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## Conference Abstract

**Whose needs are we meeting? A qualitative descriptive case-study to compare the attitudes to risk of an older service-user (65+) with multimorbidities and multiple and complex needs, with those of a relative and involved professionals, at a time when the service-user was being discharged home from hospital, following a significant event.**

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## Abstract

**Introduction:** As the highest user of hospital services<sup>1</sup>, an important element of older people's care is planning their discharge home. Concerns about risk often permeate through conversations about how we support older people to make informed choices about maintaining and improving their health and independence at home, especially if they have multimorbidities and multiple and complex needs (MCN). A gap exists in our understanding whether policies for personalised care are becoming the reality of everyday care and practice. Do we really understand what matters to people or do output focused and service led priorities still hold favour?

**Theory/Methods:** Applying a qualitative case study approach, informed by grounded theory, semi-structured interviews were conducted with a service-user - at time of discharge home following a significant event – their relative and eight professionals. The aims were to (i) reveal if service-user outcomes were understood by professionals and family; (ii) compare service-user attitudes to risk with those of family and professionals (iii) explore the emotional impacts on the service-user and relative.

**Results:** A multidisciplinary team approach enabled complimentary expertise to address some, but not all, of the outcomes the service-user wished to achieve. Professionals identified more risks than the service-user; these concentrated on safety within the home environment and personal care. Different professional groups held different attitudes to risk; this was driven by professional ethics. The service-user demonstrated evidence of resilience in order to adapt to their change in health status however this an emotional time for family members.

**Discussion:** Valuable insights into the tensions existing between balancing independence and dependency are revealed. Discharging an older person home from hospital, who has multimorbidity and MCN, is a complicated business but we need to question whether the

complexity of the issue is due to the nature of the individual's presentation or complex because current systems are not designed to manage this cohort.

**Conclusions:** If we continue to deliver services on the basis of disease we will not be prepared for the challenges that lie ahead. We must develop a generic integrated approach to care and support rather than disease-specific models of care. Professionals need to anticipate risks, especially in relation to sociopsychological issues and improve the way they engage with service-users to identify what really matters.

**Lessons learnt:** A tightly focused case study approach is a very powerful method to understand a complex issue.

**Limitations:** Data collected in a case study cannot necessarily be generalised to the wider population. However this approach did enable a multi-faceted exploration of a complex issue, in a real-life setting, from a variety of perspectives, which revealed a microcosm of issues representative of broader issues.

**Suggestions for future research:** Further research is required to understand the impact on service-users and their family when support is delivered within the sanctity of the home environment.

## **Keywords**

**multimorbidity; multiple and complex needs; outcomes; risk**

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## **References**

1. Ham, C., Dixon, A. and Brooke, E. Transforming the delivery of health and social care. The case for fundamental change. Kings Fund; 2012. Available from: [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/transforming-the-delivery-of-health-and-social-care-the-kings-fund-sep-2012.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/transforming-the-delivery-of-health-and-social-care-the-kings-fund-sep-2012.pdf)
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