

HOLISTIC NEEDS ASSESSMENT

easy read

This leaflet is about a holistic needs assessment.



Difficult words are written in **bold**. There is a list of what the words mean at the end.



If you are worried please speak to your **Clinical Nurse Specialist** who will be happy to help.

What is a holistic needs assessment?



Holistic is a word used to set out the needs you might come across.



Cancer can affect many areas of your life and your needs may change.



As part of your ongoing care we offer you an assessment for you to ask any questions you may have, and we will try our best to answer.

This is what we call a Holistic Needs Assessment (HNA).





The holistic needs assessment gives you a chance to think about your problems and discuss possible answers.

It has three parts:



A simple set of questions to identify any concerns you may have. Called a concerns checklist.





A talk with your **health professional** or Cancer Support Worker involved in your care to talk about your **physical, psychological, spiritual** and social needs.





Development of a written care plan.



The focus is on you as a whole



not just your illness.





The questions may be answered on paper or **electronically**.



It will take around ten minutes to complete. You can choose to be sent the check list of questions in advance or you can fill one out at the time of the appointment.

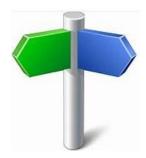
The holistic needs assessment can also be done online using a smartphone, laptop or tablet.



Why do I need a holistic needs assessment?

It gives you **opportunity** for you to talk about any worries or concerns you may have.





It will help you to see what your needs are and, also get you help from the right services.



Do I need to have a Holistic Needs assessment?



The team caring for you will offer an assessment to every patient with cancer. You may find an assessment helpful to show you what support is available.

If you do not wish to have an assessment, you do not have to have one you can still access support and information.







You can discuss your needs at any time with the health care professionals involved in your care.

When will the assessment take place?



You may be offered an assessment at the time of your **diagnosis**, during treatment or at the end of treatment. Because your needs may change, you can ask for an assessment at any time you feel it would help.





You can ask your **Clinical Nurse Specialist** if you have any issues you may wish to discuss.

Who will do the assessment?



The holistic needs assessment will be done by your **key worker**, and this is normally the person who is caring for you.



They will find somewhere private to talks with you, if your needs change or you have issues you can contact them.

What will be done with the information?



The information will be held with your medical notes, and they may need to share some of this information with other health professionals.



You will always be **notified** of any need to share information regarding this assessment. You will be given a summary of what has been discussed for you to keep and go back to.



What can I talk about during the assessment?



Physical symptoms (for example weight loss, appetite or eating and tiredness).



Emotional concerns (for example worries about the future and relationships).



Practical issues (for example sorting out housework and where to get equipment that can help).



Job, money or housing worries (for example balancing work and treatment, and benefits or financial advice).



Spiritual concerns (for example your faith or beliefs, and any impact this may be having).

What about my family and friends?



If you would like your close family or a friend to come with you this is ok, they will also get any information and support that they may need also.



If you like you can also have this in private which is something we respect.



What a concerns checklist looks like

This is an example of the paper version of the concerns checklist

Patient's name or label Passing urine Prassing urine Constipation Diarrhoea Morey or finance Independence Indep	ncerns Checklist – ntifying your concerns	nysical concerns	Sex, intimacy or fertility	Loneliness or isolation
Constipation	illiying your concerns	Breathing difficulties	Other medical conditions	Sadness or depression
Constipation Taking care of others Guilt Worry, fear or anxiety Independence Eating, appetite or taste Indigestion Travel Money or finance Indigestion Travel Independence Partiner Children Cough Transport or parking Partner Children Chil	nt's name or label —		Practical concerns	= ·
Eating, appetite or taste		Constipation	☐ Taking care of others	Guilt
Indigestion Travel Family or relationship concerns		Diarrhoea	Work or education	☐ Worry, fear or anxiety
Swallowing		Eating, appetite or taste	Money or finance	☐ Independence
Cough Sore or dry mouth or ulcers Nausea or vomiting Tired, exhausted or fatigued Swelling Washing and dressing High temperature or fever Moving around (walking) Tingling in hands or feet Pain or discomfort This self assessment is optional, however it will help us understand the concerns and feelings you have. It will also help us identify any information and support you may need. If any of the problems listed have caused you concern recently and you wish to discuss them with a key worker, please score the concern from 1 to 10, myth 10 being the highest. Leave the box blank if it doesn't apply to you or you don't want to discuss		Indigestion	Travel	Family or relationship concerns
Cough Sore or dry mouth or ulcers Nausea or vomiting Transport or parking Talking or being understood Laundry or housework Grocery shopping Washing and dressing High temperature or fever Moving around (walking) Tringling in hands or feet Person who looks after me Person who looks after me Person who look after me Person who looks after me Person who look after me Person who looks after me Person who looks after me Person who looks after me Person who look after spirituality Meaning or purpose of life Peling at odds with my cul beliefs or values Information or support Exercise and activity Diet and nutrition Wound care Memory or concentration Sight or hearing Speech or voice problems Anger or friends Understood Uncertainty Nausea or vomiting Washing and dressing Person who looks after me Person		Swallowing	Housing	Partner
Sore or dry mouth or ulcers Nausea or vomiting Tired, exhausted or fatigued Swelling Swelling Washing and dressing Person who looks after me Person who look after spiritual concerns Person who look after spiritual concerns Preparing meals or drinks Pets Moving around (walking) Tingling in hands or feet Poin or discomfort Hot flushes or sweating Dry, itchy or sore skin This self assessment is optional, however it will help us understand the concerns and feelings you have. It will also help us identify any information and support you may need. If any of the problems listed have caused you concern recently and you wish to discuss them with a key worker, please score the concern from 1 to 10, with 10 being the highest. Leave the box blank if it doesn't apply to you or you don't want to discuss Sore or dry mouth or ulcers Nausea or vomiting Candler and understood Laundry or housework Grocery shopping Washing and dressing Person who looks after me Person who looks after me Person who looks after me Person who look after spiritual concerns Difficulty making plans Smoking cessation Problems with alcohol or drugs My medication Emotional concerns My medication Emotional concerns Uncertainty Diet and nutrition Complementary therapies Unable to express feelings Making a will or legal advice and the future Regret about the past My appearance Sleep problems Anger or frustration Managing my symptoms		Cough	☐ Transport or parking	
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Swelling		Tired, exhausted or fatigued	Grocery shopping	
High temperature or fever		Swelling	☐ Washing and dressing	
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Contact number: Pain or discomfort		Tingling in hands or feet	Difficulty making plans	
Contact number: Hot flushes or sweating		Pain or discomfort	Smoking cessation	, ,
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This is an example of what some of the screens looks like if you do this online

MY HOLISTIC NEEDS ASSESSMENT

How will your information be used?

If you consent below your care provider, CALDERDALE AND HUDDERSPIELD NHS FOUNDATION TRUST, (Care Provider) will have access to your personal information in order to support your care. They may also share it with other organisations that provide care for you such as your GP, community teams, or other care providers that are appointed to assist you.

All information will be stored on a secure network and processed in accordance with applicable Data Protection Law (including, but not limited to the General Data Protection Regulation (GDPR) and UK Data Protection Act 2018) and NHS guidelines. Such information may also be hosted by software or IT providers who are subject to appropriate data processing agreements to ensure that your personal information is subject.

If you have been asked to complete a Quality of Life assessment you will find more information on the following page. You will then have an opportunity to decide whether you want to complete that assessment.

Any information that could identify you will not be shared with anyone else without your consent.

Macmillan has access to non-identifiable information only that cannot be used to identify you personally. Macmillan uses this non-identifiable information for evaluation and research to better understand the needs of cancer patients generally and to help develop new services. This nonidentifiable information may be shared with other organisations for reasons of evaluation and research but shall only be used on an anonymised basis.

If you consent to your details being used for the above purposes such consent can be withdrawn at a later date in accordance with your rights under Data Protection Law which is described in more detail in accordance with your Care Provider's Privacy Policy, if you have any questions relating to that Privacy Policy please contract your Care Provider. If you wish to withdraw your consent or have any other questions regarding how your personal data may be used, this can be done by contacting support@mycareplan.co.uk.

If you choose not to continue it will not effect the care you receive. The team providing your care may make alternative arrangements to determine your concerns, and to discuss them with you.

I DO NOT CONSENT to my data being used and processed for the

I CONSENT to my data being used and processed for the above

Next

This page is at the start of the concerns checklist it tells you how your information will be used.

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This page gives you help on how to fill out the concerns checklist

Concerns Checklist

We would like to know a bit more about you and your concerns.

Please fill in this questionnaire (with help from a relative or carer if needed).

Please follow the instructions at the top of each page. They will tell you how you should answer, but remember, there are no "right" or "wrong" answers.

Click the Next button.

Next >



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MY HOLISTIC NEEDS ASSESSMENT

Physical concerns (1/4)

If any of the issues below have caused you concern recently, please $\ensuremath{\mathbf{select}}.$

Breathing difficulties
Passing urine
Constipation
Diarrhoea
Eating, appetite or taste
Indigestion
Swallowing

Next >

This page asks if you are worried about anything about your body

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Practical concerns (1/2)

If any of the issues below have caused you concern recently, please select.

Taking care of others
Work or education
Money or finance
Travel
Housing
Transport or parking
Talking or being understood
Laundry or housework

Next :

This page asks you if anything has worried you lately

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Emotional concerns (1/2)

f any of the issues below have caused you concern recently, please select.

Uncertainty

Loss of interest in activities

Unable to express feelings

Thinking about the future

Regret about the past

Anger or frustration

Next

This page asks you how you have been feeling about things



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MY HOLISTIC NEEDS ASSESSMENT

ks vou if

This page asks you if you have been worried about your family and friends

Family concerns

If any of the issues below have caused you concern recently, please select.

Partner

Children

Other relatives or friends

Person who looks after me

Person who I look after

Next >

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Spiritual or religious concerns

If any of the issues below have caused you concern recently, please

Faith or spirituality

Meaning or purpose of life

Feeling at odds with my culture, beliefs or values

Next

This page asks if you are worried about anything spiritual or religious

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Part Two - What matters to you

This plan isn't just about your concerns or worries; it's about what matters

In this section there are a number of questions that can help us find out about the things that matter to you the most. We will ask you about the important people in your life, what makes a good day for you, what helps if you are having a bad day, and what your important routines and possessions are.

This information will help us provide the best support for you. Please answer as many questions as you can.

Next >

This section asks what is important to you



What words mean

Holistic - treating the whole of something not just a part of it

Assessment - check on what you need

Health professional - highly skilled workers

Physical - something belonging to the body

Psychological - something to do with the mind

Spiritual - something to do with the human spirit or soul

Development - steps taken to make something grow in size

Electronically - with the help of electronic devices or equipment

Opportunity - something happens that makes it possible to do something

Diagnosis - to say what is wrong after tests

Clinical Nurse Specialist - Clinical and health care nurse who is highly trained in one area

Key worker - an important member of staff who is going to work with you

Notified - to let you know in a formal way