September 2015

Evaluation of the electronic Holistic Needs Assessment (eHNA)

Final evaluation report: Executive Summary
© 2015 Ipsos MORI – all rights reserved.

The contents of this report constitute the sole and exclusive property of Ipsos MORI. Ipsos MORI retains all right, title and interest, including without limitation copyright, in or to any Ipsos MORI trademarks, technologies, methodologies, products, analyses, software and know-how included or arising out of this report or used in connection with the preparation of this report. No licence under any copyright is hereby granted or implied.

The contents of this report are of a commercially sensitive and confidential nature and intended solely for the review and consideration of the person or entity to which it is addressed. No other use is permitted and the addressee undertakes not to disclose all or part of this report to any third party (including but not limited, where applicable, pursuant to the Freedom of Information Act 2000) without the prior written consent of the Company Secretary of Ipsos MORI.
Executive summary

Ipsos MORI was commissioned in 2013 to undertake a process and impact evaluation of the electronic holistic needs assessment (eHNA) project run by Macmillan Cancer Support and initially piloted in 2012. This executive summary details the key findings and conclusions from the evaluation of the ongoing eHNA prototyping phase covering the time period of January 2013 until 30th June 2015. It also provides considerations and recommendations for the future delivery of the eHNA.

Evaluation scope and method

Macmillan is prototyping an electronic version of the holistic needs assessment (the eHNA) and care plan, which previously was only completed verbally or on paper. This assessment is designed to capture any physical, emotional, spiritual, practical or social needs of individuals living with and beyond cancer.

The evaluation scope included conducting a process evaluation investigating how the eHNA project was being implemented by Macmillan and by each of the prototyping sites; an outcomes, impact and cost-effectiveness evaluation assessing the impacts of electronic assessments and care plans on people living with and beyond cancer, healthcare professionals, the healthcare economy and Macmillan, and an options appraisal to inform the decision on the future of the software platform underpinning the project.

The evaluation methodology involved a pre-and-post intervention design. A logic model for the project was designed in collaboration with Macmillan which articulated how the eHNA project was intended to deliver a range of outcomes and impacts. This project logic model formed the analytical framework for the evaluation.

The research methods employed to collect evidence to inform the evaluation included:

- Comparing baseline data on completion of paper HNAs at sites with data on completion of electronic assessments, alongside other monitoring data including care plan completion;

- Before and after comparison of views and behaviours of healthcare professionals (via an online survey pre and post, 127 responses compared with 180 at follow up);

- Before and after experiences of people living with and beyond cancer (via 482 paper surveys before and 250 telephone interviews after, in addition to 30 qualitative interviews);
• Longitudinal case studies at the prototyping site level which involved 77 qualitative interviews with a range of healthcare professionals, and other staff at the sites (including those with responsibility for IT and information governance); and

• Interviews with Macmillan staff and external stakeholders including representatives from NHS England and other bodies involved in the provision of cancer services.

Overview of delivery 2013-2015

The evaluation has shown that the eHNA project has made significant progress over the course of 2013-2015, with the number of sites enrolled and the number of assessments increasing substantially. Macmillan has been able to secure economies of scale in the cost of the project as it has expanded. The cost to Macmillan of each completed electronic assessment and care plan has decreased over time as the volume has increased and, as the numbers increase further, these costs will continue to fall.

Inputs

The total cost of the eHNA project to Macmillan by the end of Q1 2015 is £1,838,700. The greatest spend within this is on the set-up, licensing, hosting and software development costs associated with the eHNA platform (accounting for 52% of the costs).

The costs can be apportioned into those concerning site set-up (this includes capital expenditure on tablets and the initial development of the eHNA platform); site maintenance (covering software licensing and other ongoing support provided to sites); and service development (covering activities which develop the eHNA project such as the Learn and Share events and marketing materials). Site maintenance accounts for the greatest proportion of costs (45%), followed by service development (31%) and then site set-up (25%).

The total set-up cost per site is £6,900 based on the 65 sites live or in the process of being set up by the end of Q1 2015. Macmillan has secured economies of scale in the cost of maintaining live sites as the eHNA project has expanded. The maintenance costs per site per quarter was £10,300 when there were four sites live in wave one. This has fallen significantly to a cost of £2,100 to maintain each site per quarter as of the end of Q1 2015.

The cost to Macmillan of each completed electronic assessment and care plan has decreased over time as the volume of completes has gone up. Across the duration of the pilot in 2012, the cost per electronic assessment and care plan were £173 and £284 respectively (considering costs once sites are live and thus excluding set-up and service development costs).
These have fallen to a cost per electronic assessment of £48 and £67 per care plan over the duration of 2014.

This cost analysis is based on the grant money spent, rather than allocated, to sites. Only a fraction of the grant money available to sites has been spent by them to date (20%).

Delivery activities at prototyping sites

As of 30th June 2015, 48 sites were live with the eHNA project. A further 17 sites were currently in ‘testing’ mode and 13 sites had submitted an Expression of Interest (EOI). It is likely that a total of 67-68 sites will continue till the end of the prototyping phase as new sites come on board whilst some are suspended given their persistently low volume of electronic assessments and care plans.

The electronic assessment is most commonly completed close to diagnosis (in 40% of cases). Electronic assessments are completed in a variety of settings though most frequently in hospital waiting rooms prior to consultation and in private consultation rooms. Sites have embedded the eHNA project in a variety of ways, helping to accommodate it within different working practices.

As of 30th June 2015, 17,265 electronic assessments had been completed; 72% of these had been converted into a care plan. There is significant variation in the number of electronic assessments and care plans being conducted by sites, with some performing comparatively well/less well given their size and length of time as a prototyping site. Some sites are performing well but only in a small number of tumour groups. Guy’s and St Thomas’ continues to be an outlier, responsible for conducting nearly a quarter of all the electronic assessments done to date. This reflects the volume of individuals cared for at this site, its length of involvement (since March 2012) and that it has rolled out the eHNA project to every tumour group.

Where care plans are not created, the primary reason is a lack of time. This may mean healthcare professionals prioritise writing care plans for individuals known to have complex needs. Indeed, some healthcare professionals say care plans are not created if individuals have low-level, or no, concerns. Further, a quarter of individuals who complete an electronic assessment go on to decline a copy of their care plan (24%). Healthcare professionals suggest this happens when individuals have low-level, if any, concerns and/or when individuals feel their concerns were addressed by the discussion alone.

---

1 This metric has been recorded since September 2014.
The baseline data show that, on average, 23.7 assessments were being carried out on paper per site per month prior to the eHNA roll-out\(^2\). This has risen marginally to 25.4 electronic assessments per site per month when looking at the past six months of activity for the 30 sites which have been live for at least a year.

The conversion rate of assessment into care plan has dramatically increased since the advent of the eHNA project. Prior to the introduction of electronic assessments, baseline data show that 52% of paper assessments resulted in a care plan. As aforementioned, this has risen to 72% of electronic assessments resulting in care plans.

**Macmillan delivery activities**

Macmillan is fully committed to the continued development of the eHNA. The internal focus is now on how best to roll it out when the prototyping phase ends in summer 2016 rather than questioning whether to do so or not. Macmillan is therefore currently working out what ‘business as usual’ will look like. Accordingly there are a number of priority areas Macmillan will be focusing on over the coming year. The primary focus will be deciding the most appropriate provider to supply the software underpinning the eHNA delivery.

Macmillan will also be working to ‘future proof’ the eHNA – this will involve the development of an ‘at home’ version of the electronic assessment; testing of the eHNA in community settings; developing the automatic upload of assessment results and care plans into the Electronic Patient Record (EPR); and working with sites to expand the eHNA into a wider array of tumour sites. Crucially, Macmillan will be focusing on embedding the Recovery Package into mainstream commissioning; aided by its endorsement in both the NHS Five Year Forward View, and the Independent Cancer Taskforce’s July 2015 report.

The future delivery of the eHNA may be impacted by the imminent release of Macmillan’s Corporate Strategy. It is expected this strategy will positively influence the eHNA delivery but the full content remains unknown at present.

**Delivery lessons**

An interim evaluation report was submitted in June 2015 which focused on identifying the main barriers and enablers to successful implementation of the eHNA project at site level. The key findings from this report were:

- There are a number of external drivers which encourage the adoption of the eHNA project. These include the need to audit holistic needs assessments and care planning; a drive to improve quality and

\(^2\) Based on the 42 sites which submitted usable baseline data. See appendix for caveats around data interpretation.
performance metrics to which the eHNA can contribute; the push to paperless working by 2018; and the potential benefit of the aggregate data. These drivers incentivise sites to work beyond any challenges they may face.

- Within sites, there are a number of factors which enable successful implementation. These include a willingness to change current working practices (for example, by employing more administrative staff); and having an embedded practice of using paper HNAs prior to the eHNA roll-out.

- Sites are working to overcome a number of barriers to implementation; the most significant of which is time constraints (associated with staff capacity issues, heavy workloads and competing priorities). Sites that have successfully overcome this challenge are those that have been willing to make structural changes to how clinics are run in order to better accommodate the eHNA project (such as introducing specific eHNA clinics).

- Some sites are facing a lack of senior management involvement in the eHNA project and resistance from healthcare professionals to changes in their working practices. Additionally an absence of mandatory targets and funding from commissioners for the eHNA project (and HNAs more widely) can mean the project does not receive due attention from staff internally. Overcoming these challenges requires securing senior management buy-in to the project early in the enrolment process and continual enthusiasm from champions of the project to counterbalance any negativity encountered.

- There are not always the available opportunities to administer electronic assessments and care plans and this can limit the project’s roll-out. This most commonly results from healthcare professionals having too high a case load. A lack of available clinical space in which to conduct the assessment and discussion can also be a limiting factor which sites are working to overcome.

- Many of these barriers to implementation also apply to paper assessments and care planning, with the exception of IT challenges presented by the eHNA project. The most severe of these has been the poor WiFi availability, although this appears to be diminishing in significance as the prevalence of wireless networking across the NHS becomes more commonplace. Information governance barriers are also lessening. This has been largely driven by Macmillan resolving contract issues and ensuring good quality advice and support on the matter.
Medium term outcomes and impact

Significant progress has been made on a number of the intended medium term outcomes and impacts of the eHNA project for people living with and beyond cancer, though more limited progress has been made on those relating to healthcare professionals, the wider healthcare economy, and Macmillan. However, the activities that Macmillan is currently undertaking (or is planning to undertake) will move them further towards achieving these. As such, if the outcomes and impacts of the eHNA continue to deepen and expand, its cost-effectiveness will increase further. While there remain a number of challenges and risks to the project at site level, these will continue to diminish as NHS working practices develop.

Intended medium term outcomes and impacts for people living with and beyond cancer

As the eHNA project stands at present, the evidence from this evaluation shows that it is fulfilling a number of the stated ambitions, namely “patients feel better supported”, “patients feel their holistic needs are being met” and they experience “improved quality of life”. The aim of individuals affected by cancer being able to “complete the electronic assessment in an environment of their own choice” will soon be achieved through the creation of the ‘at home’ assessment.

The remaining intended medium term outcomes and impacts for individuals living with and beyond cancer are not yet being realised, though progression is being made towards them:

- Conducting electronic assessments is not yet “routine” but it is becoming more commonplace as sites find ways to embed the project. Time presents one of the greatest barriers to implementing the eHNA project. Overcoming this barrier requires a change in the way clinics and resourcing are structured. Alternatively, the benefits of the eHNA project need to be significant and visible enough that healthcare professionals and senior members of staff are willing to work through any implementation challenges faced.

- It is not yet possible for individuals to “complete the electronic assessment with any service provider along the care pathway” (such as with GPs, in hospices and other community and social care settings). Progress has however been made towards achieving this ambition with the creation of the ‘at home’ version of the electronic assessment and with an increasing number of sites testing the eHNA project in the community setting.

- Macmillan cannot fully achieve the ambition of “all eligible individuals complete an electronic assessment” as healthcare professionals exercise discretion over who counts as ‘eligible’ and individuals choose
to decline the assessment. Instead, Macmillan should strive to ensure all eligible individuals are given the option of completing an electronic assessment and make an informed choice about whether to or not.

- There is a limit to which the ambition of “actions are taken as a result of having a care plan” will be met. Not all electronic assessments are converted into care plans, not all care plans are shared with individuals, and it is not uncommon for individuals who have completed an electronic assessment to decline a copy of their care plan. These factors all limit the extent to which actions are taken as a result of the care plan. Additionally where actions are taken following the assessment process, many believe these would happen irrespective of a care plan being created – greater importance lies in the discussion individuals have with their healthcare professional.

**Intended medium term outcomes and impacts for healthcare professionals**

The ambition of healthcare professionals having “greater confidence to deliver holistic needs assessments and care planning” is being achieved. The remaining two ambitions for healthcare professionals are being partially met at this stage in the prototyping phase:

- There are instances where the eHNA project is thought to “increase the productivity of healthcare professionals” – these all relate to activities outside the direct administration of electronic assessments and care plans. But, if healthcare professionals are used to conducting holistic needs assessments verbally or not at all, then the eHNA project represents a significant demand that diminishes the time they have available to complete alternative tasks. In some instances, the same sentiment is expressed by healthcare professionals who are already administering assessments on paper as the electronic version appears to result in a more thorough assessment of individuals’ concerns, thereby taking up more time.

- The eHNA project has had little impact on “recognition of the value of holistic needs assessments and care planning”, but simply because this process was already highly valued prior to the project’s roll-out. That said, healthcare professionals are able to name a number of benefits of holistic needs assessments and care plans; particularly so if done electronically.

**Intended medium term outcomes and impacts for the healthcare economy**

At this point, the eHNA project is not achieving the ambition of “service planning and commissioning taking better account of individuals’ needs” based on the aggregate data. The preceding stage to this intended impact is the outcome that “aggregate assessment data is used to shape local
decisions” – an outcome which is being partially met at present. Currently the aggregate data is being used more for the purposes of performance monitoring and information gathering rather than informing service planning and commissioning. However, there are some examples where the aggregate data has been used to pursue the latter goal and sites are increasingly looking to their growing pool of aggregate data to do so.

Once Macmillan establishes a means through which individuals affected by cancer can complete the electronic assessment away from the clinical setting then the ambition for healthcare professionals “to monitor patients’ needs remotely” will be possible.

Macmillan hopes that healthcare professionals will have “improved access to continual records of patients’ progress” as a result of the eHNA project. Underlying this premise is the desire for electronic assessments and care plans to be administered by any service provider at any point (or multiple points) along the care pathway and for these to be shared. The sharing of electronic assessment results and care plans has increased since the advent of the eHNA project, though it remains inconsistently done. It is hoped the sharing process within sites will be facilitated by the automatic upload of results and care plans to the EPR though it does not naturally follow that other professionals will view the assessment results and care plans made available to them. The ability for assessment results and care plans to be shared between healthcare professionals in different care settings will be facilitated by the push for, “all patient and care records to be digital, real-time and interoperable by 2020” as set out by the National Information Board.

**Intended medium term outcomes and impacts for Macmillan**

Macmillan is not yet achieving the intended aim of having “ongoing and personalised relationships with its customers”. This will no longer be achieved through the CRM database, but it is hoped this ambition will be realised through alternative means such as through the Recovery Package and through the possible development of an online HNA assessment which can be completed on the Macmillan website.

There are some examples evident of “increased patient and professional engagement with Macmillan” as a result of the eHNA project though this intended outcome is difficult to fully substantiate and these examples are not widespread at present.

The extent to which Macmillan “has an improved ability to influence regionally and nationally” as a result of the eHNA project is uncertain. Macmillan’s influence is likely to grow if Macmillan succeeds in getting the Recovery Package more widely commissioned. The likelihood of doing this will be aided by more closely aligning the Recovery Package to broader CCG programmes concerning other long-term conditions.
Recommendations

The key focus over the next year for Macmillan will be establishing a ‘business as usual’ model which will ensure the sustainability of the eHNA beyond the end of the prototyping phase. The next six months will be critical for Macmillan in determining which provider to commission as the supplier of the software underpinning the eHNA data platform. This decision will fundamentally shape how the project is run in future and Macmillan’s role in it. Choosing the most appropriate supplier, and establishing a strong working partnership with them, will be critical to the project’s success.

Recommendations for the coming year

A number of recommendations for the coming year are evident following completion of the evaluation:

- **Continue with current and planned initiatives:** There are no workstreams (either planned or currently underway) which the evaluation suggests should not be pursued. Of particular importance will be the establishment, following current testing, of an eHNA version to be completed by individuals at home.

- **Ensure minimal disruption in the move to a ‘business as usual’ model:** It is important for Macmillan to maintain close contact with sites to ensure momentum behind the eHNA is not lost. Contact with sites should be maintained, and any disruption in administration kept to a minimum, during any transition period into ‘business as usual’.

- **Share case studies:** Prototyping sites have implemented the eHNA project in a myriad of ways to best suit their current clinical practices and the needs of individuals affected by cancer. Arrangements have been more (and less) successful. Sites are still looking to Macmillan as the main conduit to help them learn of how their peers are implementing the project and overcoming the barriers they themselves face.

- **Share key evaluation findings with sites:** There are a number of evaluation findings which should alleviate concerns held by some healthcare professionals and these should therefore be shared (such as the vast majority of healthcare professionals saying that ‘more often than not’ they are able to help individuals with the concerns they raise).

- **Train healthcare professionals on how best to communicate the purpose and value of electronic assessments and care plans:** The explanations given to individuals affected by cancer as to why they should complete the electronic assessment are variable and, at times, inadequate. Macmillan has a role in training healthcare professionals in the best practice for communicating the purpose and value of the electronic assessment, recognising that the assessment is sometimes
introduced by volunteers. Providing guidance on this issue will also help to standardise how the electronic assessment is broached. Similarly, further training for healthcare professionals is warranted to help them better elucidate the value of care plans so individuals affected by cancer take greater consideration of them.

- **Provide healthcare professionals with guidance on eligibility:** Macmillan should look to develop more definite guidelines around who is considered eligible for an electronic assessment. Similarly Macmillan should provide advice on how best to handle more challenging scenarios within which to present the eHNA (for example when individuals are receiving palliative care or are showing signs of distress, or when there are physical, mental or language barriers to completion).

- **Strengthen the value of the aggregate data:** The aggregate data is one of the central distinguishing features of electronic assessments and care plans compared to paper alternatives. Macmillan needs to be confident that the aggregate data generated through the eHNA project is representative of the concerns held by individuals with a cancer diagnosis nationally if it hopes to influence commissioning and service delivery. Achieving this will involve Macmillan working with sites to expand the tumour groups in which electronic assessments and care plans are created. Similarly, Macmillan should assist sites to administer electronic assessments and care plans across the pathway so that the aggregate data better reflects the variable nature of issues which arise as individual progress through their pathway. At present, if an individual completes multiple electronic assessments, their concerns are recorded in the eHNA datastore as unlinked, separate entries. Storing the data in this way may lead to the demand for particular services being over-represented and Macmillan may wish to consider a means through which to record data at the person- not assessment-level.

- **Consider the value of care plans:** The primary benefits of the eHNA for individuals affected by cancer appear to be secured through the discussion they have with their healthcare professional, with the care plan being of less importance (and for many having low salience). The care plan appears to have greater value to healthcare professionals given it is a way to evidence that the assessment has taken place and is as a reminder of individuals’ concerns. Macmillan may wish to examine if there are certain types of individuals who benefit more from their care plan (for example by assessing this in relation to Patient Activation Measures) and to consider the value of care plans to healthcare professionals in light of wider policy initiatives which may warrant their continued use. Going forward it is recognised that the care plan is now referred to as the care and support plan to better reflect its purpose.
Investigate further: Macmillan may wish to investigate the profile of individuals who choose to decline the electronic assessment to see how much of a limiting factor this might be on getting aggregate data that is representative of the wider population of individuals living with and beyond cancer. Additionally Macmillan may wish to map the usage of Macmillan services in local areas against what is known about electronic assessment and care plan completion in that area. This will help Macmillan better understand what uptake the eHNA project is having on engagement with Macmillan services.

Recommendations for beyond the prototyping phase

As Macmillan moves beyond the end of the prototyping phase, there are a number of recommendations to consider:

Re-evaluate the timeframes for the intended impacts of the eHNA: The potential scale of the eHNA, and the wider contextual developments which have taken place, were not known to Macmillan at the start of the pilot and subsequent prototyping phase. As such, many of the intended impacts for the eHNA project as documented in Macmillan’s logic model were ambitious beyond the timeframes associated with the prototyping phase. It is a slow process for electronic assessments and care plans to become routine practice and thus other benefits (such as increased staff productivity) are not realised in the immediacy.

Provide continued support for wider enablers of the eHNA: Macmillan has a role to play in supporting wider agendas which will positively impact on the eHNA. For instance, some of the IT barriers facing the project are slowly being overcome naturally as NHS trusts are increasingly installing WiFi and using tablets for purposes beyond the eHNA project. Furthermore, the eHNA will be enabled by a wider cultural shift towards the self-management and personalisation agenda.

Enrol sites in geographical clusters: Once the prototyping phase is complete, Macmillan should give consideration to enrolling sites in geographical clusters (across different parts of the care pathway, both in and outside the acute setting). This will facilitate the exchange of ideas and experiences locally between sites who provide care and support across the whole patient pathway. It will also result in a larger pool of aggregate data within localities which will provide greater meaning to its analysis in that geographical area.

Explore the possibility of more localised administration and support: Providing more localised support for geographically clustered sites could represent a more sustainable arrangement for Macmillan moving forwards. However, management of the eHNA should not become so localised that it is fractured and a collective understanding of the eHNA
is lost. Macmillan should therefore consider how best to provide administration and support at a local level, potentially making use of its regional structure.

- **Advise sites to secure protected time**: Sites are more likely to successfully implement the eHNA project if they have a project lead with dedicated time to embed it. Ideally sites should be advised that dedicated time should be carved out of lead individuals’ roles.

- **Establish more formal commissioning arrangements**: Alongside embedding the Recovery Package into mainstream NHS commissioning, Macmillan should consider encouraging the establishment of tariffs for the completion of assessments, care and support planning.

- **Consider how best to align the Recovery Package**: Macmillan needs to give consideration of how to align the Recovery Package into broader CCG programmes. Linking more closely to other long-term conditions may create a tension for Macmillan though there is a role for Macmillan to be the vanguard for assessing holistic needs as part of the self-management and personalisation agenda, leading the way based on the vast experience it has amassed.
Louise Park
Associate Director
louise.park@ipsos.com

Anna Quigley
Research Director
anna.quigley@ipsos.com

Kelly Beaver
Research Director
kelly.beaver@ipsos.com

Ipsos MORI
3 Thomas More Square
London E1W 1YW

t: +44 (0)20 7347 3000
f: +44 (0)20 7347 3800

www.ipsos-mori.com
www.twitter.com/IpsosMORI

The Social Research Institute works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. This, combined with our methodological and communications expertise, helps ensure that our research makes a difference for decision makers and communities.