Holistic Needs Assessment (HNA)

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Cancer Nursing Partnership (CNP) Co-Chair
UKONS Past President
Why are we all here?

...we have a duty of care to the person as a whole and not just their cancer

(Doyle & Henry, 2014)
What is our aim or goal?

… to support cancer survivors to live as healthy and active a life as possible for as long as possible.

(Richards et al, 2011)
Concept of Survivorship...5 Attributes

- A process beginning at diagnosis
- Uncertainty
- Life changing experience
- Duality of positive and negative aspects
- Individual experience with universality

(Doyle, 2008)
Survivorship...The consequences

Physical
Psychological
Social
Spiritual

Function
Relationships
Body image
Intimacy
Fertility
Sexuality
Social
Occupational
Routines
Spirituality
Quality of Life

(Dow et al, 1999)
–30% of people reported 5 unmet needs a year after diagnosis

(Armes et al, 2009)
Cancer rehabilitation

**Preventative:** reducing impact of expected disabilities and improving coping strategies

**Restorative:** returning person to pre-morbid levels

**Supportive:** in presence of persistent disease and need for treatment, rehab is aimed at limiting functional loss and providing support

**Palliative:** prevent further loss of function, measures put in place to eliminate or reduce complications and to provide symptom management

(Dietz, 1980)
Background to the introduction of Holistic Needs Assessment

- Importance of holistic understanding of patients (NICE Improving Supportive and Palliative Care for Adults with Cancer, 2004)
- Cancer Reform Strategy (2007)
- Improving Outcomes Strategy for Cancer (2011)
- Guidance on holistic assessment needs of people with cancer published (2007)
- Model of Care (London Health Programmes, 2010)
- Living with and beyond Cancer; Taking action to improve outcomes (2013)
Taking action to improve outcomes (2013)

Information and support from the point of diagnosis

Promoting recovery

Sustaining recovery

Managing the consequences of treatment

Supporting people with active and advanced disease
The Recovery Package

- Supporting self management
- Physical activity and healthy lifestyle
- Assessment and care planning
- Information, financial and work support
- Treatment summary and cancer care review
- Health and wellbeing event
- Managing consequences of treatment

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The Recovery Package

A series of key interventions which, when delivered together, can greatly improve outcomes for people living with and beyond cancer.

- an assessment of holistic needs and the development of a care plan to address these issues;
- a treatment summary that explains to the GP and individual what treatment has taken place;
- a cancer care review by the GP within 6 months of diagnosis;
- and a health and wellbeing educational event.

By creating a partnership with the individual, the focus of care remains on supporting self-management after a cancer diagnosis.
Treatment Summary and Cancer Care Review

- To support improved communication between cancer services and primary care.
- Completed at the end of primary treatment or assessment by the hospital and sent to the GP with a copy to the patient.

- Completed in primary care within 6 months of a cancer diagnosis
- Quality Outcomes Framework
Health and Wellbeing events
Holistic Needs Assessment (HNA)

- Gathering and discussing information in order to develop an understanding of what the person living with and beyond cancer knows, understands and needs.

- Focused on the whole person: physical, emotional, spiritual, mental, social, and environmental.

- The process culminates when the assessment results are used to inform a care plan.
What is Holistic Needs Assessment?

A holistic health and social care assessment undertaken in order to identify supportive and palliative care needs of an individual and to trigger any specialist assessment that may be required

(NCAT, 2007)
Holistic Needs Assessment

✓ The process of assessment should be one of partnership between patient and professional.

✓ Self-assessment is a useful way to identify issues of particular concern to the patient, for subsequent discussion with the assessor.

✓ Assessment should take no more than 30 minutes on average.

(NCAT, 2007)
What should be included in an assessment?

- Background information and assessment preferences
- Physical needs
- Social and occupational needs
- Psychological well-being
- Spiritual needs

(NCAT, 2007)
Key points of assessment

- Around the time of diagnosis
- Commencement of treatment
- Completion of the primary treatment plan
- The point of recognition of incurability
- The beginning of end of life
- The point at which dying is diagnosed
- At any other time that the patient may request
- At any other time that a professional carer may judge necessary
- Each new episode of disease recurrence

(NCAT, 2007)
Who is the expert?

Partnership working
Person-centred nursing

Know your patient population
Know your own working practices
Why would we do HNA?

The health and well-being of patients living with cancer is severely affected by their diagnosis

Macmillan (2008) identified:
- 40% 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
Even more reasons why we would do HNA

Cancer survivors often have on-going 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 wider population

The health and wellbeing profile of people with cancer is similar to those with other long term conditions including diabetes and arthritis

In some cases where patients have co-morbidities they report poorer Health compared to other long term conditions
<table>
<thead>
<tr>
<th>METRICS</th>
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<tbody>
<tr>
<td><strong>1.</strong> % of patients that receive HNA at diagnosis</td>
<td>Evidence:</td>
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<tr>
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<td>- Evidence within the patient records of HNA having completed</td>
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<td></td>
<td>- Evidence of actions completed in response to the HNA i.e. a care plan</td>
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<tr>
<td>Performance Measurement:</td>
<td>- Q1 50%</td>
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<td>- Q2 55%</td>
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<td>- Q3 60%</td>
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<td>- Q4 60%</td>
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<td>- In cases where the target is not met, an action plan for improvement will be required and an expected improvement of 10% required in the following quarter</td>
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<tr>
<td><strong>2.</strong> % of patients who are offered an end of treatment consultation</td>
<td>Evidence/quality measures:</td>
</tr>
<tr>
<td></td>
<td>- Evidence of the treatment summary having been completed</td>
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<td>- Evidence of end of treatment HNA and care plan being completed</td>
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<td>Assurance/Performance Measurement:</td>
<td>- Q1 40%</td>
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<td></td>
<td>- Q2 50%</td>
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<td>- Q3 60%</td>
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<td>- Q4 60%</td>
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<td>- In cases where the target is not met, an action plan for improvement will be required and an expected improvement of 10% required in the following quarter</td>
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<td><strong>3.</strong> % of new patients being offered a health and wellbeing event at</td>
<td>Evidence:</td>
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<td>the end of primary treatment</td>
<td>- Evidence in patient record of event being offered</td>
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<td>Performance Measurement:</td>
<td>- Q1 LCA Lead baseline audit of available events</td>
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<td></td>
<td>- Q2 30%</td>
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<td>- Q3 40%</td>
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<td>- Q4 50%</td>
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Assessment and Care Planning

London Holistic Needs Assessment

For each item below, please select yes or no if they have been a concern for you during the last week, including today. Please also select discuss if you wish to speak about it with your health professional.

Choose not to complete the assessment today by selecting this box □

<table>
<thead>
<tr>
<th>Date:</th>
<th>Practical concerns</th>
<th>Physical concerns</th>
<th>Yes</th>
<th>No</th>
<th>Discuss</th>
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<tbody>
<tr>
<td></td>
<td>Bathing or dressing</td>
<td>Breathlessness</td>
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<td>Caring responsibilities</td>
<td>Changes in taste</td>
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<td>Difficulty making plans</td>
<td>Changes in weight</td>
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<td>Grocery shopping</td>
<td>Communication</td>
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<td>Housing or finances</td>
<td>Constipation or diarrhoea</td>
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<td></td>
<td>Information needs</td>
<td>Cough</td>
<td></td>
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<td></td>
<td>Laundry/housework</td>
<td>Dry, itchy or sore skin</td>
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<td></td>
<td>Preparing food</td>
<td>Eating or appetite</td>
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<td>Transport or parking</td>
<td>Fatigue</td>
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<td>Work or education</td>
<td>Feeling swollen</td>
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<td>High temperature</td>
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<td>Family concerns</td>
<td>Hot flushes</td>
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<td>Relationship with children</td>
<td>Indigestion</td>
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<td>Relationship with partner</td>
<td>Moving around/walking</td>
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<td>Relationship with others</td>
<td>Nausea and/or vomiting</td>
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<td></td>
<td>Emotional concerns</td>
<td>Other medical condition</td>
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<td></td>
<td>Anger, frustration or guilt</td>
<td>Pain</td>
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<td>Hopelessness</td>
<td>Passing urine</td>
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<td>Loneliness or isolation</td>
<td>Personal appearance</td>
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<td>Memory or concentration</td>
<td>Sleep problems</td>
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<td>Sadness or depression</td>
<td>Sore or dry mouth</td>
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<td>Sexual concerns</td>
<td>Tingling in hands or feet</td>
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<td></td>
<td>Worry, anxiety or fear</td>
<td>Wound care</td>
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<td>Spiritual concerns</td>
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<td>Loss of faith or other spiritual concern</td>
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<td>Loss of meaning or purpose in life</td>
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<td>Regret about the past</td>
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YOUR ROLE AS A PROTOTYPE SITE

What has been achieved so far?
To date, this project has been tested with four hospital trusts and we’re now expanding it to 21 more prototype sites, including yours. The goal is to make sure that the assessment is fit for purpose and we’re meeting both the needs of patients and professionals.

What is a prototype site?
A prototype site is one that will trial and test the electronic holistic needs assessment and provide feedback to shape further development. A prototype site will be expected to evaluate its use both locally and nationally using the PDSA model (see section 6).

What will you have to do?
We’ll ask you to produce a project plan and to set key targets which we’ll work with you to meet. To help us develop the project, we’ll also ask for quarterly and end of year reports on what went well and what could be improved.

As well as this, you’ll be expected to support the independent evaluation organisation by supplying baseline data (not patient identifiable). A project representative may also be required to attend meetings to help support the overall project report and recommendations.

What are the key dates in 2013?
March-June 2013
- Ipsos Mori to gather evaluation baselines data related to what you currently do from all sites.

April 2013
- Macmillan will begin setting up the prototype sites, including delivering the tablet and registering people for the My Care Plan website (see section 8). Actual data to be agreed with each prototype site.

Ongoing
- Reports on the project’s development will be needed quarterly for the steering group.

Ask someone in a senior position to champion the project.

How to introduce electronic holistic needs assessments to your service

YOU'RE TRANSFORMING PATIENTS' EXPERIENCES
Utilising the Teachable Moment

Opportunities exist to promote lifestyle changes that may improve the length and quality of life

(Demark-Wahnefried, et al 2005)
Supported Self-management

- Low Self confidence & vulnerability vs. personal & environmental resources
- Professional attitude and support in secondary & primary care
- Early intervention

(Foster & Fenlon, 2011)
Self Efficacy Theory

A person’s sense of self-efficacy (mastery) is influenced by:

Achievements (positive performance feedback)

Physiological states (low stress)

Vicarious experience (see others achieving)

Verbal persuasion (strengthening expectation)

(in order of significance)

(Bandura, 1977)
Advocacy....
Transferring power to the patient

Effective communication
Proficiency in teaching and information giving
Teamwork
Relationship building
Instilling confidence
Providing support and encouragement

(Morra, 2000)
10 Top Tips for patients following cancer treatment

1. Discuss your needs and develop a care plan
2. Ask about a treatment summary
3. Find your main contact
4. Be aware of any post-treatment symptoms
5. Get support with day to day concerns
6. Talk about how you feel
7. Try to lead a healthier life style
8. Know what to look out for
9. Be aware of your own health
10. Share your experiences

(Booklet MAC13615)
After Cancer Treatment: A guide for Professionals

• How you can discuss needs and develop a care plan
• How to complete a treatment summary
• How to provide main contact
• How to raise awareness of any post-treatment symptoms
• How to promote professional and peer support for day to day concerns
• How to support people to talk about their feelings
• How to promote a healthier lifestyle
• How to prepare people to know what to look out for
• How to support people to be aware of their own health
• How to encourage people to share their experiences

(Booklet MAC14302)
Who is the expert?

Partnership working
Person-centred nursing

Know your patient population
Know your own working practices
The London Cancer Alliance West and South

Information provision

Focus on self efficacy

Care Plans

Patient-held Records

On-line courses

Electronic Information

Written Information

Focus on technical skills

Motivational Interviewing

Telephone coaching

Goal Setting

Active Group Education

Group Education

Self-Monitoring

Strategies to support self-management

Health Foundation 2011
Being responsive to cancer distress is the responsibility of all health care professionals.

Holistic assessment tools offer front-line health service staff a structured yet collaborative way to elicit people’s concerns and, with adequate training and informational resources, respond to these concerns effectively, efficiently and humanely.

By integrating the assessment of very understandable emotional concerns within a holistic treatment review there is less likelihood that psychological difficulties become pathologised by professionals or seen as a source of shame for those living with and beyond cancer.

(Brennan et al, 2012)
Because it ain’t what you do...

It’s the way that you do it.
And that’s what gets results

(Bananarama & The Fun Boy Three, 1982)
Communication is the key

Solution focused care

Motivational interviewing

Appreciative Inquiry
Most importantly

It’s not about the lemons

(Lavender & Garelick, 2006)
Why is it not being implemented?

The what?

Don’t have the time...

Don’t have the resources...

Not convinced of the value of it...

Don’t have the support...

Not convinced of the value of it...
Strengths

– It’s the patient perspective
– Clinical judgement decides when to discuss
– Stimulates conversation
– Invites discussion
– Gives permission to discuss & have problems
– Springboard for information and advice, difficult conversations
– Goal setting -: prioritisation and practical resolutions
– A formal record of discussion/conversation
– Provides evidence of CNS effectiveness

Weaknesses

– Time
– Space
– Generic form for differences in disease
– Could be a means in itself or “tick box exercise”
– Only in English and for the literate
– May cause distress

Opportunities

– Demonstrates quality
– Enhances communication between teams
– Promotes the CNS (AHP etc) role
– Patients can discuss things they wouldn’t with medics!
– “Un-sticks” patients that aren’t moving forward

Threats

– Informatics
– Where to signpost to? Are there services
– Space and privacy (could raise a risk)
– Cost implications
The challenges we faced

- ‘Distress’ or ‘Concerns’
- Local preference or a pan-London approach
- Metrics
- IT
- Assessment the old fashioned way
- Documentation
- The Official Secrets Act
- One size does not fit all or the utilitarian argument
- ‘We’ are different
- Concern is what the person says it is
- Communication
Harnessing the Forces for Change...

Essentially, focusing our energies on people who were motivators and enablers!

Force-field Analysis
Karl Lewin 1943
Appreciative inquiry

4D Cycle

Discover → Dream → Design & deliver → Destiny → Today
Appreciative enquiry

step one: create urgency  
step two: form a powerful coalition  
step three: create a vision for change  
step four: communicate the vision  
step five: remove obstacles  
step six: create short-term wins  
step seven: build on the change  
step eight: anchor the changes in corporate culture

(Kotter, 1996)
Self efficacy is a belief in one’s ability to achieve something

(Bandura, 1977)
To sum up….

- Screening tool
- Asking the question didn’t create the problem
- Significant evidence to suggest on-going consequences are not being addressed
- Most barriers to implementation are system based
- Changing practice is not easy and does not happen overnight
- Duty of care
- Multi-professional working
- #NatalieDoyleSaysSheDoesn’tKnowButWillFindOut
People who work together will win, whether it be against complex football defences or the problems of modern society

(Vince Lombardi)
Cancer Nursing Partnership (CNP)
Some useful links

LCA survivorship metrics, guidelines and tools
www.londoncanceralliance.nhs.uk/information-for-healthcare-professionals/pathway-groups/survivorship/

The Recovery Package
www.macmillan.org.uk/Aboutus/Healthandsocialcareprofessionals/Macmillansprogrammesandservices/RecoveryPackage/

Cancer Nursing Partnership
www.ukons.org/cnp

Macmillan Cancer Care Ten top Tips booklet
www.macmillan.org.uk/Documents/Cancerinfo/Livingwithandaftercancer/Whattodoaftertreatment.pdf

The United Kingdom Oncology Nursing Society (UKONS)
www.ukons.org/
Always room for the descant

“He’s here to hit the high notes.”
Contact Natalie Doyle

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Living With & Beyond Cancer

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