



Support Needs
Approach for Patients

Training

v18/11/2018 (online)

theSNAP.org.uk

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Outline

- 1) Importance of identifying & addressing support needs
- 2) Person-centred care
- 3) How was the SNAP tool developed?
- 4) What does the SNAP tool look like?
- 5) 5 stages of SNAP
- 6) How might SNAP differ from your existing practice?
- 7) What might be the benefits of using SNAP?

1

Importance of identifying and addressing patients' support needs

Support needs

- Lots of evidence that patients have support needs
- Also evidence that they don't tell you about them – unless time of crisis:
 - worried about your time
 - unsure about appropriateness – what they can raise/ what you can help with
 - guilt – self-inflicted nature of some conditions
 - normalisation – part of old age?
 - know there are things you want/ need to do (clinician agenda)

Support needs

- Potential **negative impacts** of unmet support needs
 - e.g. higher anxiety and depression, isolation, dependence on informal carers etc.
- **Policy and guidance** for long-term conditions and end-of-life care recommends that patients' needs be assessed & addressed
- Also likely that your **organisation's ethos** states that care should be:
 - holistic
 - person-centred



Your current approach

- How do you currently identify the support needs of patients?
 - What works well in your current approach?
 - Are there any limitations to your current approach?



Consider...

- How do you start a conversation with a patient about their support needs?
- Who leads the process? – you or the patient?
- What type of support needs do you routinely identify and discuss?
- What support needs do you usually address? e.g. practical, emotional
- Is the patient aware that you are identifying their support needs?

Reflect

- Could your approach be more person-centred?



2

Person-centered care



What is person-centred care?

- What does “person-centred care” mean to you?

What is person-centred care?

- Loads of definitions
- In essence it is....
 - a **collaborative** approach between clinicians & service users
 - working **in partnership** ‘with’ people rather than doing ‘to’ them
 - clinicians **taking a step back** from being the ‘expert’
 - **holistic** – thinking beyond the immediate disease

Why does person-centred care matter?

- Benefits....
 - improved concordance between the care provider and patient on treatment plans
 - better health outcomes
 - increased patient satisfaction





Person-centred care

- Are there any challenges / barriers to delivering person-centred care in your current practice?

Challenges

- Challenges, or barriers, are common when trying to change practice
- That's why we provide SNAP training

To help deliver person-centred care...

- ...you need to know what patients' support needs are (from their perspective), so...
- ...need a practice tool to **help patients identify and express** their support needs to clinicians – to act as a prompt

Tools you might use currently

- Symptoms / impact of disease
- Produce scores
- Might prompt a discussion of support needs



Tools you might use currently

- Do they **legitimise** support needs discussion?
- Right vocabulary to **directly** support patients?
- Focus on disease impact/ symptoms – **indicators** of need
- Lengthy
- Not **developed** for support needs identification

SNAP tool

- The SNAP tool is such a tool
- Developed to help patients identify and express their support needs
- Designed to be used within a person-centred approach to patient support...
- ...the Support Needs Approach for Patients (SNAP)

SNAP tool

- Evidence-based content
- Designed for ease of use (for both patient & clinician)
- Modelled on a similar tool developed for carers:
 - Carer Support Needs Assessment Tool (CSNAT)
 - CSNAT used nationally and internationally
- Important that the tool comes from you:
 - legitimises / validates / gives permission
 - shows you want to know about their needs

SNAP tool

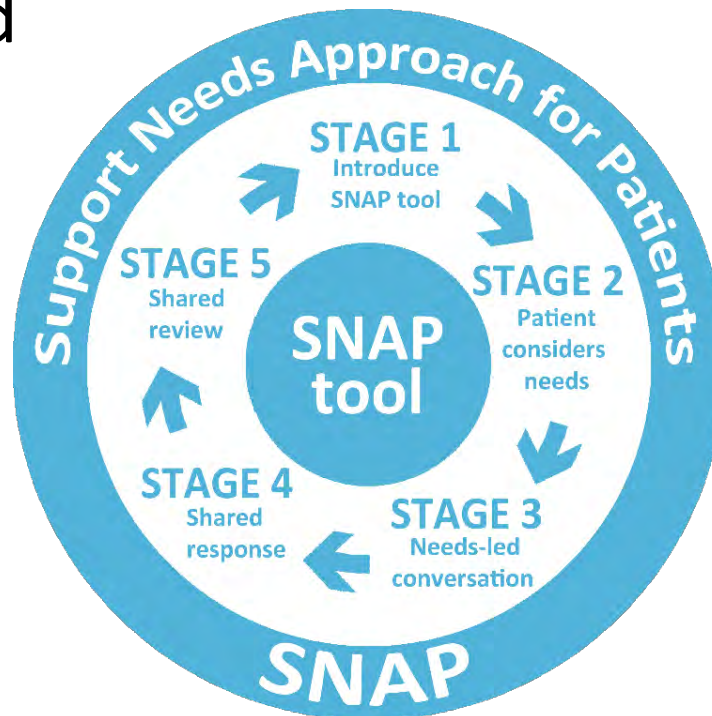
- “Tool”
 - not a “questionnaire”
 - not a “form”
 - means / mechanism – “conversation starter”
 - ...to patients we call it a “booklet”



- But... SNAP is not just the tool!

SNAP is...

- ...a 5 stage process – underpinned by SNAP tool
- ...practitioner-facilitated (tool comes from you)
- ...patient-led



Key messages

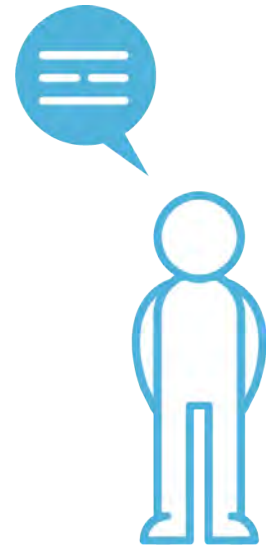
- Positive aspects of your existing practice will be **retained** with SNAP...
- ...but the SNAP intervention may help **address any limitations** you identified

3

How was the SNAP tool developed?

Evidence underpinning SNAP tool

- SNAP = an evidence-based tool
- Based on information from patients themselves on:
 - what **matters** to them
 - areas where they commonly say they have support needs (both met and unmet)



Where did we find the evidence?


- Systematic review of the COPD literature:
 - Gardener, Ewing, Kuhn, Farquhar (2018) Intl Jnl COPD
- Qualitative data from Living with Breathlessness Study:
 - well-characterised population-based sample of patients with advanced COPD
- Focus groups:
 - patients, carers, & clinicians



Key learning from the focus groups

- List of identified support needs not COPD-specific
- Condition neutral
- Relevant to a range of progressive or non-curative conditions
- SNAP tool doesn't mention COPD/ lung symptoms

15 key areas of support need

- Identified 15 key areas of support need –“domains”
- Cover the physical, practical, social, financial, and psychological support needs that **policy says should be delivered to patients**
- 15 domains  15 broad questions on tool

SNAP tool validation

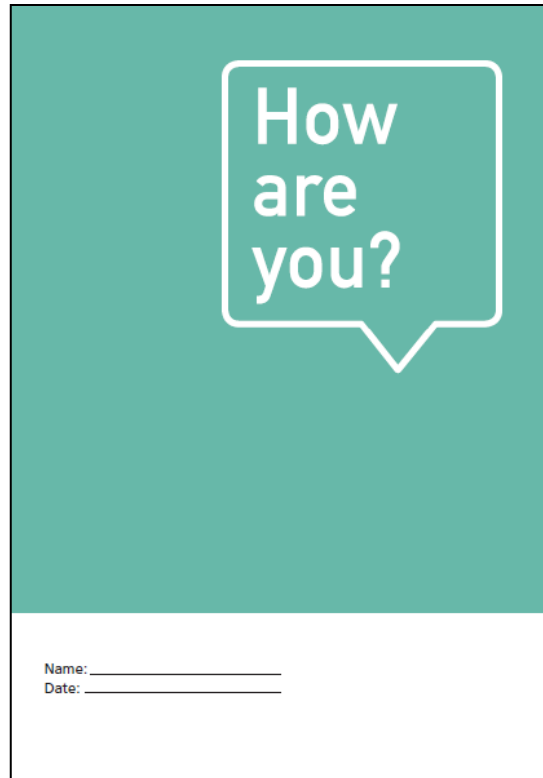
- Focus groups with:
 - patients and carers living with COPD
 - clinicians – primary and community care
- Postal survey 200+ advanced COPD patients:
 - SNAP tool
 - measures of disease impact (CRQ, CAT, HADS)
- Face, content and criterion validity



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What does the SNAP
tool look like?

“How are you?” booklet



This slide showed the full copyrighted SNAP tool – for information
about how to obtain the tool please see the SNAP website:

theSNAP.org.uk

Key features

- Q asks whether patient needs more support in the 15 domains (plus an ‘anything else’ option)
- Columns enable patient to indicate whether they need more support
 - Why not “yes/no”?
 - Not priority
- Inviting, patient-friendly design
- Note doesn’t say “SNAP”

Core content - copyrighted

- Core content of SNAP tool is:
 - the 15 questions & 'anything else' section (rows)
 - tick box section (columns)
 - directions for completion
 - copyright details
- Core content of SNAP tool is **copyrighted ©**
 - must remain unchanged

What patients think about the SNAP tool

“I think it’s very good... when you are looking through the list and **you sort out what really is your main concern**”

Patient

“I do think it’s a good idea because when you go in for your ten minutes (appointment) **you’re worried** and then you might **forget** what you came for in the first place. So if that was ticked off that would give you a [reminder]”

Patient

What clinicians think about the SNAP tool

“It’s just the **patients being in charge** of what they want to do [...] it’s not about us, it’s about them”

Community Respiratory Nurse

“We send out invitations for COPD annual reviews anyway, written invitations. It would be very easy to say “Please could you have a look at the enclosed [...] and bring it with you because **it will help us solve problems**”

GP

The SNAP items (domains)

- Each of the 15 items is an **overarching heading for a range of potential support needs** for patients
– rather than a list of individual needs
- All areas of support you're familiar with addressing

What support needs do patients tend to have in each domain?

- Will vary by patient & over time
- e.g. ‘managing symptoms and medications’ may be about:
 - how to control breathlessness or panic attacks
 - inhaler technique
 - managing exacerbations / emergency meds
 - managing post-discharge

What type of support is needed in each domain?

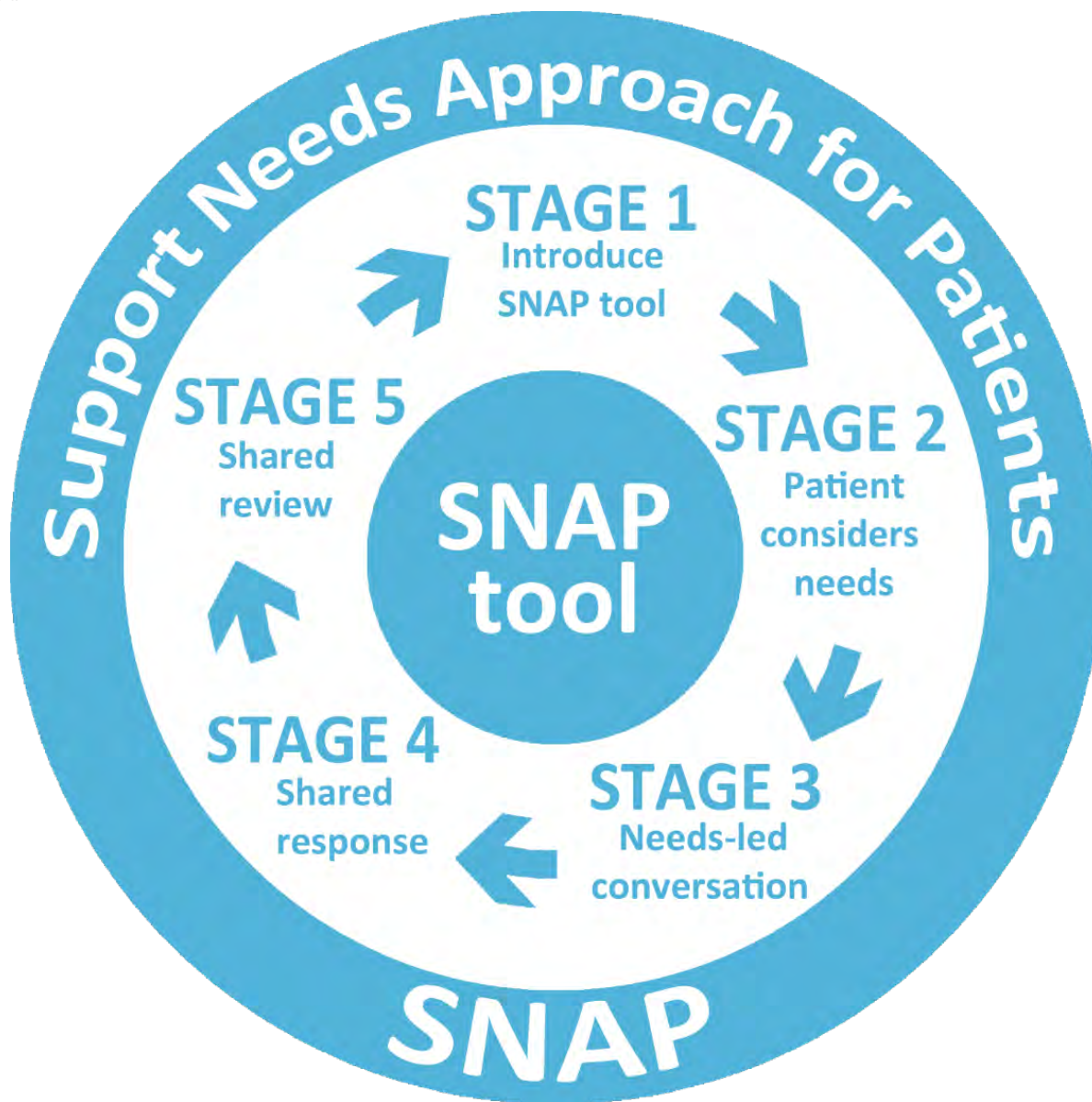
- Depends on patient's individual need & resources
- e.g. 'dealing with feelings and worries' may require:
 - talking through the problem
 - signposting to sources of support
 - referral on to specialist services
- ...it depends what the specific need is

Key messages

- SNAP is more than just the tool
- Patient-completion of the SNAP tool is just the start...

SNAP as a person-centred approach

- SNAP tool underpins a **practitioner-facilitated, but patient-led**, process
- ‘Patient-led’ = enables patient to say:
 - *what areas they need more support with*
 - *what are their most pressing concerns*
 - *what might be supportive*
- Support provided is therefore **tailored to meet patient’s individual needs**
- Process is repeated – patients’ **situations change**



STAGE 1

Introducing the SNAP tool
to the patient

Introducing SNAP tool to patient

- Important patient understands it is an **opportunity to consider** and prioritise their needs
 - not an ‘obligation’ to fill in a form
- Patient takes lead in thinking about & completing the tool to show what their support needs are
- Clinician gives it to patient:
 - legitimises / validates / **gives “permission”**
 - shows you want to know about their needs



How do I introduce the SNAP tool?

- Depends on the circumstances
- In person:
 - ideal
 - during an appointment (clinic or home)
- Post tool ahead of an appointment:
 - needs explanatory cover letter
- **What would work best in your setting?**

STAGE 2

Patient consideration of needs

Once the patient has the SNAP tool...

- Patient needs time to consider their support needs in relation to each domain
- Length of time needed will vary by individual
- Patients may (using SNAP tool):
 - reflect on support needs on their own
 - chat about needs with family/ friends



If I'm there...what's my role?

- Remind them:
 - this is the start of a conversation about their needs
 - they'll be able to discuss their support needs with you – as their needs, and how you might be able to help them, matters to you
- Agree when needs-led conversation will take place:
 - at that visit/ appointment
 - at next visit/ appointment
 - by phone

What might they identify?

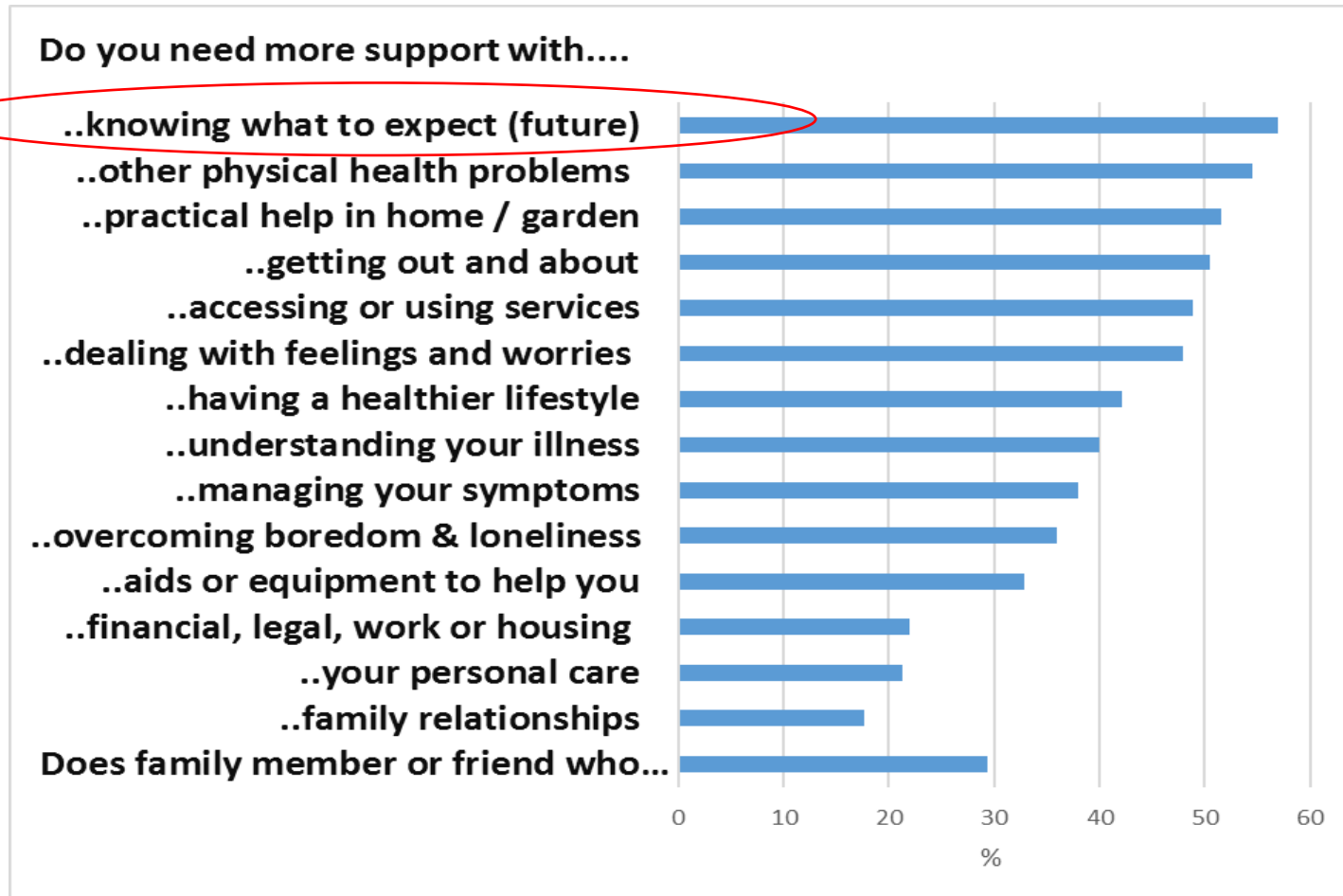
- Which SNAP domains do you think most patients say they want more support with?



This slide showed the full copyrighted SNAP tool – for information
about how to obtain the tool please see the SNAP website:

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SNAP tool validation survey (COPD) (n=225)



Knowing what to expect in the future

“The good thing is that it did bring up the palliative care issue. That was good because [he] is a patient I have known for a long time ...[and] whenever you tried to bring it up they (patient and carer) kind of closed off and didn't want to discuss it. So [SNAP] was useful in that [it] kind of prompted another thought.... [and] a discussion [around] ‘it's important to think about what would you like to happen if they couldn't make you better?’”

Community Respiratory Nurse: SNAP2

STAGE 3

Needs-led conversation

Needs-led conversation...

- ...uses the patient-completed SNAP tool
- SNAP tool will show:
 - which areas they need more support with (if any)
 - level of support needed: a little more/ quite a bit more
- SNAP tool will not show:
 - which area they've ticked as needing more support with is the **most important** to them **at the moment**

What is the priority support need?

- Ask patient which area they've ticked as needing more support with is the **most important to them at the moment**
- You do NOT need to discuss all 15 items!
- You do NOT need to discuss every item they've indicated as having a support need in!

What is the priority support need?

This slide showed the full copyrighted SNAP tool – for information
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Key message

- Domains a patient has indicated they need a lot more support with **may not be the ones that they prioritise** as most important at that moment in time

Needs-led conversation

- The domain **prioritised by the patient** will be the focus of the needs-led conversation
- You can then explore **what the patient's individual support need is in relation to that domain**
- Domains are broad – vital to unpick precise need, as impacts on type of support required
- Precise need of one patient in a given domain may be **very different to another patient**

Key messages

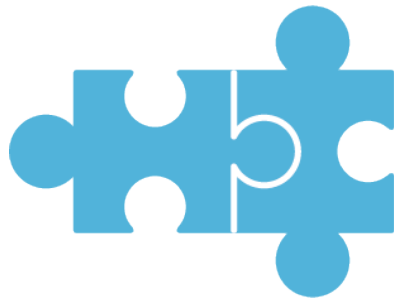
- One domain can cover a range of issues
- Domains/ precise needs **may not correspond with your expectations** of the patient's support needs or priorities

STAGE 4

Shared response

Shared response

- Discuss and agree ways to help address the need
- Creates a person-centred, shared response
- Shared activity between you and the patient



Forms of supportive input

- 1) active listening
 - 2) help patient identify support within own resources
e.g. enabling self-help or facilitating family help
 - 3) directly deliver support yourself:
 - (a) reassurance
 - (b) information / advice
 - (c) educational input
 - 4) signpost to sources of support
 - 5) refer on
- Actions you're familiar with in your current practice
 - May be some support needs you can't meet (in short term)

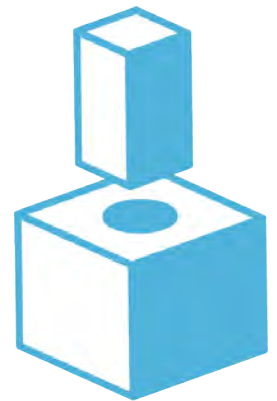


Recording the shared response

- Summarise outcome of needs-led conversation (shared response)
- Recording this will evidence...
 - ...the work you are doing with SNAP
 - ...areas of shortfall in supportive resources
- **Where and how might you record the shared response?**

Key messages

- Find out **what the patient feels would help** before highlighting what's available
- Can't just match one particular domain to known services/ information sources
- Supportive input needed may be different to your expectations



STAGE 5

Shared review

Shared review

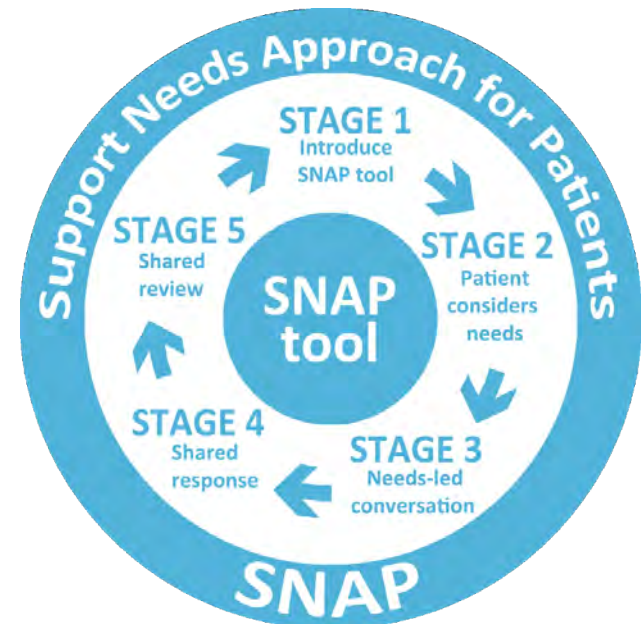
- Once you have a shared response...
- ...let the patient know that **review of their support needs will be ongoing**
- Prompt for a review can come from you, or the patient

Facilitating a shared review

- Ensure patient knows they can raise their support needs at any time
- Be reactive to need: be aware of triggers for a change in support needs
 - e.g. deterioration in their condition, or change in their care plan
- Be proactive for need: agree a plan for review with patient rather than wait for a problem to arise
 - e.g. agree and record a review date

Key messages

- SNAP is an ongoing process
- Patients' support needs change



6

How might SNAP
differ from your
existing practice?

SNAP and your existing practice

- SNAP = new way of working that **retains what is positive about your existing practice** including:
 - being aware of patients' support needs
 - your style of interaction
 - how you build relationships with patients
- ...but SNAP may differ from your existing practice
- ...could **help to address any limitations** you identified earlier

How might SNAP differ from your existing practice?

- Process is **facilitated** by you, but **led by the patient**
- Needs identification becomes:
 - comprehensive and structured... more visible?
 - consistent within and across teams and settings
 - equitable – same approach for all patients
 - more person-centred
- **Patient prioritises** their immediate support need
- Patient is encouraged to express what might help – **response therefore tailored to individual patient**

7

What might be the
benefits of using
SNAP?

SNAP is...

- ✓ Structured: tool ensures all patients have opportunity to consider their support needs in relation to each domain
- ✓ Flexible: responsive to individual patient need, used in a way to match your way of working and needs of your service
- ✓ Comprehensive: gathers patient's areas of concern prior to focusing on priority for the patient at that point in time
- ✓ Person-centred: puts patient in the centre, enables them to say what's most important to them, at that time, & what might help
- ✓ Visible: patient can see that there is a process for identifying and addressing their support needs

What patients think about SNAP

“It just couldn’t be simpler to fill in. It asks all the right questions... and some that are probably never asked. **Without the tool I wouldn’t have thought about these issues...** so it did help... sitting and talking about these issues does help. ‘Dealing with feeling and worries’... it’s not something in my yearly appointment that would normally come up”

Patient 111 SNAP 2 pilot

What patients think about SNAP

“[It] did prompt me to ask some more questions with [the nurse]...and that was a good thing. [The appointment] went a bit deeper this time, which was **what I really needed**... this was something that I hadn't really understood in the past, that I should have a few more questions and now I have **I feel a lot happier about everything**. Don't get me wrong [the nurse] is very good and she will tell you everything you need to know... but it's **knowing what you want to know and [the tool] did help**”

Patient 143 SNAP 2 pilot

What clinicians think about SNAP

“[The patient’s] issues are loneliness and getting out and about, and it did evolve to discussions on anxiety... so from that **it triggered me to refer on** to [local services]... so it was really useful [and] **helped initiate quite a few things**”

Patient 111 SNAP 2 pilot

What clinicians think about SNAP

“Just seen a patient with SNAP booklet [and I was] nearly moved to tears. **Can't thank you enough for the booklet** - conversation we had would not have happened without it [...] [The] **consultation was special**. We had spoken about his feelings/mood during the last appointment. **SNAP meant he came back. Honestly, I could have cried**”

Patient 111 SNAP 2 pilot

We asked patients what should be in SNAP training!

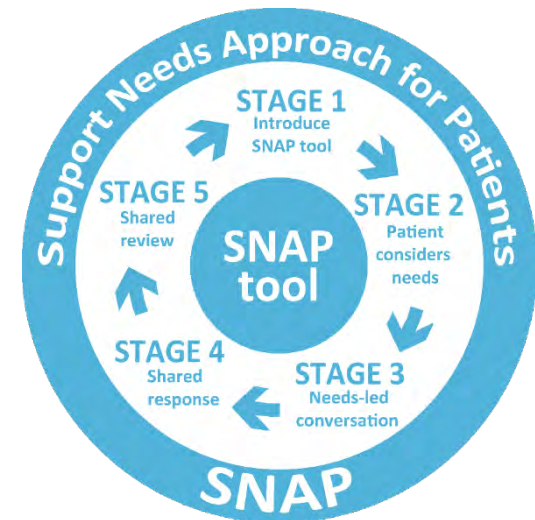
They said you need...

- ...strategies for supporting people who may have difficulty filling in the tool
- ...to allocate enough time to ensure SNAP is carried out properly & really explore the issues raised with the patient
- ...to remember you don't need to respond to all the needs!
- ...to consider whether patient would benefit from referral to other (specialist) services
- ...to consider sharing completed SNAP tool with other clinicians/ settings



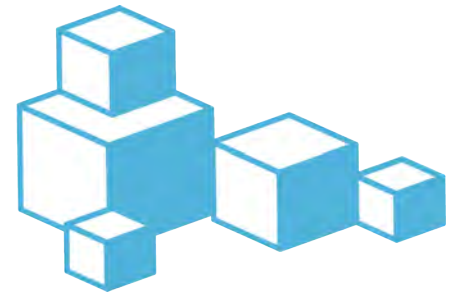
Thoughts on SNAP

- How do you see SNAP working in your setting?
- What aspects of your current practice may need to be adjusted to enable SNAP to be put in place?



Key message

- Find a way of **incorporating** the five stages into your practice, **building on your existing skills** and work you do with patients
- Don't view SNAP as an 'add-on' to your existing practice



Support Needs Approach for Patients

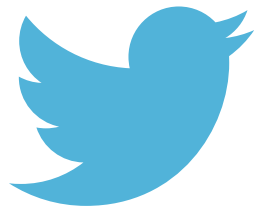
Gail Ewing, Morag Farquhar, Carole Gardener



Photo credit: Peter Jones

Support Needs Approach for Patients





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