Do you have any other issues regarding the components of the NISAT?

TRAINING ISSUES

How did you find the supporting NISAT documentation?

Did you understand the terminology used in the document?

Do you require further training in the document?

How would you like to see the NISAT training structured?

Uni-professional?

Length of time (one or multiple sessions)?

Opportunity to conduct an assessment as part of the assessment?

How could programs be structured to support the training you receive?

Online training programs?

Discussion boards?

Any other suggestions?

Do you have any other issues regarding the assessor training?

Thank you for participating in the study.