

## NEEDS ASSESSMENT TOOL – CANCER (NAT-C)

### USER GUIDE

#### Purpose of the NAT-C

Used in both generalist and specialist settings, the Needs Assessment Tool - Cancer (NAT-C) can assist in matching the types and levels of need experienced by people with advanced cancer and their carers with the most appropriate people or services to address those needs.

- In generalist settings (e.g. general practice and oncology), the NAT-C can be used to determine which needs may be met in that setting and which needs are more complex and may be better managed by specialists.
- In specialist settings (e.g. specialist palliative care services), the NAT-C can assist in determining when complex needs have been met and act as a discharge planning tool, or to identify the need for ongoing support.

The NAT-C is an important tool for facilitating communication between primary and specialist care providers about patient needs and actions taken to address these

#### Completing the NAT-C

The NAT-C is a one-page assessment tool that can be completed by health professionals across a range of disciplines. When completing the NAT-C, the following steps should be followed:

1.	<b>Assess</b> patient/carer level of concern for every item, using the response options: “none”, “some/potential for” or “significant”.
2.	<b>Consider</b> the range of issues within each domain that apply to a person at this stage of their illness. Prompts are provided on a separate page to help you.
3.	<b>Act</b> on each need where you identified some concern (“some/potential for” or “significant”). Your actions may include: directly managed by you, managed by another member of your care team, or referral to someone outside your care team. Record your action on the NAT-C.
4.	<b>Refer</b> if required by completing the referral section at the bottom of the tool, ensuring that information regarding the type of referral, the priority of the referral and client knowledge of the referral is included.
5.	<b>Inform</b> other members of the care team of the outcomes of the needs assessment by: <ul style="list-style-type: none"> <li>a. Filing one copy of the NAT-C in the patient’s medical file.</li> <li>b. Sending a copy to the person’s GP/oncologist/other specialist.</li> <li>c. If a referral is required, forwarding a copy to the referee</li> </ul>
6.	<b>Reassess</b> needs by completing the NAT-C approximately monthly or when the patient’s or family’s situation, or functional status changes.

# NEEDS ASSESSMENT TOOL – CANCER (NAT - C)

<b>Please complete all sections.</b> <b>If an area is NOT ASSESSED please check NA</b>	<b>Name:</b>
<b>Date:</b>	<b>NHS number:</b>

SECTION 1: PRIORITY REFERRAL FOR FURTHER ASSESSMENT			
	Yes	No	If Yellow Boxes are ticked consider assessment by SPCS
1. Does the patient have a carer readily available if required?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has the patient or carer requested a referral to a Specialist Palliative Care Service (SPCS)?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you require assistance in managing the care of this patient and/or family?	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 2: PATIENT WELLBEING							
	NA	Level of Concern			Action Taken		
		None	Some/ Potential	Significant	Directly managed	Managed by other care team member	Referral required
1. Is the patient experiencing unresolved physical symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the patient have problems with daily living activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the patient have psychological symptoms that are interfering with wellbeing or relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the patient have concerns about spiritual or existential issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the patient have financial or legal concerns that are causing distress or require assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. From the health delivery point of view, are there health beliefs, cultural or social factors involving the patient or family that are making care more complex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the patient require information about: The prognosis <input type="checkbox"/> The cancer <input type="checkbox"/> Treatment options <input type="checkbox"/> Financial/legal issues <input type="checkbox"/> Medical/health/support services <input type="checkbox"/> Social/emotional issues <input type="checkbox"/>							

Comments

SECTION 3: ABILITY OF CARER OR FAMILY TO CARE FOR PATIENT							
	NA	Level of Concern			Action Taken		
		None	Some/ Potential	Significant	Directly managed	Managed by other care team member	Referral required
Who provided this information? Patient <input type="checkbox"/> Carer <input type="checkbox"/> Both <input type="checkbox"/>							
1. Is the carer or family distressed about the patient's physical symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the carer or family having difficulty providing physical care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the carer or family having difficulty coping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the carer or family have financial or legal concerns that are causing distress or require assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the family currently experiencing problems that are interfering with their functioning or inter-personal relationships, or is there a history of such problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the carer or family require information about: The prognosis <input type="checkbox"/> The cancer <input type="checkbox"/> Treatment options <input type="checkbox"/> Financial/legal issues <input type="checkbox"/> Medical/health/support services <input type="checkbox"/> Social/emotional issues <input type="checkbox"/>							

Comments

SECTION 4: CARER/FAMILY WELLBEING							
	NA	Level of Concern			Action Taken		
		None	Some/ Potential	Significant	Directly managed	Managed by other care team member	Referral required
Who provided this information? Patient <input type="checkbox"/> Carer <input type="checkbox"/> Both <input type="checkbox"/>							
1. Is the carer or family experiencing physical, psychosocial or spiritual problems that are interfering with their wellbeing or functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the carer or family experiencing grief over the impending or recent death of the patient that is interfering with their wellbeing or functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

IF REFERRAL REQUIRED FOR FURTHER ASSESSMENT OR CARE, PLEASE COMPLETE THIS SECTION	
1. Referral to: (Name)	
2. Referral to: (Specialty) <input type="checkbox"/> Social worker <input type="checkbox"/> Psychologist <input type="checkbox"/> Specialist palliative care service <input type="checkbox"/> Medical oncologist <input type="checkbox"/> Radiation oncologist <input type="checkbox"/> Haematologist <input type="checkbox"/> Other	
3. Priority of assessment needed: <input type="checkbox"/> Urgent (within 24 hours) <input type="checkbox"/> Semi-Urgent (2-7 days) <input type="checkbox"/> Non-Urgent (next available)	
4. Discussed the referral with the client. <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Client consented to the referral. <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Referral from: Name:	Position:
Signature:	

<b>HOW LONG WAS THIS CONSULTATION?</b>	<b>YOUR INITIALS</b>
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## ISSUES TO CONSIDER WHEN RATING LEVEL OF CONCERN

<b>PATIENT WELLBEING</b>
<b>Physical symptoms</b>
<ul style="list-style-type: none"> <li>Does the patient have physical symptoms e.g. fatigue, drowsiness or insomnia, pain, dyspnoea or cough, nausea or vomiting, constipation or diarrhoea, bleeding, problems with skin, appetite, eating, mobility, cognition, self-image, sex or appliances?</li> </ul>
<b>Activities of daily living</b>
<ul style="list-style-type: none"> <li>Is the patient having difficulty with toileting, showering, bathing, food preparation or medication and medical regimes?</li> <li>Is there a carer to assist the patient?</li> </ul>
<b>Psychological</b>
<ul style="list-style-type: none"> <li>Is the patient experiencing sustained lowering of mood, tearfulness, guilt or irritability or loss of pleasure, intimacy or interest in usual activities?</li> <li>Is the patient experiencing feelings of apprehension, tension, anger, fearfulness or nervousness, hopelessness or a sense of isolation?</li> <li>Is the patient requesting a hastened death?</li> </ul>
<b>Spiritual/Existential</b>
<ul style="list-style-type: none"> <li>Is the patient feeling isolated or hopeless?</li> <li>Does the patient feel that life has no meaning or that his/her life has been wasted?</li> <li>Is the patient having difficulty thinking about the future?</li> <li>Does the patient require assistance in finding appropriate spiritual resources or services?</li> </ul>
<b>Financial/Legal</b>
<ul style="list-style-type: none"> <li>Are there financial concerns relating to loss of income or costs of treatment, travel expenses, or equipment?</li> <li>Is the family socio-economically disadvantaged?</li> <li>Are there concerns or conflicts relating to legal issues such as advance care plans, end-of-life care options, wills, power of attorney and compensations?</li> <li>Is the patient or family aware of the various financial schemes available and do they need assistance in accessing these?</li> </ul>
<b>Health Beliefs, Social and Cultural</b>
<ul style="list-style-type: none"> <li>Does the patient or family have beliefs or attitudes that make health care provision difficult?</li> <li>Are there any communication difficulties (e.g. due to language, disease, disability)? Does the patient or family require assistance?</li> <li>Is the family preventing information about prognosis from being disclosed to the patient?</li> <li>Does the information have to be passed on to a particular member of the family or cultural group?</li> <li>Is the patient or family feeling socially isolated?</li> <li>Does the patient or family have logistical difficulties accessing services (e.g. due to distance, transport, cost)?</li> <li>Is the patient over 75 years of age? (NB: older patients are under-represented in SPCSs.)</li> </ul>
<b>Information</b>
<ul style="list-style-type: none"> <li>Does the patient want more information about the course/prognosis of the disease and treatment (self-care or clinical care) options?</li> <li>Is the patient aware of the various care services available to assist them and do they need assistance in accessing these? (e.g. financial and legal assistance, psychological services, support groups, pastoral care.)</li> </ul>

<b>ABILITY OF CARER OR FAMILY TO CARE FOR PATIENT</b>
<b>Physical symptoms</b>
<ul style="list-style-type: none"> <li>Are the patient's physical symptoms causing the carer and family distress?</li> </ul>
<b>Providing physical care</b>
<ul style="list-style-type: none"> <li>Is the carer having difficulty coping with activities of daily living, medical regimes or practical issues such as equipment and transport?</li> </ul>
<b>Psychological</b>
<ul style="list-style-type: none"> <li>Is the carer having difficulty coping with the patient's psychological symptoms?</li> <li>Is the carer requesting a hastened death for the patient?</li> </ul>
<b>Family and relationships</b>
<ul style="list-style-type: none"> <li>Is there any communication breakdown or conflict between patient and family over prognosis, treatment options or care giving roles?</li> <li>Is the patient particularly concerned about the impact of the illness on the carer or family?</li> </ul>
<b>Information</b>
<ul style="list-style-type: none"> <li>Does the carer or family want more information about the course and prognosis of the disease and treatment?</li> <li>Is the carer or family aware of the care services available to assist them and do they need assistance in accessing these? (e.g. respite, financial and legal services, psychological services, support groups, pastoral care.)</li> </ul>

<b>CARER OR FAMILY WELLBEING</b>
<b>Physical, psychological and spiritual</b>
<ul style="list-style-type: none"> <li>Is the carer experiencing physical symptoms e.g. fatigue, physical strain, blood pressure/heart problems, stress related illness, or sleep disturbances?</li> <li>Is the carer feeling depressed, hopeless, fearful, nervous, tense, angry, irritable or critical of others, or overwhelmed?</li> <li>Is the carer feeling a lack of sexual or emotional intimacy with patient or is lonely or socially isolated?</li> <li>Does the carer have spiritual/existential issues that are of concern?</li> </ul>
<b>Bereavement Grief (pre and post death)</b>
<ul style="list-style-type: none"> <li>Is the carer or family experiencing intrusive images, severe pangs of emotion, denial of implications of loss to self and neglect of necessary adaptive activities at home or work?</li> </ul>

