**HOPE –Selwyn Knowledge Exchange for Research on Ageing**

**Abstract**

QUALITATIVE EVALUATION OF A PRIMARY HEALTH CARE GERONTOLOGY NURSE SPECIALIST.

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**Introduction**

As people age, they often accumulate multiple chronic conditions requiring long-term care coordination. It has been estimated that 30% of General Practitioner (GP) consultations are for those people over 65 years and older and this is expected to increase to 38% in the next two decades. Implementation of a primary healthcare Gerontology Nurse Specialist (PHC GNS) is an innovative model of care that provides a care coordination approach for older people with complex needs. This presentation reports the results of the pilot qualitative evaluation of this new model of care.

**Methods**

Qualitative interviews were carried out by an independent researcher with providers (N=13) and patients (n=8) enrolled in the PHC GNS pilot. Thematic analysis of the interview transcripts was completed and main categories summarised.

**Results**

The PHC GNS information, support and education for those newly discharged from hospital was found to be useful particularly concerning: medications, chronic illness self-care, dementia caregiver support and education. The PHC GNS provided reassurance which helped older people feel confident in their ability to manage their conditions. The integration and care coordination with secondary care the PHC GNS provided was also seen as very valuable by participants. In particular, the home visits by the GNS was seen as very valuable by both patients and providers.

**Conclusions**

The PHC GNS model was beneficial for a socioeconomic and ethnically diverse older population. The in-home comprehensive geriatric assessment was found to be an important component and older people responded positively to the role. The PHC GNS model is a primary care innovation that can improve self-management skills and address the growing volume of older people’s health care needs in the future.