

# Guideline and Procedures for Holistic Needs Assessment and Care Planning for Adult Cancer Patients

<b>Approved By:</b>	Cancer Board
<b>Date of Original Approval:</b>	16/08/2019
<b>Trust Reference:</b>	<b>C58/2019</b>
<b>Version:</b>	1
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<b>Date of Latest Approval</b>	18/03/2022
<b>Next Review Date:</b>	01/03/2025

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### KEY WORDS

Holistic Needs Assessment, eHNA, HNA, Cancer, Keyworker, CNS

### 1 INTRODUCTION AND OVERVIEW

- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trust Guideline and Procedures for Holistic Needs Assessments (HNA) and Care Planning for adult patients diagnosed with cancer at UHL, and for adult patients diagnosed within another Hospital Trust who have had their care and treatment transferred to UHL.
- 1.2 The Macmillan Holistic Needs Assessment tool allows a patient to express unmet physical, psychological, social, spiritual and emotional needs. Health care professionals (HCPs) use the patient responses from the HNA tool to help inform a discussion with the patient about their concerns. A Personalised care and Support Plan to address unmet need should be agreed and documented. The care plan may involve signposting to other services, professional onward referral, patient actions, or the health professional dealing with an issue directly where appropriate. It is anticipated that the HNA will be carried out at key points on the cancer patient's pathway.

- 1.3 The purpose of a HNA is to identify a patient's individual needs in order to facilitate the creation of a personalised plan to address patient concerns.

## **2 GUIDELINE SCOPE AND ROLES**

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### **2.1 Cancer Centre Senior Management Team**

The Cancer Centre Senior Management team are responsible for ensuring cancer services are high quality, safe and cost effective. The Macmillan Lead Cancer Nurse is responsible for the implementation of the policy and its review. The Macmillan Lead Cancer Nurse is responsible for monitoring the use of HNA's and care planning through the Internal Quality Surveillance process, Macmillan eHNA reports and Patient Experience Surveys.

### **2.2 The Recovery Package Project Team**

The Personalised Care Project Team, lead by the Macmillan Cancer Programme Lead are responsible for demonstrating the eHNA tool to staff before giving access to the system. The team are responsible for providing ongoing support with the Macmillan eHNA tool. The team will also provide additional support and training for individuals who request it to develop competence and confidence in offering HNAs to patients and in care planning to meet the needs expressed by patients.

### **2.3 Health Care Professionals (HCP's)**

The guideline applies to Health Care Professionals (HPC) acting as or on behalf of the patient's cancer keyworker. Keyworker refers to

"A person who with the patient's consent and agreement takes a key role in co-ordinating the patient's care and promoting continuity, ensuring the patient knows who to access for information and advice." NICE (2004)

All keyworkers are responsible for the implementation of HNA in practice. All adult cancer patients should be offered a HNA at key points across their pathway and the keyworkers are responsible for ensuring this occurs. The care plan will most often be initiated by the patient's keyworker or an assigned colleague within the same tumour specific team.

Other staff are able to offer Holistic Needs Assessments to people affected by cancer, for example, Cancer Information and Support Centre staff, Cancer Care Coordinators and Cancer Support Workers, as long as they have had the appropriate training. There is also scope within these roles, in collaboration with the HCP and with appropriate competency based training and assessment for care plans to be created by these groups of staff.

The scope of this document does not cover what interventions will be offered for specific concerns raised.

## **3 DEFINITIONS AND ABBREVIATIONS**

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UHL refers to University Hospitals of Leicester NHS Trust

HNA refers to Holistic Needs Assessment

Somerset Cancer Register is the electronic Cancer Information Management System

CNS in this context is the Clinical Nurse Specialist linked to a cancer MDT

Cancer MDT is the specific tumour site Multidisciplinary Team

HCP refers to any Health Care Professional on a professional register

## **4. GUIDELINE IMPLEMENTATION AND ASSOCIATED DOCUMENTS**

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### **PROCEDURE**

#### **4.1 Why should HNA's be completed?**

A holistic needs assessment matters because it:

- Identifies people who have unmet needs as a result of having a cancer diagnosis.
- Provides an opportunity for the person affected by cancer to think through and identify their needs. Their healthcare professional can then provide a personalised care and support plan to best meet these needs.
- Helps people living with cancer to self-manage their condition.
- Supports clinical teams to collect and analyse data to inform future resource needs.

#### **4.2 Timing of HNA's**

NHS England suggests that a HNA should take place around the time of cancer diagnosis, towards the end of treatment, whenever the patient's needs change or at any other time the patient's requests one. (NHS England 2016)

Assessment should be an ongoing process throughout the course of a patient's cancer pathway.

Structured assessments should be undertaken at the following key points in the patient pathway:

- The first HNA is to be offered to patients around the time of confirmed cancer diagnosis.
- The subsequent HNA is to be offered close to completion of cancer treatment.

Additional structured HNA's to be offered under the following circumstances:

- The start of treatment
- The patient's needs or concerns change during treatment.
- Post diagnosis of recurrent or advanced disease.
- The point of recognition of incurability/or beginning of End of Life care.

- The patient requests re assessment

### 4.3 Preparing for a HNA

Implied consent is taken following explanation of the assessment process and the possibility of subsequent referral and signposting to other providers.

The use of the Macmillan eHNA application has been thoroughly demonstrated to the Trust Privacy Unit prior to its implementation and has been approved for use by the Trust. A Data Protection Impact Assessment has been approved and the vendors have provided the required assurances to IM&T that ensures the holding of data is secure within the cloud infrastructure.

The Trusts legal basis for collecting data is 'Public Interest' therefore we do not need to obtain consent prior to generating a code for patients. There is an additional consent option on the application which is currently switched on at the Trusts discretion, however this is not a legal requirement. The introduction of the eHNA is to steer the pathway away from using paper documentation and towards electronic records – this is vital as the Trust moves as a whole towards the use of electronic patient records.

The use of an assessment tool to complete a HNA ensures consistency in considering all domains of the assessment. The main benefits of using a tool are:

- It ensures the patients individual needs are the focus of the personalised care planning conversation and enables the patients concerns to be prioritised.
- It becomes familiar to the patient.

The tools that can support a HNA are:

- Macmillan eHNA tool.
- Macmillan paper HNA tool, traditionally referred to as the 'Concerns Checklist'.

Whatever the chosen tool, a summary of the assessment and any intervention must be documented in a format that can be transferred to other service providers and health care professionals also contributing to the care of the patient.

It is recognised that these options may not be accessible for all. The eHNA allows for translation into some other languages, and some alternative language paper formats can be found on the Macmillan website, however it is suggested that if the patient has a first language other than English or has learning difficulties or a physical disability which will prevent them from being able to use either of the suggested tools that the HCP refers to the UHL Interpreting and Translation Policy and Procedure for guidance.

### 4.4 Macmillan eHNA tool

Macmillan's eHNA allows a Holistic Needs Assessment (HNA) to be completed electronically. The process is as follows:

Assessments need to be set up using the patient's name, date of birth and NHS number by a member of staff signed off as trained in setting up assessments.

The patient can complete the assessment whilst they are visiting the hospital, or on their own electronic smart device (e.g. phone, PC, tablet or laptop) at home.

This information is then sent to the clinician through a secure website to begin the process of personalised care and support planning.

When the patient has completed the assessment it will automatically appear in the care and support planning website to allow the care planning process to begin.

If a discussion with the patient is required to create the personalised care and support plan, this can be either face-to-face or over the telephone.

Completed care plans can then be downloaded as PDF files for sharing with the patient, GP and other members of the team as required, with the consent of the patient.

The eHNA system administrator is responsible for ensuring all staff that leave the Trust are removed from the eHNA system.

#### **4.5 Macmillan paper HNA tool (Concerns Checklist)**

If the patient prefers, or does not have access to a smart device such as an iPad or computer, they can complete a Macmillan paper HNA as an alternative by filling in the boxes that are relevant to them and record their level of concern using a scale of 1-10 (1 being low concern and 10 being high concern). Once completed, the patient can return the HNA to their keyworker and the keyworker can input the information on to the eHNA system on their behalf in order to facilitate the generation of an electronically generated and stored personalised care and support plan.

#### **4.6 The Personalised Care and Support Plan**

As part of the assessment process the personalised care and support plan should address the key unmet needs identified and set out the required interventions, treatment and care to support those needs.

The Personalised Care and Support plan should be written for the patient, to the patient in the first person. It should be written in plain English using full sentences. No abbreviations or clinical jargon to be used. It should be made clear who is responsible for any actions agreed. It should be made clear what service and/or who the patient has been referred on to if this forms part of the plan. If signposting is used then the contact details for the service being signposted to should be included.

## **5 EDUCATION AND TRAINING REQUIREMENTS**

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Training is available from the Macmillan Personalised Care Project Team. Staff cannot gain access to the eHNA system without administrator set up which will only be given upon completion of training on the system.

For support staff can contact the team through a dedicated email address:

[eHNA Mailbox <eHNA@uhl-tr.nhs.uk>](mailto:eHNA@uhl-tr.nhs.uk)

## 6 PROCESS FOR MONITORING COMPLIANCE

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Number and %of HNAs completed/recorded against number of people accessing the service	Macmillan eHNA data sets and UHL Cancer Information System	Lead Cancer Nurse/System Developer/Cancer Programme Lead	6 monthly	Internal Quality Surveillance programme. Macmillan Service Review
Number and % conversion rate of HNA to written care plans	Macmillan eHNA data sets	Lead Cancer Nurse/System Developer/Cancer Programme Lead	6 monthly	Internal Quality Surveillance programme. Macmillan Service Review
Number and % of care plans shared with patients	Macmillan eHNA data sets	Lead Cancer Nurse/System Developer/Cancer Programme Lead	6 monthly	Internal Quality Surveillance programme. Macmillan Service Review
The stage at which people access HNA and care planning in their cancer journey	Macmillan eHNA data sets	Lead Cancer Nurse/System Developer/Cancer Programme Lead	6 monthly	Internal Quality Surveillance programme. Macmillan Service Review

## 7 EQUALITY IMPACT ASSESSMENT

- 7.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 7.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## 8 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Implementing The Cancer Taskforce Recommendations: Commissioning Person Centred Care For People Affected By Cancer, April 2016. See pgs. 4-5, 9, 12-15

National Institute for Clinical Excellence (2004) Guidance on Cancer Services: Improving Supportive and Palliative Care for Adults with Cancer.

NHS England - Achieving World-Class Cancer Outcomes: Taking the strategy forward, May 2016 see pgs. 12, 13, 15, 17 and 26

Rowe J et al. Electronic Holistic Needs Assessment and care Planning (eHNA), 2014 [https://www.macmillan.org.uk/documents/aboutus/health\\_professionals/macvoice/s\\_haringgoodpractice-electronicholisticneedsassessmentandcareplanning.pdf](https://www.macmillan.org.uk/documents/aboutus/health_professionals/macvoice/s_haringgoodpractice-electronicholisticneedsassessmentandcareplanning.pdf)

Snowden A, White C. Assessment and care planning for cancer survivors: a concise

Snowden A, White C. Assessment and care planning for cancer survivors: a concise evidence review. Macmillan Cancer Support, 2014.

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Macmillan. Holistic Needs Assessment Care and Support Planning: A guide for professionals providing holistic needs assessment care and support planning.

[https://smybndccgs.nhs.uk/application/files/7014/8052/4037/Macmillan\\_HNA\\_guide.pdf](https://smybndccgs.nhs.uk/application/files/7014/8052/4037/Macmillan_HNA_guide.pdf)

## **9 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW**

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The Policy will be reviewed annually by the Macmillan Cancer Programme Lead for the Trust

The updated version of the Guideline will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system