

Transforming Care After Treatment: Evidence and Learning Bulletin

Holistic Needs Assessment: Implications for Practice

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Introduction

Transforming Care After Treatment (TCAT) is a five-year programme funded by Macmillan Cancer Support. Focused on the care and support of people after treatment for cancer, TCAT is a partnership between the Scottish Government, Macmillan Cancer Support, NHS Scotland, local authorities and third sector organisations that aims to:

- enable people affected by cancer to play a more active role in managing their own care;
- provide services which are more tailored to the needs and preferences of people affected by cancer;
- give people affected by cancer more support in dealing with the physical, emotional and financial consequences of cancer treatment;
- improve integration between different service providers and provide more care locally.

Edinburgh Napier University was commissioned by Macmillan Cancer Support in May 2014 to conduct a national evaluation of TCAT. This work includes a rolling programme of Evidence and Learning Bulletins on specific topics.

Purpose

This Bulletin presents the learning to date from a national evaluative perspective on the implementation of holistic needs assessment (HNA). The purpose of the Bulletin is to add to the findings presented in the Interim Report by providing further analysis and disseminating findings from the programme evaluation in a more timely manner. This is the first of a planned series:

2017:

- TCAT and the Patient Voice: From Involvement to Influence

2018:

- TCAT Health Economic Workstrand: Evidence and Learning from 9 projects
- Community Based Projects: Evidence and Learning
- Mechanisms of HNA and Care Planning – A Realistic Evaluation
- Two special interest/themed bulletins
- Final ‘wrap up’ report on the national evaluation

It is not a ‘How To’ guide or ‘Toolkit’ for the implementation of HNA. It has been written for health and social care practitioners and assessors, service managers in all sectors and service commissioners, with the aim of disseminating and sharing learning about what works well (and not so well), why, for whom and in what circumstances. Readers will

- Increase their understanding/knowledge of HNAs
- Understand implications for practice when implementing an HNA
- Learn from the TCAT Programme to locally build on the work to date

The views expressed in this report are those of Edinburgh Napier University TCAT Evaluation Team and do not necessarily represent those of Macmillan Cancer Support and their partners.

CONTEXT AND BACKGROUND OF TCAT

Context

Across the United Kingdom the numbers who are living with a cancer will increase from 2 million to 4 million by 2030. For Scotland, this is an increase from 190,000 in 2010 to around 340,000 by 2030 if current trends continueⁱ.

Data on healthcare utilisation indicates that there is a significant level of health care usage in the period 1-5 years after diagnosisⁱⁱ. Amongst those aged 65 and over living with cancer, many have co-existing diseases (co-morbidity)ⁱⁱⁱ.

In common with other long term conditions, the provision of effective and sustainable cancer survivorship services, requires reform of the planning, delivery and performance of health and social care services to ensure appropriate use of resources, improved outcomes for patients and carers, support for self-management and an overall and ongoing shift in focus from treating the disease to overall health and wellbeing.

Background of TCAT

The background to TCAT is linked to the Christie Commission on the 'Future delivery of Public Services (2011)^{iv}. The Commission believed that 'rising demand and costs pressures compounds the impact of Scotland's tightening budgets' and recommendations included:

- a presumption in favour of preventative action and tackling inequalities
- concentrating the efforts of all services on delivering integrated services that delivered results

These recommendations and others were included in the Scottish Government's strategic vision for health care services 2020 Vision^v envisioning a health care system fully integrated with social care and focused on:

- prevention
- anticipatory care
- supported self-management
- an expansion of GPs and their roles
- managed flows through hospital services

A 'route map'^{vi} for the vision was published in 2013 developing an improvement framework and strategic commissioning as well as workforce development.

In 2014 the Scottish Government signalled a move from strategic encouragement towards legislative duty and guidance with the 'Public Bodies (Joint Working) (Scotland) Act 2014'^{vii}. The Act required NHS Boards and respective Local Authorities to establish integration schemes, joint budgets, structures and governance. The new Integration Authorities had to be operational by 1 April 2016 and the Government issued guidance on assessing performance through the 'National Health and Wellbeing Outcomes in February 2015'^{viii}. A key legislative requirement was that Integration Authorities/Integrated Joint Boards had to produce a strategic plan for their areas based on local needs.

The relevance of the TCAT programme to the integration and other reform agendas can also be seen in the 2015 report of the Auditor General. Her report, 'Changing models of health and social care (2016)'^{ix} concluded that:

- the shift to new models of care is not happening fast enough to meet the growing need
- NHS Boards and Councils can do more to facilitate change including focusing funding on community based models and workforce planning to support the new models and have a better understanding of the needs of their local populations
- a better understanding of the needs of local populations is required
- new models of care had to be evaluated "properly" and learning from this be coordinated and accessible

TCAT was designed to address many of these challenges by providing strategic direction and drive for new, integrated follow up /after care models relevant to the wider reform of public services including:

- developing new models of care to address unmet needs and wider service challenges
- maximising the sustainability and roll out of evidenced based practice
- enhancing service integration and coordination and health and social care partnership working in relation to services for people affected by cancer
- providing cost effective solutions and a more appropriate use of resources than current practice

Operationally and strategically, TCAT mirrors the aspiration of the Scottish Government's 2016 Cancer Strategy "Beating Cancer: Ambition and Action".

"for health, social care and third sector services to deliver sustainable and innovative approaches to cancer care which meet the changing requirements of people with cancer to support them to live healthy lives at home"^x

Twenty five projects are testing different ‘combinations’ of the recovery package elements, a key delivery mechanism for TCAT. The interventions are: Holistic Needs Assessment, Treatment Summaries, Cancer Care Reviews, and Health and Wellbeing Events. These elements combine to support self-management through, for example, physical activity as part of a healthy lifestyle, managing consequences of treatment, and information, financial and work support.^{xi}

As a result of the testing and piloting work funded by TCAT there are now evidenced ‘demonstration case studies and local exemplars’ of how HNAs can be implemented. Pilots have taken place in six different Scottish health boards (in all three regional cancer Networks -see Appendix One) and provide a greater understanding of the processes and potential outcomes of implementing HNAs.

Taken together these projects are to be commended for providing information on the local implementation of nurse-led HNAs and contributing to:

- The delivery of a more consistent and standard service to people affected by cancer across Scotland, grounded in patient led recovery based principles.
- Providing evidence of patient acceptability and satisfaction with the HNA delivery model.
- Taking steps to stretch and strengthen the local patient pathway outwards, away from acute settings.

What is an HNA?

























HNA is a key component of the Recovery Package^{xii} - a model of support for patients with cancer following initial treatment.

HNA is a structured method of consultation. All the projects reported here used the HNA tool, the Concerns Checklist^{xiii}. It covers a wide range of different concerns a patient may have: physical, emotional, family, lifestyle, practical and spiritual concerns. The HNA is initially a patient-administered tool completed by the patient prior to consultation with the assessor who then uses it to guide the consultation. The idea is that by using this checklist the consultation is focused on the most important needs as defined by the patient^{xiv}.

Implementing HNAs

The six TCAT projects implemented the HNA in different ways and this is shown in diagram one. The location, cancer types for inclusion, number of HNAs during a pathway (planned frequency) and timing of the HNA within the pathway were decided locally by the projects. For example five projects implemented the HNA within one or more specified tumour groups, and one provided it to all patients.

Diagram One: Summary of different ways of implementing HNAs

HEALTH BOARD	CANCER	PATHWAY	LOCATION	ASSESSOR	PLANNED FREQUENCY
	ALL CANCERS	 ADDITIONAL SERVICE			2
	COLORECTAL GYNAECOLOGICAL BREAST LUNG	 ADDITIONAL SERVICE			2
	PROSTATE	 ADDITIONAL SERVICE AS PART OF ROUTINE FOLLOW UP			1
	COLORECTAL	 EMBEDDED IN ROUTINE FOLLOW UP			1
	MELANOMA	 EMBEDDED IN ROUTINE FOLLOW UP			1
	BREAST	 EMBEDDED IN ROUTINE FOLLOW UP AND ADDITIONAL SERVICE			3

HNA, as an identifiable ‘process’ in a patient’s cancer journey, must be implemented in the context of local service circumstances and demands. TCAT has provided Scottish evidence that implementing this component of the recovery package need not limit itself to one prescriptive delivery model. The key to implementation success is local understanding that the HNA is not an ‘off the shelf intervention’.

TCAT is testing the HNA in different settings, locations and by different professions. Understanding the impact of these factors on patient experiences, outcomes and resource use will be of immense value to health and social care providers.

Implications for Practice

The benefits and value of implementing HNA:

- an opportunity to develop local solutions to local issues
- the delivery of a more consistent and standard service to people affected by cancer across Scotland, grounded in patient led recovery based principles
- providing evidence of patient acceptability and satisfaction with the HNA delivery model chosen
- taking steps to stretch and strengthen the patient pathway outwards, away from acute settings

The key to implementation success is local understanding that HNA is not an ‘off the shelf intervention’, but rather a considered local approach.

It’s not what you do it’s the way that you do it

The way in which HNA is approached and implemented is of crucial importance to its success and sustainability.

Decisions about the way in which HNA processes are introduced can and should be informed by careful consideration of the answers to key implementation issues. For example, when and why the assessment takes place will have implications for who carries out the assessment, where and what happens next for the patient.

Why carry out HNA ?

Carrying out an HNA can serve many purposes. We identified three significant reasons for carrying out an HNA - managing risk in patient follow up; increasing the appropriateness and effectiveness of review appointments and prioritising a recovery based approach. They are not always mutually exclusive, but illustrate reasons and highlight local ‘priority’ rationales.

Implications for Practice

The local 'priority' reason for implementing HNAs will impact on its delivery. 'Why' an HNA is to be conducted must be understood fully by all stakeholders.

- Informing Risk
 - A way to inform future risk stratification
 - Information to discharge from follow up
- Enhancing Reviews
 - Identifying needs at key transition point(s)
 - Standardising post-treatment care
- Supporting Self-management
 - Prioritising a recovery approach
 - Patient rather than professional led approach

Where?

All the projects primarily undertook assessments within an out-patient/follow up clinic in a hospital or community hospital. It was therefore most common for an HNA to take place face to face with the patient in a hospital or community hospital setting. However a small number were also conducted over the telephone or in the patient's homes.

When?

Three projects implemented HNA specifically at the end of active treatment. In these projects patient HNAs typically took place between 1 month and 10 months after receiving a diagnosis of cancer as shown in Table 1.¹

Table 1: Timing of HNA at end of active treatment

Project	Mean (months)	Median (months)	Range (months)
NHS Lothian	10	9.6	3-50
NHS Borders	1	2.3	0-26
NHS Ayrshire and Arran	2.6	1	1-12

Others embedded HNA into routine follow up clinics, either in a hospital or community hospital setting. The average time from diagnosis to end of treatment assessment is therefore much greater. For example people with melanoma are followed up for 5 years, depending on diagnosis. The range for these three projects was between 0 and 282 months (Table 2). The length of time from diagnosis to assessment for melanoma and prostate patients reflects current 'follow up' guidelines.

¹ Data on the actual end of treatment date was not available.

Table 2: Timing of HNA when implemented as part of routine follow up

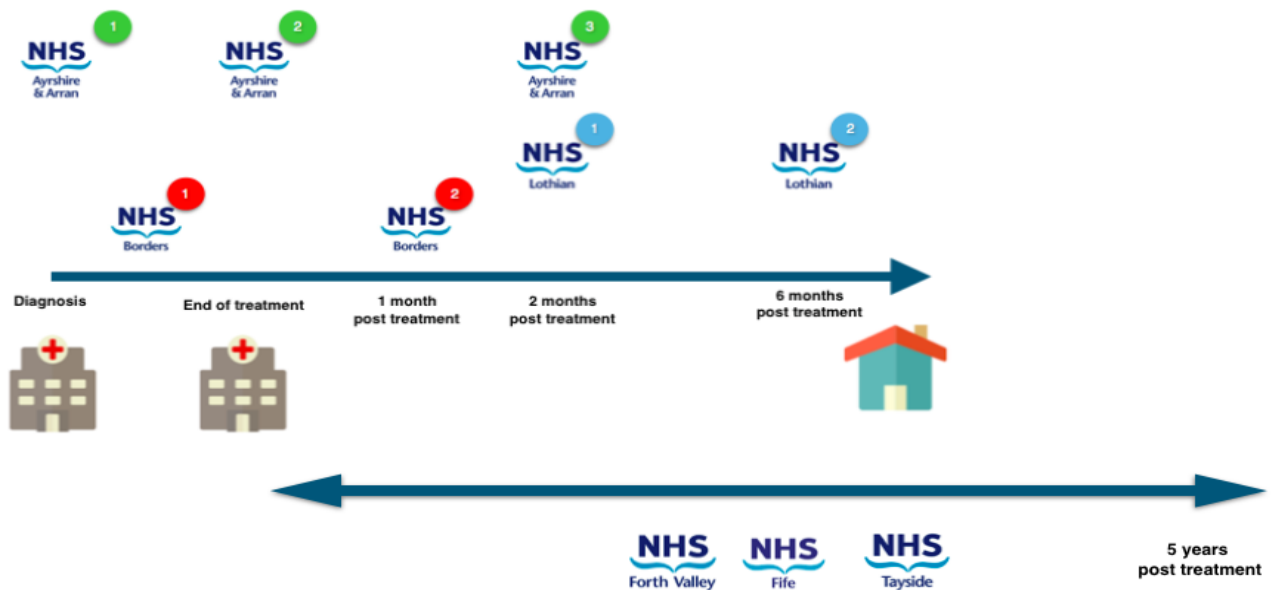
Project	Mean (months)	Median (months)	Range (months)
NHS Forth valley	65	83.7	3-282
NHS Fife (Melanoma)	10	18.8	0-192
NHS Tayside	25	27.8	0-86

Whilst the work of these projects demonstrates that various time points for HNA are possible and practical, **none determine the most effective or efficient time to conduct an HNA**. On completion of their ‘test’ period – most projects had as yet not fully determined when best to first conduct an HNA and also how often the process should be repeated to maximise patient benefit.

How often?

Three projects implemented the HNA at more than one set time point. For two this was first done at the time of receiving a diagnosis of cancer/treatment plan for diagnosis.

Diagram Two: Planned frequency of HNAs in 6 TCAT Projects



Who?

The process of assessment is not a new process or practice for experienced professionals in health and social care. However, for some, the structured use of the Concerns Checklist or other assessment tool will be.

To date, nurse-led assessment practice is the predominant model within phase 1 of TCAT. On completion, TCAT will have evaluative data on the role and actions of other holistic assessors – in particular, the work of non-health care assessors in community settings and nurses in primary care. This evaluative data will be presented in a future Evidence and Learning Bulletin.

Evidence and learning from TCAT to date identifies that for HNA the key question is not actually who does it, but what skills and competencies the assessor has and also the quality of the infrastructure provided to aid the processes and actions of the assessor.

Skills and competencies

Over the last decade a number of reports have offered guidance to practitioners providing a HNA and through this identified skills and competencies. (See Box 1). Most recently, Macmillan Cancer Support considered the core skills for assessors are in the fields of communication and problem solving^{xv}.

Box 1: Examples of Guidance for holistic needs assessors

A guide for professionals providing holistic needs assessment care and support planning. Macmillan Cancer Support (November 2016)

Holistic needs Assessment for people with cancer. A practical guide for healthcare professionals. National Cancer Action Team (2011)

Holistic needs assessment and care planning. Sharing Good practice. Macmillan Cancer Support (Winter 2012)

Innovation to implementation: stratified pathways of care for people living with or beyond cancer. A 'how to guide'. NHS Improvement Cancer (2012)

National analysis of the processes and actions of holistic needs assessors and a review of reported concerns support the need for these core assessor attributes. For example, the most frequently reported concern is “tired/exhaustion or fatigue”. Specifically, TCAT is highlighting that holistic needs assessors must have the skills and resources to deal directly with or signpost/ refer for both physical and emotional/psycho social concerns.

Also of importance is the ability to make informed and appropriate referrals and provide relevant information and signposting. Taking ‘action’ as a result of an HNA is not only dependent upon the skills of each individual assessor, but also on their

awareness of and the availability and accessibility of local support and information services.

At a very basic level the required infrastructure for assessors could be a current directory of locally available organisations and community based resources. However, it is important for this list to be updated and embedded into practice.

At a more strategic level, those involved in implementing HNAs in hospitals or community hospitals must put in place broader service infrastructures and partnerships to enable assessors to contribute to an effective transition of the patient.

All projects reported the added value of working in partnership with other providers from other sectors. In addition, there is strong evidence that the six TCAT projects have made good service and organisational links to other sectors and services that provide support for people at the end of treatment for cancer and that this engagement has contributed to, for example, better awareness of services and support in local areas.

Implications for Practice

Before implementing HNA it is important to consider:

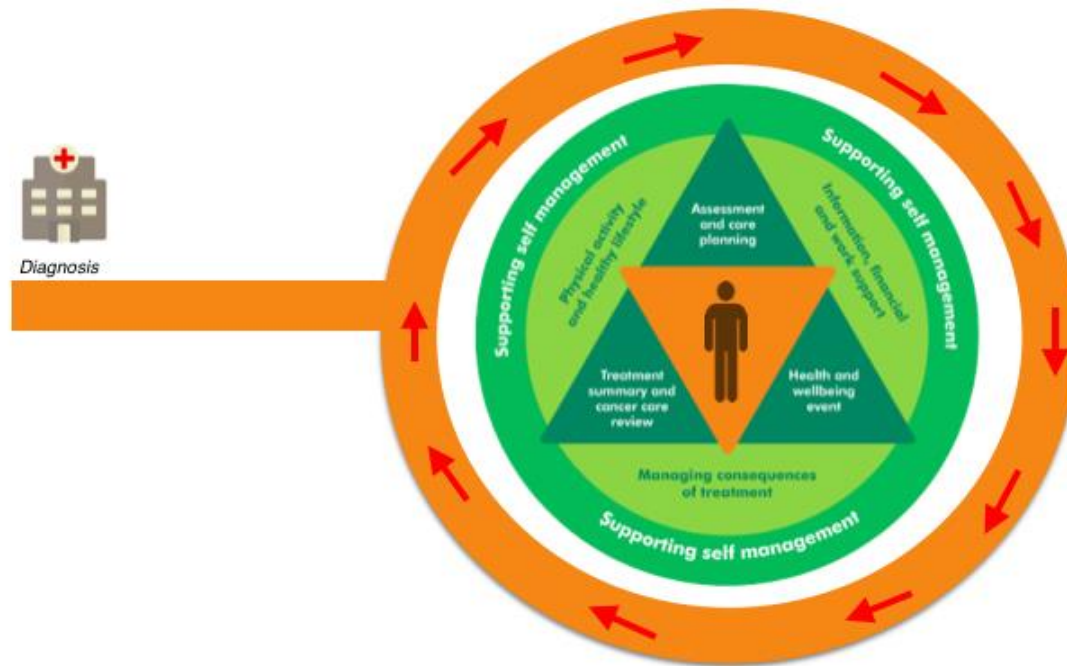
- why the HNA is being carried out
- when it is to be done and where
- who will conduct the assessment
- what will happen after the assessment
- provision of internal and external infrastructure for assessors
- awareness and access to external sources of support and information

The importance of holism when implementing HNA

An HNA will be only one part of an ongoing 'process' for the patient. Understanding of this key point will help ensure that the implementation of HNAs and the related care planning should not be a standalone intervention.

If the pathway is to be stretched and strengthened **the importance of the 'holistic' aspect of this practice cannot be understated**. The HNA should be considered and implemented in the context of the **whole cancer journey**, the **whole recovery package** and the **whole person**.

Diagram Three: The importance of a holistic implementation of HNA



To maximise the potential of the HNA it is critical to understand and consider the connectivity and inter dependence of potential operational decisions and actions on the patient, the delivering service or department and wider organisation/agency and its partners.

Implications for Practice

The HNA should be considered and implemented in the context of the whole cancer journey, the whole recovery package and the whole person.

When implementing HNA it is important to acknowledge:

- The assessor is only one of many 'partners' in a supported self-management approach
- The assessor cannot alone address all of a patient's concerns – but needs trusted colleagues and agencies to direct them to for post assessment support
- Work is required to better integrate and coordinate access routes and pathways to support out with the hospital

Informing service responses and developments - what do the assessed tell us?

As a result of TCAT, we now have an increased understanding of the scale and nature of the concerns patients have at the end of treatment and developing insight into some of the determinants of concerns and future wellbeing post cancer. From an overall sample of 699 patients there was an overall average of 3.1 concerns – ranging from none to 47.

Table 3: Concerns identified

Project	Number of people assessed	Average number of concerns per person of all those assessed	Average number of concerns if reported 1 or more	Number of people assessed reporting 'no concerns'
NHS Lothian	61	6.61	6.95	3
NHS Borders	31	4.74	5.65	5
NHS Forth Valley	47	4.72	/	0
NHS Fife	115	1.13	3.71	80
NHS Tayside	284	2.02	3.90	137
NHS Ayrshire and Arran	161	4.2	5.8	38

Table 4 below focuses on specific cancers, showing the top ten most frequently reported concerns by patients. Shown in a different colour are the lifestyle or information needs identified by some patients. These are categorised differently to 'concerns' and as such require a different service response, for example, more physical concerns which may be a consequence of treatment.

Table 4: Top ten most frequently reported concerns

BREAST	HEAD AND NECK	PROSTATE	MELANOMA	COLORECTAL
Tired, exhausted or fatigue	Eating or appetite	Getting around (walking)	Worry, fear or anxiety	Tired, exhausted or fatigue
Hot flushes	Dry mouth	Passing urine	Exercise and activity	Diarrhoea
Sleep problems/ nightmares	Tired, exhausted or fatigue	Hot flushes	Sleep problems/ nightmares	Dry, itchy or sore skin
Memory or concentration	Taste/sight/ hearing	Tired, exhausted or fatigue	Tired, exhausted or fatigue	Passing urine
Pain	Tingling in hands and feet	Sleep problems/ nightmares	Sun protection	Getting around (walking)
Worry, fear or anxiety	Constipation	Dry, itchy or sore skin	Eating or appetite	Pain
Tingling in hands and feet	Worry, fear or anxiety	Memory or concentration	Hot flushes	Constipation
Sore or dry mouth	Pain	Constipation	Dry, itchy or sore skin	Eating or appetite
Getting around (walking)	Memory or concentration	Worry, fear or anxiety	Memory or concentration	Sleep problems/ nightmares
Eating or appetite	Anger or frustration	Taste/sight/ hearing and Pain	Complementary therapies	Tingling in hands and feet

After concerns are identified there is a need to understand and evaluate patient outcomes

As a result of TCAT to date there is now more intelligence about implementing nurse-led HNAs and across all six projects. The patient experience of an HNA is reported positively within local evaluations.

However, less has been discovered about patient outcomes, possible impact on health and wellbeing, and changes in resource utilisation as a result of this programme and the local evaluations undertaken. This is in part due to the small numbers of patients in some projects, the necessity for local projects to conduct a ‘snap shot’ evaluation of patient views and experiences rather than over long periods of time, resulting in a reliance on self-reported patient feedback and limited local collection of baseline information for comparative purposes.

Due to the timing of the implementation of projects prior to national programme evaluation input, four projects developed local patient questionnaires, focus group discussions and one to one interviews to provide evidence of patient acceptability and satisfaction. Three projects (Table 5) also used the Edinburgh Napier University National Patient Feedback Questionnaire, to gather views and experiences and the impact of the intervention:

- Satisfaction with support provided.
- Confidence levels to self-manage.
- Extent to which needs were met in relation to self-management being promoted and supported.

Table 5 ENU Patient feedback data available

Project	Number sent a questionnaire	Number returned
NHS Borders	15	9
NHS Forth Valley	47	29
NHS Tayside	173	85

Who is assessed is as important as who is not

If reported concerns are to inform future service delivery, then the impact of current assessment and care planning models and practice have to be ‘unpicked’ and understood. The national evaluation work is assisting in a better understanding of the concerns people have at the end of treatment and the required service responses.

In some projects, the HNA was introduced as part of routine follow up pathways and for others as an additional ‘service’ - in the form of an assessment appointment at the end of treatment. For some projects, patients could opt in to this assessment service or opt out and as the ‘service’ is not mandatory some patients declined or did not attend.

Not all projects however recorded the number or characteristics of people who ‘declined’ or opted out of the HNA process as part of their test work. As HNA implementation is rolled out it will be important to ensure practitioners and service commissioners understand who these patients are. Future services cannot be delivered or commissioned effectively if only informed by those already ‘benefiting from it’.

There was not a consistent method for documenting when a patient reported ‘having no concerns’. In some projects a ‘blank’ HNA documented was entered into overall

monitoring statistics and in others a person with 'no concerns' was flagged only as not having completed an HNA form.

Implications for Practice

It is not enough to rely on reviews and feedback from patients. Work to determine patient outcomes, possible impact on health and wellbeing and changes in resource utilisation is needed.

A consistent method for recording and differentiating the reporting of 'no concerns' and a non-completed Concerns Checklists is required.

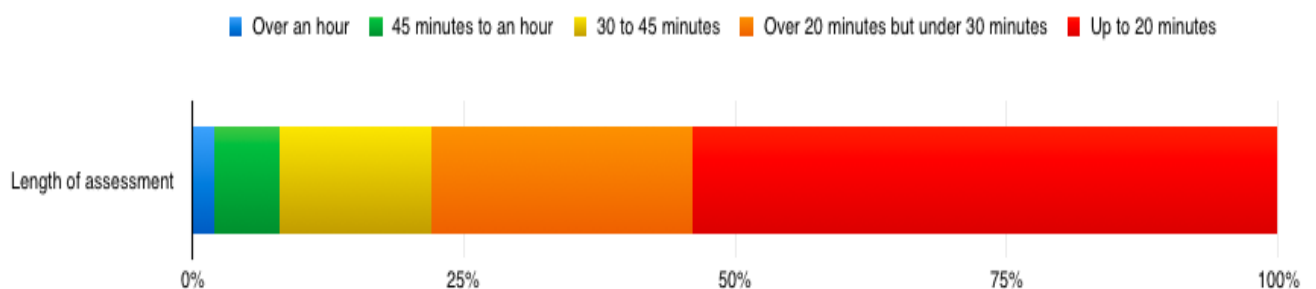
The value of learning by doing

There is a need for administrative and operational management infrastructures to be put in place to support the implementation of HNAs. A defined, responsible 'team' with visible leadership was shown within TCAT to enhance uptake and sustainability.

The implementation of HNA was found to influence attitudes, behaviours and priorities around care after treatment of practitioners and organisations as was the necessity and value of local leadership, ownership and commitment to HNA.

Carrying out HNAs, contributed to practitioners overcoming what was described as "suspicion", "hesitancy" and a "perception of it being just another tick box exercise". In addition fears that the HNA would be a 'time consuming' add on to hospital clinics or review/follow up consultations, were proved to be unfounded. The majority (55%) of HNA consultations with took 20 minutes or less (Figure 5).

Figure One: Length of HNA Consultation



Overall the value of learning by doing was reported and valued highly by all projects, with some finding that the experience of undertaking assessments led to increased assessor confidence in the value of the assessment and in their skills to conduct it well.

The implementation impact is not just restricted to those practitioners involved in HNAs. When other departments/clinics and individual staff saw how the HNA processes were working positively within TCAT projects, this encouraged interest, engagement and further implementation of HNA. In addition findings from a 2015 survey of TCAT Phase 1 wider stakeholders, determined that 28% thought that the TCAT programme was having a direct impact on influencing attitudes, behaviours and priorities related to aftercare. By 2016 when the survey was repeated, this number had increased, post project implementation, to 41%.

Implications for Practice

- Have the administrative and management structures and staff in place as early as possible
- High level local leadership and ownership are key to momentum and sustainability
- The value of HNA to staff and patients is best demonstrated by “doing”

Next steps

Edinburgh Napier University has been commissioned as part of the National Evaluation of TCAT to develop further insight into the mechanisms of holistic needs assessment and care planning and implications for practice. By using realistic evaluation Edinburgh Napier University are fine testing HNA and Care Planning in different settings and by different professions. The findings of this work will be available in future bulletins.

Appendix One: Implementing HNAs In Six TCAT Projects

NHS Ayrshire and Arran – Clinical Nurse Specialist at the end of treatment for Breast Cancer

Prior to TCAT the use of electronic Holistic Needs Assessment (eHNA) and care plan at diagnosis and end of treatment had been implemented. The clinical nurse specialist undertook the HNA with the breast cancer patient at the end of treatment. The local TCAT Project added a further point of contact 6 – 8 weeks post active treatment. A Health and Wellbeing Practitioner was employed to carry out an eHNA in a community setting at this time. Data presented in this Bulletin is from the end of active treatment HNA only.

NHS Lothian - Developing a recovery based approach to cancer in Lothian

The overall aim of this proposal was to evaluate the benefits of a recovery-based approach to care in patients treated for prostate, breast, gynaecological, anal/rectal and lung cancer. Around 6 – 12 weeks post treatment and again at 6 months, patients attended clinic and an HNA was carried out along with a care planning. A summary of the consultation was sent to the GP.

NHS Borders - Locality Based Health and Wellbeing Support Programme for people with cancer

The overall aim of the project was to enhance patients' health and well-being by providing integrated support which is relevant to individual needs and promoted independence and healthy lifestyles. This project piloted the completion of HNA after diagnosis and at end of treatment, locality based Health and Well-being Events and an End of Treatment Summary for Patient and GP

NHS Forth Valley - Prostate Cancer Project TCAT

To restructure follow up and HNA of men with prostate cancer to a nurse specialist led model in community hospitals. Staff employed by TCAT project were linked to One to One project.

NHS Tayside - TCAT in Tayside

Aimed to establish and test a health and social care integration approach – focussed on rehabilitation. This included the mapping of existing pathways and services in the local communities. HNA and end of treatment summaries for head and neck, urological and colorectal cancer patients were used. Initial focus was on colorectal cancer. The project also involved staff/ patient education and regular health and wellbeing events.

NHS Fife - Melanoma TCAT

Developing the role of the skin cancer link nurses in the follow-up treatment of some patients. Patients had follow-up appointments every 4 months, which alternated between them and the Dermatology Consultant. HNA was carried out at Link Nurse Appointments. Self- management groups were set up. Patients were sent a copy of all their clinic/hospital letters. End of Treatment summaries were sent to GPs.

Appendix 2

The National Evaluation of TCAT by Edinburgh Napier University

Two key objectives for the national evaluation are to:

- draw out lessons learned on what works (and what doesn't work), for whom, why and in what circumstances
- provide regular findings that help to test whether the programme is helping to achieve better outcomes and experience of after care for people with cancer and better resource utilisation

In order to achieve the objectives identified above two theoretical approaches have been used within a mixed methods study. The evaluation is adopting a Realistic Evaluation framework with an Appreciative Inquiry approach.^{xvi xvii}

Sources

This Bulletin has been informed by the ongoing analysis of the national evaluation work strands. These are presented in detail in the [Baseline](#) and [Interim](#) reports and accompanying Technical Appendix (on request from TCAT@napier.ac.uk).

In summary they are:

- Nationally specified data collected from 6 local projects who undertook a total of 699 hospital based HNAs between October 2014 and December 2016. This has been collated, reviewed and re-analysed from a national perspective.
- Pre and post implementation focus group discussions with the Steering Groups of 6 local projects – involving a total of 43 individuals.
- Interviews with TCAT Core Stakeholders (n=9) and findings from an online survey of wider stakeholders (local project's Steering Group members) conducted in 2015 and repeated in 2016.
- Review and synthesis of the evaluation reports of 6 projects that implemented end of treatment HNA (using the Concerns Checklist) and care planning in a hospital setting. Each project has evaluated their local work and presented a report on local results and lessons to Macmillan TCAT Programme Board.

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