Electronic Holistic Needs Assessment and Care Planning (eHNA)

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Introduction

Jackie Rowe describes the background behind developing an electronic tool for Holistic Needs Assessment (eHNA).

Background to developing the eHNA

There are currently two million people[1] in the UK living with and beyond cancer. This number is likely to double to four million by 2030[2], reflecting an increasing incidence of cancer and better survival rates. The story about cancer is changing, and we need to recognise its long-term impact on people's lives, plan better services and develop more personalised care closer to home. The current system of follow up is not meeting people's needs, and will not cope if the number of people living with cancer increases at this rate.

The 2014 National Cancer Patient Experience Survey for England identified that only 22% of people with cancer received an assessment of their needs and a written care plan.[3] Feelings of isolation and loneliness are experienced by many people[4] and having an effective assessment and care plan helps to ensure that individual needs are identified and met. Macmillan and its partner organisations have a vision that everyone living with cancer should have a tailored care plan[5] which addresses their emotional, physical, spiritual, social and practical needs.

To do this, we must make sure we are assessing people's needs throughout their cancer journey. Among clinical nurse specialists (CNSs), 90% believe a structured Holistic Needs Assessment (HNA) and care plan contributes to person-centred care, with almost identical proportions (89%) saying these measures address people's needs that would otherwise remain unknown.[6]

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HNA and care planning can greatly improve the coordination of care and outcomes for people living with and beyond cancer. The assessment is not an end in itself; it is a means of ensuring that in the first place, a person's needs are identified so that care planning can provide a structured process to address those needs.[7]

The key components of HNA and care planning are:

- Self assessment using a structured HNA tool, delivered at key transition points of the care pathway.
- A conversation between the person with cancer and the clinician, to discuss the needs identified in the assessment and develop a plan of care.
- A simple care plan/action plan that is co-created by, and owned by, the person living with cancer.
- Referral or signposting to appropriate information or support services.

Introducing these components will support:

- A more systematic and proactive approach to aiding recovery, improving outcomes for people living with or beyond cancer and enabling them to live as near a normal life as possible.
- More emphasis on empowering people to manage their own care, by giving them the appropriate information and support.
- A shift in focus from a pathway that is essentially 'one size fits all' to a service that identifies people's individual needs, and which does this using an assessment process that proactively addresses those needs. This avoids unnecessary follow up appointments and unplanned admissions.

- A more integrated model of care through a better coordinated approach to shared documentation.
- Improved information-giving between secondary, primary and community care, and the person living with cancer.

Working with clinicians and people living with cancer, we are now testing a prototype of a new electronic Holistic Needs Assessment tool (eHNA) across the UK. During 2014, we have expanded the number of sites and hope to engage up to 65 sites by the end of the year.

Macmillan's approach to eHNA

Macmillan's electronic approach to assessment is simple but effective. It starts with people filling in a questionnaire about their concerns on a touch screen computer (a tablet).

The information is then sent to a secure care-planning website, where the issues affecting the person are ranked in order of priority. Using these results, health professionals develop the care plan with the person, and also review data to identify trends and local service development needs.

This innovative approach to care planning is user-friendly and makes it easier to give people personalised support. For health professionals, it immediately shows them what's concerning the person in front of them, as they will have an electronic record of their questionnaire and care plan. For people with cancer, it joins up their care, meaning they are not repeating themselves to different professionals at different times.

Macmillan is testing and evaluating the eHNA to record the quality of individual outcomes and the person-reported experience, and to calculate the cost of delivery.

This work links to three of Macmillan's Nine Outcomes, which are the things that people affected by cancer have told Macmillan matter most to them. The overall aim of the eHNA tool, as outlined above, supports the outcomes relating to:

- I understand, so I make good decisions.
- I get the treatment and care which are best for my cancer, and my life.
- I know what I can do to help myself and who else can help me.

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Transforming care

Amanda Watson explains the development and testing of eHNA.

In 2010 Macmillan, in partnership with the National Cancer Survivorship Initiative, began testing HNAs with 11 NHS test communities. This led to a small pilot project to trial the concept of an eHNA with four test sites. The aim of this project was to understand the impact an electronic assessment tool would have on the HNA process and its impact on assessment and care planning for the future.

The initial testing was conducted over one year, and began with scoping and developing the eHNA tool. Macmillan sought expressions of interest from sites that had been involved in the testing of the paper HNA tools, as they had the experience and knowledge of the HNA process. The sites chosen to test were Guy's and St Thomas' NHS Foundation Trust, North Bristol NHS Trust, East Kent Hospitals NHS Foundation Trust, and St Helens and Knowsley Hospitals NHS Trust.

Working together with these sites, Macmillan identified how and where the assessments would be carried out and the type of technology that would be needed to support this.

A six months live test period followed. All sites were keen to continue using the system and the test period was therefore extended to twelve months. Overall the testing had a positive impact. Both staff and people living with cancer told us it was generally easy to use and had the potential to save time.

There were some initial concerns around security of equipment and that the elderly would struggle to use the tablets. However, the final project report for the pilot project highlighted that these were not issues. Although not originally part of the project scope, it was recognised that the aggregated data from the assessment and care plans could be used to support service development and commissioning.

As this was only a small pilot to test the concept across four test sites, Macmillan needed to identify how the eHNA could be scaled up.

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Moving forward

Testing the eHNA helped to define a standard process for delivering assessments, and a format for care planning that could be measured through the use of live aggregated data. The data could identify the needs and concerns of the person affected by cancer at key points of their cancer journey.

Realising the future potential of the eHNA to transform cancer services was a defining moment, and helped to change the small pilot to one of Macmillan's bigger projects for investment.

In 2012 the decision was made to move to a larger 'prototype' project phase, which would include more cancer service providers from across the whole of the UK. Our early evaluation showed that sites found it much easier to move to an electronic approach if they were already providing paper assessments and care planning routinely. Macmillan therefore made it a requirement of the prototype sites that they needed to have used a paper assessment tool for a minimum of six months before adopting the eHNA. The project has recently been extended and will now end in June 2016.

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Developing the eHNA

Andrew Brittle looks at the technical development of eHNA and how information governance (IG) has informed it so far.

One of the main drivers for developing the eHNA was to help deliver the components of assessment and care planning identified on page i of this document. Making the assessment and care planning process easier for the person affected by cancer and their healthcare professional allows more assessments to be carried out, more care plans to be written, and potentially more needs to be met.

A key decision at the start of the pilot project was to use tablets for the assessment process. This allows the person to complete the assessment on their own with express consent, and to highlight concerns that would be difficult to bring up in a normal conversation. Keeping the focus tightly on the needs of the individual in this way is one of the main benefits of the eHNA.

Although Macmillan took this innovative approach in using tablets, many of the pilot sites had no policies in place to manage and control their use, meaning that the teams trying to pilot eHNA were pioneering this technology in their trusts. The reliance of the tablets on the availability of a WiFi signal was another unexpected area of difficulty. In many areas of trusts, clinical areas were not covered by WiFi at all, or the coverage was patchy at best. Trusts worked hard to overcome this, and tablets and WiFi are now more widely accepted and established, so many of these earlier difficulties have now been overcome.

Being a pilot project, both the eHNA assessment tool and the care planning website have been developing and growing, as new requirements have arisen and new suggestions have been made. Macmillan has worked closely with a third party supplier to develop these tools, and we are continually assessing and updating them, taking into account some of the ideas and good practice we find within the trusts.

Alongside the technical issues faced by prototype sites, information governance (IG) requirements around storing identifiable NHS data within the NHS network prompted further development to ensure the eHNA met with trust and national policies. We continue to work with trusts to make sure that these standards continue to be met.

IG has been one of the biggest challenges in the development of eHNA. Each trust has a responsibility to protect the confidentiality of individuals' data, while at the same time sharing it appropriately in the interest of each person's care. As the national requirements change, we're working with the trusts, and the Health and Social Care Information Centre, to make sure eHNA takes these changes into account and continues to give the assurance that the trusts and the public need.

Macmillan sits outside of the NHS network, and consequently has no access to individual identifiable data – this is restricted to the trust that carried out the assessment. However, it is recognised that there is tremendous value in having access to aggregated data to identify areas of concern, and more importantly to highlight potentially unmet needs. This data is an exciting new area that could in time lead to the delivery of a more timely and effective range of services to the people who need them the most.

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Evaluating the eHNA

Leighton Mitchell looks at the evaluation of the eHNA programme so far. What does it tell us?

Evaluating the eHNA

The initial eHNA pilot phase to test the concept in 2012 was evaluated by Ipsos Mori.[1] The evaluation highlighted a number of key findings, including staff and user satisfaction with the ease of use of the eHNA, and time savings for staff. People living with cancer felt their holistic needs were being met, experienced better and more personalised support, and perceived assessment and care planning to be useful.

'I'm not sure there's ever a good time, but for me at that particular point I knew I was going to be having surgery and it was a good time to think about what I was going through.'

Healthcare professionals placed greater recognition on the importance of assessments and care planning, and they had greater confidence to deliver them. Any reluctance among staff to administer eHNAs tended to stem from logistical difficulties of embedding the process in their daily routines, rather than a lack of appreciation of its value. The potential barriers to success were reported as IG, time and logistics (limited availability of clinic space and reliable WiFi).

Ipsos Mori have carried out further evaluation of the prototype sites using a mixed method approach to collecting data on the eHNA process, impact and cost effectiveness. It is both formative, informing the ongoing development of the eHNA, and summative, providing a thorough understanding of its impact. The evaluation included:

- Collection of data from Macmillan and the software developer.
- Online surveys with staff.
- In-depth exploration of eHNA implementation in a number of case study sites.
- A detailed examination of the benefits and costs of the eHNA from the perspective of people living with cancer.
- In-depth interviews with key stakeholders.

Progress so far

An Ipsos Mori survey compared the experiences of people who had completed an eHNA, people who had completed a paper HNA, and those who had neither assessment. A very brief overview of some of the main findings is provided below.

- Most people living with cancer, particularly those who completed an eHNA, felt that they had received support at the right time:

  'I'm not sure there's ever a good time, but for me at that particular point I knew I was going to be having surgery and it was a good time to think about what I was going through.'

- The holistic needs of people living with cancer appear to be better met for those who have completed an electronic assessment, compared with those that recall completing a paper assessment or can't recall an assessment at all.

  'I remember it being quite interesting because it covered a lot of things I didn't think we would talk about – emotional as well as physical needs really.'

'[There] was something on the questionnaire that I might not have thought was in [the nurse's] sphere without the questionnaire.'

- The data shows that there is an 80% conversion rate of electronic assessments into care plans.

Using the eHNA for research, service planning and commissioning

The eHNA not only helps clinicians to better tailor the care and support provided to address people's needs, but also gives a valuable source of information for research purposes and local service planning and commissioning. The aggregated data gives Macmillan an opportunity to investigate the needs of people living with cancer and how these are addressed.

Wide range of concerns expressed

Our early analysis[2] showed that half of the concerns raised by people living with cancer using the eHNA relate to physical aspects of cancer survivorship (figure 1). A further quarter related to emotional concerns, with anxiety being the most frequently reported. Family concerns, on the other hand, had the highest average rating. Such a wide spread of concerns further highlights the need for more holistic support for people living with cancer.

Before and during treatment, people are more likely to be concerned and ask about nutrition, and tend to ask more questions about physical activity and lifestyle (figure 2). This suggests the potential for promotion of physical activity and lifestyle changes in cancer survivors at an earlier stage in the cancer care pathway – a potential 'teachable moment'. The emotional concerns reported suggest a higher need for emotional support during the cancer pathway.

Figure 1 – Showing the range of concerns expressed

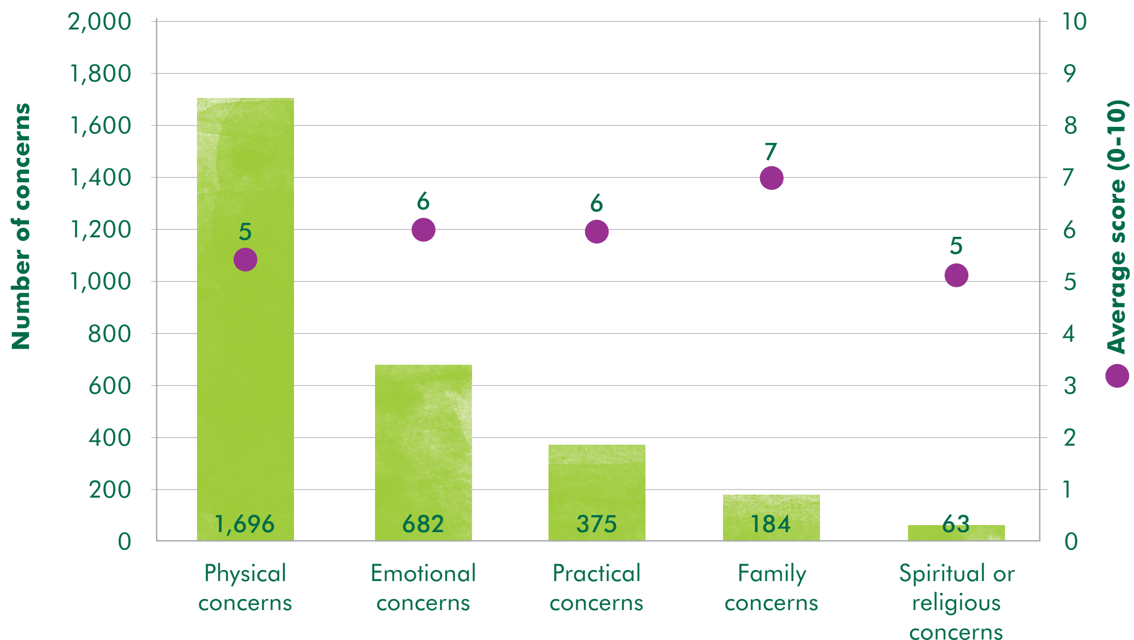
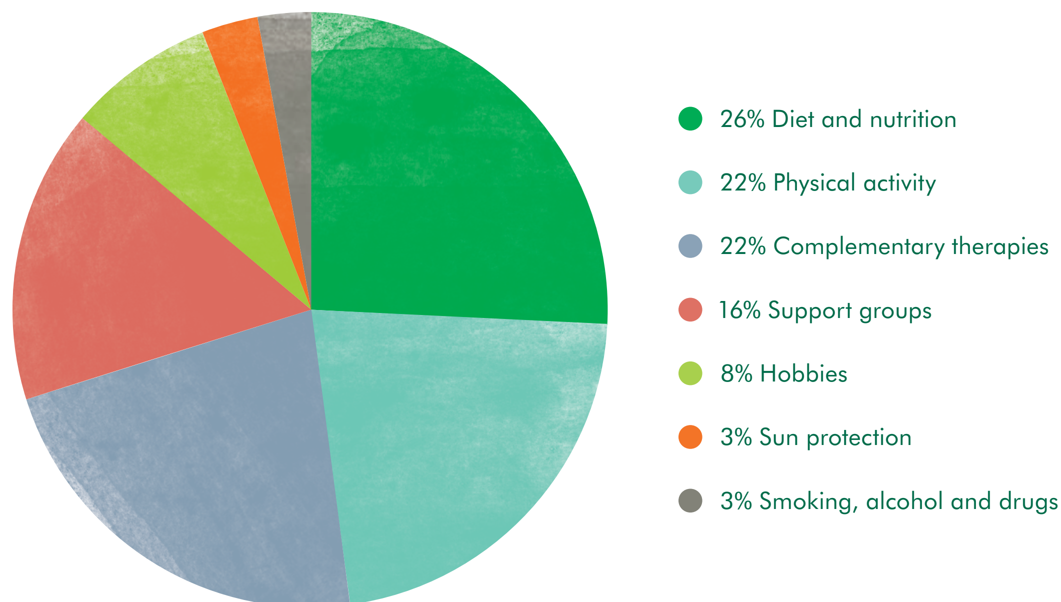


Figure 2 – Showing the opportunity for physical activity and lifestyle information



The early data indicates that following eHNA and care planning, women are more likely to be referred to general support services (CNS and counselling) while men tend to receive more clinical help (medicine review, psychiatric referral). This was a small sample size and therefore is worth investigating further.

As the number of eHNA sites increases, we will continue evaluating the tool and drawing population-level conclusions on the relationship between age, gender, cancer type, cancer pathway and treatment intent, in relation to the needs of people living with cancer.

This is early data and a more detailed report will follow in the final evaluation, which is due in 2015.

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Evidence base

Noëline Young describes the evidence that supports the change towards using eHNA rather than a paper format.

Background

In the management of cancer, good communication between people living with cancer and their healthcare teams, and the assessment of people's needs, treatment outcomes, psychosocial factors and quality of life, are crucial in decision making.[1]

The busy nature of outpatient clinics and short consultations may limit a detailed assessment of people's needs. This could constitute a barrier to delivering high-quality care and improving quality of life. Taenzer et al[1] identified that information technology (IT) was an easy and acceptable way to overcome this barrier and enables more precise assessment and data collection. The data from this study suggests a marked improvement in quality of life.

The advent of IT has offered an opportunity to have a more comprehensive assessment of how a person thinks and feels. Velikova et al[2] identified that using IT-based assessment tools enables the transfer of critically important information that helps to initiate and stimulate discussion. People felt that if the clinician had the results of the assessment, they were more likely to enquire about the issues raised and their quality of life, and satisfaction with the care they received increased.

Early work by Velikova et al[3] identified that IT was well-received as a method for assessment and preferred over paper, as it was quicker. Responses were legible and good software design meant it was less easy to skip questions and therefore data was more complete. Viewing fewer questions at a time on the screen was also considered an advantage over the paper where all the questions are visible on one page.

Feasibility

Many studies have piloted the use of computers for assessment and have found that it is a reliable method to assess quality of life and people's needs. Touch screen technology is mouse and keyboard-free, allowing input to the screen using finger or pen.[4] Cull et al[5] identified that IT was a practical and effective method of easing the administration burden, and that there was scope for using touch screens to enable more precise assessment and data collection. Wright et al[6] recognised manual methods were laborious and time-consuming, and that the use of self-reporting methods showed better detection rates. See also Ibottson.[7]

The validity of data gathered through touch screens was found to be stable when compared to paper formats. Gwaltney et al[8] identified that paper and IT formats gave directly comparable scores. This meta-analysis identifies the validity of using an IT solution. Gwaltney et al and Ashley et al[9] also identified that the answers to electronic questionnaires were equivalent to those on paper. Frennered et al[10] recognised the psychometric characteristics and score equivalents when using a touch screen for assessments were highly correlated, with no significant difference when compared to the paper format.

Effectiveness

The major aim of introducing technology is to improve the HNA and care planning process, in order to improve treatment outcomes and satisfaction with services.

The completion of a touch screen questionnaire significantly increases the discussion of chronic symptoms by clinicians.

It also has a positive clinical improvement on a person's health and well-being.[1, 2]

Compared to paper, computerised assessments require less comparable time to complete, provide better data and result in a reliable format.[11] Bickmore et al[12] identified that people were generally receptive to technology and Velikova et al[2] recognised that the assessment enhanced communications and triggered appropriate referrals. Only half the people living with cancer in this study wanted a printed copy of the results; however, they felt that the process resulted in a significant improvement in the content of the consultation and improved doctor-patient relationships. There was a strong preference for the use of graphics.

Acceptance and user satisfaction

Despite concerns related to computer literacy and skills, touch screen instruments have been widely accepted by people living with cancer.[13, 14] Touch screens do not require typing or computer skills and with the minimum of training, there have been few problems reported related to use.[6] A high degree of user satisfaction with touch screen solutions has been found across all genders and age groups, irrespective of computer skills, literacy or ethnic background.[15] Wright et al[6] identified that 94% of people in their study had no problem using a touch screen device, however Velikova et al[2] identified that those who had severe disease were less inclined to complete an assessment using a touch screen. This paper also identified that staff had a crucial role in influencing compliance and there was a need for commitment, training and skills for health care professionals.

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Evidence of use

The use of computers has been widely adopted in the NHS as an alternative means to paper, and offers many benefits to improving efficiency and effectiveness in outcome assessments, including holistic needs.

The evidence to date suggests that computerisation of the HNA minimises missing data and duplication, while improving analysis, storage, retrieval and backup of information and data. It could aid in the scheduling and selection of appropriate assessment tools, ensuring that assessments are completed consistently across the population of people living with cancer.

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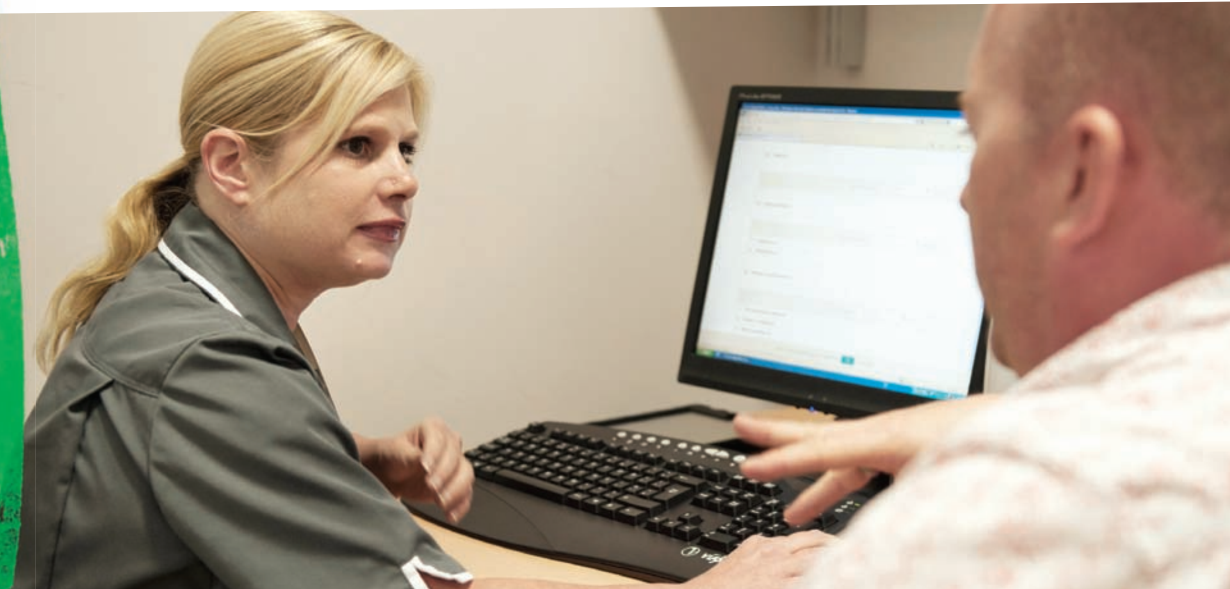
Case studies

Nicola Easton and Paul Worrall describe their experience of being among the first sites to test the concept of eHNA.



Guy's and St Thomas' NHS Foundation Trust (GSTT)

Setting the scene

Guy's and St Thomas' is one of England's leading cancer centres, treating more people with cancer than any other provider in London. Leading cancer experts are based onsite and work as part of the cancer team. That means joined-up care, all in one place, for an all-round better experience of healthcare. Cancer care is about much more than medical treatment. That's why we do a HNA for everyone who joins our services, to find out what cancer means to them, and what support they need. From psychological support to financial advice, we will work with the person to understand how cancer is affecting them and their family. It was important to us to find a more effective and efficient way of assessing people's holistic needs.

Challenges and solutions

GSTT were accepted as one of the first test sites for eHNA. WiFi was one of the first challenges. We couldn't get the tablets to connect and stay connected without them timing out and requiring a personal password. Using a mobile WiFi device worked; we could connect and stay connected. However, this didn't work in the lower floors or where there was high lead shielding.

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Top tips

Involve the IT department really early. Ask for an IT representative to be the contact for the project and work with your team to solve IT issues and processes. This works best when there is a member of the IT team willing to be 'hands on'. The IT contact can be the main contact with the IG department and can respond to any IG issues.

Further challenges came at the start of the pilot, as tablets were not yet approved for use in the trust. It took some time for the use of iPads for this work to be approved. In addition, the iPads were not a standard procurement item at the time. Testing included making sure that, if an assessment was not completed, the tablet would automatically return to the welcome screen after a certain time. Once iPads were procured through IT, the uptake of eHNA advanced rapidly. Now all clinical teams in all areas have access to an iPad to use for eHNA.

eHNA is offered to people living with cancer in a variety of ways: in clinics by the clinic staff, by a volunteer who assists the person to complete the eHNA, and in some clinics, the doctors identify who needs an eHNA. They are completed in some specific clinics, such as end of treatment clinics, HNA clinics or at radiotherapy review meetings. The care planning discussions may happen at the clinic appointments, at the next appointment, or over the phone after the hospital appointment.

Benefits to people living with cancer

The benefits to people living with cancer have been identified by Sarah Thompson, CNS at GSTT, as:

'Holistic Needs Assessment is an important part of the person's treatment because it allows us as nurses to be able to focus on individual needs and their primary concerns.'

One person I was caring for commented that:

'Having a CNS supporting my treatment made a huge difference. Even now treatment has finished, I still require physical and psychological support, which has been highlighted and demonstrated by the Holistic Needs Assessment.'

Team benefits

The IT project team saw the extra benefit of the tablet and that it could be used for other surveys, for example the Staff, Friends and Family Test. IT ensured that mobile device management software was used to enable more than one survey to be loaded on the iPad.

This also means that the care planning website is on the iPad, so the assessment can be viewed by the clinician without them needing to go to a computer. This is useful in areas with limited access to computers, such as on the wards and certain clinics. You will need IG agreement to view or do care planning on the iPad.

Organisational benefits

The Deputy Chief Nurse for Cancer is using the data from eHNA within performance review meetings and is reporting results to the cancer locality meeting with the Clinical Commissioning Group. Now that more assessments have been carried out, we can look at the top concerns of people with cancer overall, or by individual tumour groups by using the 'Data Store' function on the care planning website. This helps us to see where there are capacity issues or gaps in services across the different tumour groups, and it will therefore assist in future planning to ensure we have the right type of services to address these concerns.

University Hospitals Coventry and Warwickshire NHS Trust (UHCW)

Setting the scene

Cancer site specific CNSs are often assigned the role of 'key worker' for people living with cancer and their relatives from the point of diagnosis. As a result, CNSs play a central role in the initial coordination of the care planning process.

University Hospitals Coventry and Warwickshire is a regional cancer centre covering a wide geographical area, including Coventry and Warwickshire. Depending on the type of cancer a person has been diagnosed with, the subsequent treatment plan will determine where they are cared for. As a result, people are often referred to the centre for all or part of their treatment.

At UHCW, five cancer sites (skin, breast, colorectal, neurology, and head and neck) were already using the paper-based concerns checklist and distress thermometer assessment tools for HNA. As these sites were already experienced with undertaking HNAs, they were approached by the Lead Cancer Nurse for UHCW to determine interest in applying to participate in the pilot study. The CNSs already using paper versions saw this as an ideal opportunity to further develop their existing HNA practice.

Following a successful application to be involved in the pilot, a steering group was set up to ascertain how the eHNA would be implemented. The steering group also involved representatives from the IT and governance department, to ensure correct IT and governance procedures were adhered to.

Following initial training for the touch screen tablets and the care planning website, provided by the Macmillan Cancer Support eHNA project team, the cancer sites began using the eHNA in June 2013.

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Challenges and solutions

Once the pilot was in progress, regular steering group meetings were held to identify any challenges the sites encountered. The meetings also provided an ideal forum to formulate potential solutions.

Initially it was felt that completion of the eHNA and care plans was more time consuming. To overcome this, specific clinics were developed to ensure there were protected times for individuals to complete the assessment and for the CNSs to produce the care plans. Some CNSs asked people living with cancer to arrive 10 minutes earlier for their clinic appointment to enable completion of the eHNA, and this reduced the time spent in their consultation.

The limitation of language barriers was raised as a concern, but it was felt this was addressed by using the in-house interpretation service.

The colorectal team discussed the option of using the eHNA during community assessments. The option of purchasing a 3G-enabled tablet and the ongoing cost has also been discussed with the IT department. Other technical issues such as the tablets freezing when submitting the assessment were easily resolved via the support team.

Benefits for people living with cancer

The steering group has also discussed the benefits of the eHNA for people living with cancer. Primarily it was felt that the process was person-centred and that consultations were more person-focused rather than being health professional-led. This encourages more in-depth exploration of people's concerns, supporting individualised care. The eHNA has also provided CNSs with the ability to demonstrate a 'before and after' treatment picture for people, enabling them to see an improvement in areas such as treatment-related symptoms.

Team benefits

The eHNA has allowed cancer teams to share the HNA outcomes with other members of the multidisciplinary team, GPs and community teams, creating more focused discussions about the management of care for people living with cancer.

Organisational benefits

Producing the eHNA not only provides people with individualised care plans, but also benefits the organisation, by ensuring compliance with peer review measures and national projects. It also aids data collection of specific concerns, which in turn supports service development.

Following a successful implementation of the eHNA in the pilot sites, the intention is now to roll out the eHNA to the remaining cancer CNSs across the trust.

Policy

As part of the UK government's information revolution, it wishes to see greater collection and sharing of data and information. It has challenged the NHS to be paperless by 2018.[1] It wants to empower people so that they can make more informed choices about their health, treatment and care. The eHNA process supports this aspiration and aims to give people the personalised care and the information they need to enable supported self management.[2]

Information Governance (IG)

The IG Toolkit is an online system that allows NHS organisations and partners to assess themselves against Department of Health IG policies and standards. One such standard calls for the handling and storage of identifiable patient data to be within the NHS N3 network. Access to this network is restricted to organisations that are compliant with the IG Toolkit, and have reached at least level two. Visit **www.igt.hscic.gov.uk**

The Health and Social Care Information Centre is the national provider of information, data and IT systems for health and social care. It documents information standards about personal data protection and safety. Specifically, ISB0129 sets clinical risk management requirements for manufacturers of health IT systems and this covers the requirements for eHNA. Visit **systems.hscic.gov.uk/clinsafety**

England

Living With and Beyond Cancer: Taking Action to Improve Outcomes details advice for commissioners and providers about the types of services that need to be available for cancer survivors. It starts to develop an evidence base, as a basis for action for commissioners and providers, about what support people living with cancer need, and how that support can be provided in the most cost effective way. Visit **tinyurl.com/livingwbc**

The **NHS Outcomes Framework (NHSOF)** is used to monitor the progress of the NHS Commissioning Board and to measure the quality of cancer services at a national level. HNA will be essential for achieving the outcomes under Domain 2 (Enhancing quality of life for people with long-term conditions) and Domain 4 (Ensuring that people have a positive experience of care). Visit **tinyurl.com/nhsof2014**

The **Clinical Commissioning Group Outcomes Indicator Set (CCG OIS)** is a key part of the NHS Commissioning Board's approach to quality improvement. Its main aim is to support and enable Clinical Commissioning Groups (CCGs) and health and well-being partners to plan for health improvement by providing information for measuring and benchmarking outcomes of services commissioned by CCGs. It is also intended to provide clear, comparative information for healthcare users and the

public about the quality of health services commissioned by CCGs and the associated health outcomes. Visit **www.england.nhs.uk/ccg-ois**

Improving Outcomes: A Strategy for Cancer, 2011 puts people with cancer at the heart of cancer services, notably by aiming to reduce the proportion of people who report unmet physical or psychological support needs following cancer treatment. Chapter 5 (Improving outcomes for cancer patients: quality of life and patient experience) acknowledges that people's needs include: psychological support, financial advice, support to self-manage, and information about treatment and care options. Visit **tinyurl.com/improvingo**

The NICE quality standards are a set of statements designed to measure quality improvements within a certain area of care. HNA is included in some quality standards but is absent in some others, showing that HNA is not yet considered throughout the whole care pathway and for all conditions. Visit **nice.org.uk/standards-and-indicators**

Scotland

The NHS Scotland Quality Strategy underpins the development of the NHS in Scotland. It has three ambitions related to quality (person-centred, safe, effective), all of which support assessment and care planning through a focus on self management and continuity of care. Quality outcomes two (People are able to live well at home or in the community) and four (Everyone has a positive experience of healthcare) are particularly relevant to HNA and care planning. Visit **tinyurl.com/scotqualitystrat**

The Transforming Care After Treatment programme is being delivered by the Scottish Government in partnership with Macmillan. It's a new work stream of the Scottish Cancer Taskforce and assessment and care planning will be a major part of the programme. Visit **tinyurl.com/tcatscot**

Wales

Together For Health – Cancer Delivery Plan sets out the Government expectations of NHS Wales in tackling cancer up to 2016. Local health boards are expected to assign a named key worker, to assess and record the clinical and non-clinical needs of everyone diagnosed with cancer in a care plan. This includes regular assessment of the consequences of treatment, and other needs, such as access to financial, emotional and spiritual advice and support, to ensure a holistic, person-centred approach. Visit **tinyurl.com/togetherfh**

Northern Ireland

The Service Framework for Cancer Prevention, Treatment and Care sets standards that span the whole care pathway, from prevention through to survivorship. Several standards include performance indicators on HNA and care planning to be achieved over three years to 2014. It was developed by the Northern Ireland Cancer Network on behalf of the Department for Health, Social Services and Public Safety. Visit **tinyurl.com/servicefc**

Transforming Your Care – A Review of Health and Social Care in Northern Ireland is a 2011 review that set out plans for the transformation of health and social care in Northern Ireland over five years. It promotes joined-up assessment and care planning. Visit **tinyurl.com/tycni**

References

[1] Department of Health. *NHS challenged to go paperless by 2018*. Press release. 16 January 2013 (accessible online at https://www.gov.uk/government/news/jeremy-hunt-challenges-nhs-to-go-paperless-by-2018--2)

[2] Department of Health. *Equality and excellence: Liberating the NHS*. 2010. London.

Resources

Macmillan resources for health and social care professionals

eHNA Handbook – You're Transforming Patients' Experiences

This booklet provides guidance to prototype sites when implementing the eHNA. It is provided as part of the eHNA site set-up.

HNA videos

All of the films that were produced in 2013/14 are now available on YouTube.

- Electronic Holistic Needs Assessment: **http://youtu.be/V9jwh6-9VZU**
- Holistic Needs Assessment and Care Planning: **http://youtu.be/q6PCBkfEks4**
- Training for Holistic Needs Assessment and Care Planning: **http://youtu.be/F6iQv4aJePA**

Assessment and care planning for people with cancer

This booklet for patients outlines the process of assessment and care planning, what to expect and what they can prepare for.
be.macmillan.org.uk
Order code: MAC12957

Assessment and care planning folder

This pack contains two triplicate pads for the assessment and the care plan, sufficient for 100 assessments. This enables the user to give a copy to the patient, a copy to the GP or audit, and place a copy in the medical records.
be.macmillan.org.uk
Order code: MAC13689
Replacement pads are also available for the concerns checklist (MAC13689_concern) and the care plan (MAC13689_care).

Macmillan Organiser

The Macmillan Organiser is designed to help people keep track of treatment, make notes and find information and support. It enables people to record useful information to help them self-manage and contains useful assessment tools such as the concerns checklist and mood and food diaries.
be.macmillan.org.uk
Order code: MAC13281

My Organiser
The My Organiser app is now live on the app stores. My Organiser is a great new mobile app that can help people affected by cancer plan and record everything that's important to them, from appointment times and contact details to reminders for when to take medication. Visit **macmillan.org.uk/myorganiser**

Assessment and Care planning for cancer survivors: a concise evidence review (2014)
A concise structured literature review of the evidence for holistic needs assessment for cancer survivors, and the implications for developing services. Download a PDF or order a copy at be.macmillan.org.uk
Order code: MAC14699_ACP

Innovation to implementation: A 'how to guide'
Stratified pathways of care for people living with or beyond cancer. This document complements *Living With and Beyond Cancer: Taking Action to Improve Outcomes* and is a practical 'how to' guide based on the experience of test sites who have developed and implemented a new model of care for people living with cancer. A PDF is available from be.macmillan.org.uk
Order code: MAC14481