In this edition of the HNA News: current research – are needs assessments cost effective? An article from Bristol NHS about their new remote access eHNA they are piloting; meet James Curtis – project manager for the HNA project in our Trust; and read about interesting research and progress in our trust.


Investigation: Where HNA Meets Research.


The aim of the study was to evaluate whether formal distress monitoring and needs assessments improved cancer patient outcomes: it is widely recognised that patients with cancer have a high prevalence of distress.

All 220 participants were aged from 18-85 years and were diagnosed with having a primary solid tumour within the previous 12 months. Participants were having either outpatient external radiotherapy over a period of 2 weeks or more, or outpatient chemotherapy for a period of two cycles or more. 112 patients were randomly assigned to the needs assessment group (107 received the intervention), while 108 were randomly assigned to the ‘usual care’ group. The most common cancer sites were breast and urologic.

Patients received the needs assessment on average 12 days after random assignment. The average distress score was 2.86, with 0-8.37% of patients reporting scores >4, while overall patients reported a mean of 6.3 problems. 84% reported physical problems; most commonly fatigue, 56% reported emotional problems; most often anxiety/worry/fear or depression/sadness, and 39% reported other problems/concerns. Overall the cost of the needs assessment was found to be no more expensive than the usual care.

The study found that using a needs assessment was feasible and relatively cheap; however there was no significant evidence that it improved quality of life outcomes over routine care. A number of explanations are proposed that emphasise the importance of needs assessments taking place in the context of a working relationship with a staff member and not being a rushed exercise. Using needs assessments makes it easier for healthcare staff to identify distress in patients and can be performed as part of routine care. The lack of effect in this study reinforces the idea that needs assessments are more effective as a triage tool, rather than a standalone one. It’s a great way to start difficult conversations and to identify distress in patients who are not visibly showing it.

WHY SHOULD WE DO HNA?

To understand the health and well-being needs of our patients living with cancer.

MACMILLAN (2008) identified:

- 40% of respondents were unaware of the long-term side effects of the cancer and treatment.
- 78% had experienced physical health problems in the last 12 months.
- 40% with emotional problems had not sought help.
- 71% of those who finished treatment 10 years ago had experienced physical health problems in the last 12 months.

Cancer survivors often have ongoing needs following active treatment and need greater access to health care services (Armes et al, 2009). In a 12 month period; 90% of cancer survivors visit their GP and 45% visit a specialist doctor, compared to 68% and 15% of the wider population.

Assessing needs should not be a new skill for most experienced health care professionals as many aspects of assessment are undertaken during the course of day to day practice. But Holistic Needs Assessment is about putting a structure and rigour into the process of assessment to ensure all aspects, namely physical, social, psychological and spiritual aspects, of a person are considered (NCAT).
Progress in our Trust...

Meet our Team: James Curtis

Harriet Smith talks to James Curtis, Macmillan Programme Manager.

What’s your role in the trust?

My role as Macmillan Programme Manager is to oversee the Living With and Beyond Cancer (LWBC) programme within the Trust. The CCG led LWBC programme consists of several projects. The Trust is responsible for implementing three projects: Holistic Needs Assessments (HNA), Treatment Summaries and Risk Stratified Pathways. My role is to work alongside staff within Health Psychology and clinical staff to embed HNA’s into current practice within cancer services whilst aligning the work to the overall LWBC programme. Whilst there are a number of clinicians/teams in the Trust conducting HNA’s, my focus is on breast, colorectal, prostate and oncology. In the last year I completed a review of the HNA project to identify what went well, areas for improvement and recommendations for the future.

The HNA Wheel

A HNA should include a range of concerns. A care-plan should be developed as part of this process. A care plan enables appropriate interventions, including support and information as well as signposting or referral to other services if required. The process ensures timely interventions, prevents concerns from escalating and supports self-management.

What did the review show?

The review showed that there has been some real progress in the project. Health Psychology provided high quality training that produced positive results in terms of improving knowledge and confidence in HNA’s. Clinical Nurse Specialists in the respective cancer services have recognised the importance of HNA’s as a tool to improve patient experience. However there has been consistent feedback from clinicians about the increasing demands on the service and therefore clinicians are finding it hard to embed HNA’s on a consistent basis.

Within the review I have offered a number of key solutions in order for the Trust to embed HNA’s within current practice. I am now working with key stakeholders within the programme to ensure these solutions are carried through into practice.

What solutions have you proposed?

After reviewing the national evidence and learning from other projects around the country, there were three clear solutions to embed practice:

1. Support Workers – Many Trusts who are implementing the Recovery Package have recruited Macmillan Support Workers. One of their core functions, among others, is to work closely with CNS’s to offer HNA’s to patients at any time throughout their pathway. Due to the fact that HNA’s are a core aspect to the role, Support Workers can work closely with internal Trust services and community services to provide a comprehensive support package to patients. This will allow the CNS to support patients with more complex needs.

2. Electronic Holistic Needs Assessments – The final solution is to implement an electronic solution to the HNA. Macmillan have been funding and supporting the implementation of tablet based eHNA’s within 48 Trusts across the country (as of June 2015). By offering HNA’s via a tablet device offers a number of solutions to this has been to offer specific HNA clinics that patients can be directly booked into. Within the current system and staffing levels, this is not possible. However, if the Trust employed Support Workers then this would solve the staffing issue.

3. Check out the new signposting page on the Intranet under the Holistic Needs Assessment tab in Health Psychology. A new and improved version of the signposting list has been added with additional support organisations. If you are unsure of where to signpost patients to for specific or more general problems then this is the place to look! http://intranet/en/Your-Division/Diagnostic-Specialties-Division/Health-Psychology/Holistic-Needs-Assessment/Signposting/
Bristol NHS - The New eHNA

Gemma Whan, Macmillan Cancer Support Worker, University Hospitals Bristol NHS Foundation Trust.

As MacCSWs we have been employed within UHBristol to help with the implementation of the recovery package, which includes electronic holistic needs assessments (eHNA).

As an example, within the haematology team we have always sent end of treatment packs to patients who have finished their treatment which included a paper copy of the HNA. Initially when the eHNA’s were introduced we relied on the CNS’s to identify patients but due to their workload they struggled with completing the assessments with their patients. Due to this, as a service we were given our own iPad to combat this problem and over the last 3 weeks we have begun sending out unique access codes to patients at home, to enable them to complete their eHNA on their own tablet device in their home. When the assessments have been submitted online by the patients at home, we receive an email to notify us and have then completed the care plans jointly with their CNS’s. We have found it to be efficient and straightforward from start to finish and we feel positive about going ahead with this as a process, as the assessments are being returned to us very quickly (if we compare it with the paper copy) and are helping to identify issues/problems that may not have necessarily been raised otherwise.

WHAT MACMILLAN SAYS ABOUT EHNA:
The eHNA allows for the person affected by cancer to complete the HNA questionnaire on a touch screen tablet. This information is then sent to the clinician through a secure website to begin the process of care and support planning. Care and support plans can be printed and saved for sharing with the person affected by cancer and their health care team. Each team has access to its own data for reporting and analysis, and to identify local service needs. Anonymous data collected from the assessments and care plans can be used to look at the overall needs of different groups of people. This in turn can help to inform the planning of local services.

During the last HNA training day in January, attendees discussed ideas about how to effectively use personalised care plans with patients; certain things to keep in mind whilst Care Planning, skills that should be used and a general ‘how to do it’. The mind-map to the right is a visual representation of the ideas generated by the group. The bubbles represent the main strategies to use when having the care planning conversation and within each bubble there are examples and ideas. The group came up with a 3-step plan to Care Planning: **Choice** - giving the patients choice on what to do next – can they come up with solutions?, **Action** - getting the patient to accept and commit to an action plan and **Evaluate** - evaluating the action plan to see if it is working/helping or to check if it needs to be adapted/adjusted.

THE COMMUNICATION CYCLE

1. Making sense of it and dividing it up
2. Not jumping in to fix things
3. Pauses and silences
4. E.g. Loss, uncertainty
5. Halting

- Listening
  - Empathy
  - Say what the problem is
- Facilitation
  - Solution focused
  - What do you know?
  - Tap into previous experiences

- Pull out themes
  - Group together

- Paraphrase
  - Component parts
  - Summaries
  - Pauses

- Say what the problem is
- Making sense of it and dividing it up
- Not jumping in to fix things
- Pauses and silences

**Using Care-Plans to Help Patients**