Ipsos MORI
Social Research Institute

Evaluation of Electronic Holistic Needs Assessment (eHNA)

Baseline report

July 2013

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Executive summary

Background and introduction

Macmillan Cancer Support has commissioned Ipsos MORI to evaluate its electronic Holistic Needs Assessment (eHNA) tool, providing evidence on the impact and cost-effectiveness of the tool to help inform its future development and roll-out.

Macmillan is working as part of the National Cancer Survivorship Initiative (NCSI) to ensure that all cancer patients are offered the chance to complete a holistic needs assessment (HNA), which considers their wider wellbeing. The eHNA is an electronic alternative to these assessments which have previously been administered on paper or completed verbally.

Macmillan identified 21 trusts to take part in the 2013 prototyping phase of the eHNA, in addition to four sites which were involved in a pilot of the scheme in 2012. Over the course of 2013/2014, Macmillan will enrol a further 75 trusts in the scheme.

This baseline report examines the current use of paper or verbal HNAs in these trusts. Later stages of the evaluation will refer back to these findings so the impact of the eHNA on patients, staff, the wider health economy and Macmillan can be evidenced.

The report is based on data collected through an online survey with 91 staff at the 21 newly recruited trusts, depth interviews with trusts selected as case study sites, and data submitted by trusts directly on their current use of paper or verbal HNAs. Patient data to form part of the baseline evaluation is presently being collected and is not reported on here.

Intended impacts of the eHNA

Macmillan has identified a number of intended impacts for the eHNA scheme which are described in its logic model[1] and are given consideration below. The extent to which paper/verbal HNAs currently deliver these intended impacts is discussed.

- **Conducting eHNA is routine, with all eligible cancer patients completing an eHNA**

The administration of paper/verbal HNAs is not routine across the test sites. Completion rates vary by tumour site, and clinicians make active choices about which patients are eligible for a paper/verbal HNA, based on factors such as their cancer pathway and emotional wellbeing. There are also delivery constraints such as limitations on time and available space which reduce the number of paper/verbal HNAs completed. For similar reasons, there is little consistency in the creation of care plans following the completion of a paper/verbal HNA.

As a result of being included in Macmillan's eHNA scheme, many trusts have boosted the number of paper HNAs they complete. It is therefore likely that, once the eHNA scheme becomes embedded in a trust, the proportion of patients offered an assessment will increase simply by virtue of having an established procedure in place. However, there are some constraints which limit the number of paper/verbal HNAs completed that will also limit the eHNA scheme – for instance it being less suitable to complete assessments in certain tumour sites.

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[1]Ipsos MORI Inception report 2012

- **Patients are able to complete the eHNA in an environment of their choice, and with any service provider along the care pathway**

A quarter of staff say patients typically complete paper HNAs at home – this may be as a result of patient preference or a lack of clinic space and time. A strong benefit of paper HNAs is the flexibility it affords to be completed in a variety of settings. At present, the eHNA scheme does not offer the same flexibility, though this will be helped with the creation of an online web portal for patients to complete the assessment on their personal computer.

Most paper/verbal HNAs are administered in a hospital setting with some completed by community teams. It is too early to say if it will be possible to complete an eHNA at any stage along the care pathway, though the time Macmillan needs to invest in setting this up is likely to be significant.

- **eHNAs are thought to be easy to complete by both patients and healthcare professionals**

Healthcare professionals report patients to have very few, if any, difficulties completing paper HNAs. In a number of trusts who are yet to implement the eHNA, concerns were raised about the ability of patients to use a tablet as part of the eHNA process. One particular trust is investigating the possibility of securing volunteers to help patients complete the eHNA.

This suggests trusts may need greater reassurance about patients' ability to use eHNA tablets. The 2012 pilot evaluation showed that patients found the eHNA easy to complete.

- **Patients feel their holistic needs are being met, experience better and more personalised support, and perceive assessment and care planning to be useful**

Staff from the case study sites widely agreed that the process of discussing their holistic needs was a useful and cathartic process for many patients. Similarly, most staff feel that paper/verbal HNAs and care planning contributes to patient-centred care, addresses patients' needs that would otherwise remain unknown and signposts patients to relevant services/support.

The extent to which patients find the HNA process useful and feel their holistic needs are being met is unlikely to change irrespective of whether the process is administered on paper or electronically.

Some staff raised potential concerns about the process of HNAs in general, in that it could provide 'false hope' where concerns raised could not be resolved.

- **Actions are taken as a result of having a care plan**

The most common actions taken, as identified through staff in the online survey, are that patients' concerns are discussed, patients are given verbal advice, and patients are referred to relevant services.

These actions are likely to take place whether the care plan is written or generated (and added to) electronically.

- **Healthcare professionals experience increased productivity as a result of the eHNA, they place greater recognition on the importance of assessments and care planning, and they have greater confidence to deliver them**

In trust settings where the eHNA is not yet implemented, staff frequently raised concerns that the formalisation of the assessment and care planning process would inevitably increase the time they spent on the process. A few trusts were able to identify time savings, however, as they had more focused discussions with their patients and received fewer ad-hoc phone calls from patients asking for support. Accordingly, staff need greater convincing of the potential time savings afforded by the eHNA.

There is wide recognition amongst healthcare professionals that assessment and care planning is important to the overall care provided to their patients. Any reluctance amongst staff to administer HNAs tends to stem from logistical difficulties of embedding the process in daily routines rather than a lack of appreciation of its value. Case study interviews indicated that many staff felt paper HNAs allowed them to develop stronger relationships with their patients; making them feel '*like nurses again*'.

Macmillan can help to raise confidence levels amongst staff in their ability to administer HNAs and care plans through continued training efforts. At present, 84% of staff say they are confident to use HNAs, with 61% saying the same about care plans.

- **Assessment and care plan data can be shared between healthcare professionals and patients' needs can be monitored remotely**

At present, there is limited sharing of paper assessment data and care plans between healthcare professionals. In a third of cases, the care plan produced is shared with other nurses – this falls to 22% for patients' specialists and 15% for patients' GPs.

The sharing of patients' records (and remote monitoring) should become substantially easier with the introduction of the eHNA. However, the original pilot sites faced some challenges here due to local IT issues.

- **Aggregate assessment data are used in local service planning and commissioning**

Aggregate data generated through the completion of paper HNAs is not routinely used at present. There is substantial potential for the eHNA to change current processes in terms of local service planning and commissioning, though evidence of this did not emerge in the 2012 pilot evaluation.

- **Patients have a greater number of interactions (and more personalised relationship) with Macmillan**

Very few examples are evident where completion of a paper HNA has led to increased interaction with Macmillan. The eHNA will result in increased interaction with Macmillan through the branded assessment content. Should Macmillan successfully link assessment data to their CRM, with patients' consent, there will be greater opportunities for more personalised interactions with Macmillan. This opportunity is only available through the adoption of the eHNA tool.

- **Macmillan is better able to influence regionally and nationally through increased professional engagement**

Macmillan has increased its levels of professional engagement through liaising with trusts in setting up the eHNA scheme. This level of engagement will continue as the scheme rolls-out.

The extent to which Macmillan has an improved ability to influence regionally and nationally will be determined, to some extent, by the use of aggregate data generated by the eHNA.

Delivery context and constraints of paper/verbal HNAs

There is wide variation in the way paper/verbal HNAs are presently administered, in terms of where they are completed and the point of the pathway at which they are completed. Therefore, the eHNA needs to accommodate a great variance in how trusts (and tumour sites within trusts) wish to administer the scheme.

Just under half of the staff surveyed said it had been difficult to carry out paper/verbal HNAs over the past few months. There are two clear delivery constraints which limit the number of paper/verbal HNAs completed, relating to the availability of staff time and a lack of suitable rooms within the hospital. These issues are difficult for Macmillan to address. Sharing case studies where trusts have successfully circumnavigated these potential barriers could ease concerns held amongst staff members and encourage creative thinking on how they can be addressed.

Anticipated delivery challenges for the eHNA scheme

A number of delivery challenges are anticipated by the newly recruited trusts and evident through the delayed project delivery. Some of these apply to both paper and electronic HNAs such as:

- A lack of clinical space within which patients can complete the assessment and/or it can be discussed with a healthcare professional;
- The amount of time required to successfully administer HNAs on a routine basis (whether paper or eHNA);
- Staff want to continue exercising judgement over when it is, or is not, appropriate to offer a paper/electronic HNAs as this depends on factors such as the patients' physical capability and emotional wellbeing;
- The loss of key personnel within trusts may limit the continued implementation of paper/electronic HNAs.

Some anticipated delivery challenges are specific to the eHNA:

- The number of eHNAs completed at each trust may be limited by the number of tablets available if the working practices of different nurses reduce the extent to which they can be shared;
- There are expected issues with IT and ensuring the eHNA process is compatible with trusts' own IT infrastructures;
- The time required to agree contracts and Data Sharing Agreements between Macmillan and the trusts took longer than anticipated for this first set of trusts enrolled into the prototyping phase. Macmillan now has a greater understanding of the length of time required and has sought to address some of these challenges through an increase in the permanent staff members assigned to the project;
- There is a risk that the bids Macmillan receives to take part in the 2014 prototyping phase may be of inferior quality to those received for the 2013 wave. Macmillan is however working closely with trusts in advance of the eHNA going live to reduce any difficulties faced.

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