



# Training

v18/11/2018 (online)

[thesnap.org.uk](http://thesnap.org.uk)

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**SNAP Training Unit 1 – a narrated PowerPoint of this training is available at:  
<https://thesnap.org.uk>**

Welcome to the online training for SNAP – the Support Needs Approach for Patients.

This short online training is designed to enable clinicians deliver SNAP in clinical practice. There are seven short sections to the training. You can complete it all in one go or do it in small chunks – a section or two at a time. If you opt to complete it in sections, then you may like to make a note of which section you are up to each time you leave the training.

There are some brief activities in the training for you to complete using the SNAP Training Workbook – these are highlighted with red text.

If you haven't already done so, please download the Workbook from the Training page of the SNAP website now.

Work through the document, pausing it when asked to and use the workbook to record your answers to the questions posed – the workbook will both help you collect your thoughts, and it will evidence your training.

## 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?

1-2) The training will start by considering the importance of identifying & addressing patient support needs. We'll then look briefly at the concept of person-centred care before introducing you to SNAP.

3-4) SNAP is underpinned by a tool to help start a needs-led conversation with patients – we want you to feel confident when working with SNAP and the SNAP Tool, so we'll briefly tell you how the tool was developed, and show you what it looks like, before talking you through the five stages of the SNAP intervention.

5) We've broken the intervention down into five stages to help show you the different ways you may be able to be more person-centred through, and throughout, using SNAP.

6) And we'll finish up by considering how SNAP might differ from your existing practice, before considering the benefits of using SNAP.

# 1

## Importance of identifying and addressing patients' support needs

Let's start with the importance of identifying and addressing patient 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)

There is lots of evidence out there showing that patients have support needs. And there is also lots of evidence that they have unmet support needs.

This is in part because patients don't always tell you about their support needs, or because those support needs may not be obvious to you, unless it's a time of crisis.

There are many reasons for this, most of which you will be well aware of:

- patients are worried about your time – they are acutely aware of how time-pressed you are
- they are also unsure what it is appropriate to raise, or ask you about – they are not sure what you can help with
- for some patients guilt holds them back from sharing their concerns due to what they see as the self-inflicted nature of their condition – for example, smoking as a cause of chronic lung disease
- then there is the problem of normalisation – of patients assuming that some of their support needs are just a normal part of ageing rather than something that may due to their condition
- and finally, they are very aware that there are things you want, or need, to do within the consultation – as clinicians you have an 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

But why are support needs important?

Well we know that there are negative impacts of patients having unmet support needs...

...in long term conditions, patients with unmet support needs have:

- higher anxiety and depression
- are more likely to be isolated
- and have a greater dependency on their informal carers – those family members and friends who play such a key role in supporting them at home.

Policy and guidance for improving care and support in long-term conditions, and in end-of-life care, recommend that patients' needs be assessed and addressed

And it's also very likely that your organisation's ethos states that care should be both holistic and 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?

Think about your current approach to patient support needs.

How do you currently identify the support needs of patients?

Think about the positives of your current approach – what works well? what are the good things about it? – what would you like to retain from it?

And what are the limitations? – what are the challenges?

Pause and jot a few notes down – just bullet points – to answer each of these questions in your SNAP Training Workbook.

## 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?

Now take a look at the table in your workbook headed “CONSIDER” – take a bit of time to consider each of the questions, then pause and jot down a few notes in the table in answer to each – we’ll look back at these thoughts later in the training.

Consider first, how do you start a conversation with a patient about their support needs?

Think about who leads the process – is it you? or is it the patient?

Consider what type of support needs you routinely identify and discuss

And what support needs do you usually address? For example, are they practical needs, emotional needs, or other types of needs?

Do you think the patient is aware that you are identifying their support needs?

And does that matter?

If you have not done so already, pause and briefly record your thoughts on each of these questions in the table provided in your workbook.

## Reflect

- Could your approach be more person-centred?



Now – thinking about the answers you’ve noted down in the table, briefly reflect for a moment on this question – could your approach be more person-centred?

Image source: [https://pixabay.com/en/photos/?q=reflect&hp=&image\\_type=all&order=&cat=&min\\_width=&min\\_height=](https://pixabay.com/en/photos/?q=reflect&hp=&image_type=all&order=&cat=&min_width=&min_height=)

# 2

## Person-centered care

But what do we mean by “person-centred care”?

## What is personcentred care?

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

What does person-centred care mean to you?

Pause and jot down in your workbook just a few keywords that come to mind when you hear the term “person-centred care”

## What is personcentred 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

There are lots of definitions of person-centred care out there, but in essence it is a collaborative approach between clinicians and service users

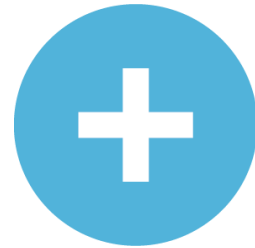
It's about working in partnership 'with' people rather than doing 'to' them

It's about clinicians taking a step back from being the 'expert'

And it's about being holistic – thinking beyond the immediate disease

## Why does personcentred care matter?

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



But why does person-centred care matter?

Well, we know that there are huge benefits that come from person-centred care – some of these include:

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

## Person-centred care

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

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

Take a moment to think about this.

Look back at the keywords you jotted down that came to mind when you thought of the term “person-centred care”, and look again at the essence of person-centred care we considered earlier (we’ve repeated the key points on this in your workbook)...

– pause and jot down a few bullet points on the challenges or barriers to delivering that care that exist for you currently.

## Challenges

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

Coming across challenges, and even barriers, can be common when introducing changes into your practice – other clinicians experience these too.

That's one of the reasons why we have provided this short 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

To help deliver person-centred care you need to know what patients' support needs are – this is fundamental

But crucially, you need to know what their support needs are from their perspective

But given the difficulties patients can have with sharing their support needs with clinicians that we ran through earlier, we need a practice tool to help patients identify and express their support needs to you – something to act as a prompt for them, to give them that permission they look for to share their needs with you.

## Tools you might use currently

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



Do you use any practice tools to identify needs at the moment?

There are tools that can help patients identify and communicate their symptoms to you, or that can help you identify the impact of their disease

Tools like these can also produce scores which might be useful to you

And they might act as prompts for a conversation with you which might lead into a discussion about the patient's 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

When we use tools like this in clinical practice, we assume patients know, and feel it's legitimate, to discuss their support needs with us as health care professionals. We also assume that patients have the opportunity and the confidence to contribute to discussions on what they may need to manage life with their condition. Also, these tools don't provide the vocabulary to directly support patients to articulate what they need.

Tools like this tend to be focussed on disease impact and symptoms rather than comprehensively uncovering holistic needs – so they are indirect indicators of need. They indicate or infer that there is some kind of problem. They don't directly discuss support needs.

Their focus on symptoms suggests they are possibly more useful for clinicians in making treatment decisions or in measuring outcomes than they are for patients in identifying and expressing their support needs to you.

Some tools can be lengthy – and so they're not always feasible to use in routine practice.

And, crucially, although these tools have value, they have not been developed for support needs identification or to start a conversation with patients about their support needs...

...what we need is a tool designed for purpose

## 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)

The SNAP Tool is such a tool.

It was developed for purpose – to help patients identify and express their support needs to you, as clinicians

It was designed to be used within a person-centred approach to patient support, known as the Support Needs Approach for Patients – “SNAP” for short

## 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

Very importantly, the SNAP Tool's content is entirely evidence-based

It has been designed for ease of use – both for the patient, and for the clinician

It's modelled on a similar tool that was developed for informal carers called the Carer Support Needs Assessment Tool (known as "CSNAT" for short)

CSNAT is now being used nationally and internationally in a range of clinical settings, and by a range of clinicians, to enable delivery of person-centred care to patients' informal carers.

A key point to remember is that it's important that that SNAP Tool comes from you ... and that using the tool to ask about support needs is going to be part of your routine practice: this legitimises to patients the raising of their support needs... it validates it – essentially it gives them permission to raise their support needs with you.

It shows that 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”



We need to think carefully about the language we use when we talk about the SNAP Tool.

The tool is NOT a questionnaire

And it's NOT a form.

It's a means to enable identification of support needs, and a mechanism to start a conversation with patients about their unmet support needs – that's why we refer to it as a “tool”.

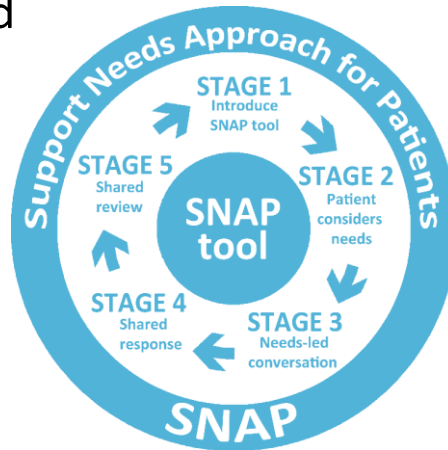
But when talking to patients about the SNAP Tool we don't call it a “tool”, we call it a “booklet” – and you will see why in a moment.

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

But it's very important that you understand, and embrace, that SNAP is not just the SNAP Tool

## SNAP is...

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



SNAP is a five-stage process which is underpinned by the SNAP Tool

We've broken SNAP down into five stages to help us show you how to put the patient at the centre, through and throughout the SNAP intervention.

SNAP is practitioner-facilitated (in that the SNAP Tool comes from you) – but it is patient-led – as we will show you in a moment

## Key messages

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

Some key messages that are important to remember at this point are that...

...those positive aspects of your existing practice that you identified and noted in your workbook earlier, will be retained with SNAP

...but the SNAP intervention may help address any limitations you identified in your current practice earlier

# 3

## How was the SNAP tool developed?

Before we run through the five stages of SNAP, we want to focus on the SNAP Tool itself just a little more – as it is foundational to SNAP.

We want to tell you, very briefly, how the tool was developed and tested, so that you can have confidence in using it in your clinical practice.

## 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)



SNAP is an evidence-based tool.

It's based entirely on information from patients themselves on what matters to them, and areas where they commonly say they have support needs – both met and unmet support needs

## 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



Where did we find that evidence?

We started with one very common long-term condition – COPD – or chronic obstructive pulmonary disease – as this was the first condition we considered developing SNAP for.

We began by conducting a systematic review of the literature on support needs in COPD... support needs identified by patients.

The published paper on this review is freely available, and there is a link to it on the SNAP website.

We then analysed qualitative data collected from a well-characterised, population-based sample of patients with advanced COPD to identify their met and unmet support needs.

Next, we brought together the findings from the review and the qualitative data analysis, and we shared it with patients, their informal carers and clinicians (from primary and community care) in a series of focus groups.

## 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


Some key learning points came from those focus groups

We learnt that the list of support needs we had identified were not just relevant to COPD but were condition neutral

Patients, carers and clinicians told us that the support needs on the tool are relevant to patients living with a whole range of progressive, non-curative, conditions including heart failure, stroke, motor neurone disease, Parkinson's, diabetes, frailty, and so on...

One of the things you'll notice about the SNAP Tool is that it doesn't include the term "COPD" anywhere or refer to 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

Bringing together these three sources of evidence resulted in the identification of 15 key areas of support need – which we sometimes refer to as “domains” of need, as they are broad areas of patient support need.

Importantly, they cover the physical, practical, social, financial, and psychological support needs that policy says should be delivered to patients.

And those 15 domains formed the 15 broad questions on the SNAP 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



But we wanted to be sure that the SNAP Tool does what it was designed to do – to identify support needs. So, we did some validation work. We conducted a further set of focus groups with patients and carers living with COPD, and with clinicians from primary and community care, to gather their views on the tool.

We then ran a postal survey with over 200 patients with advanced COPD where they completed the SNAP Tool alongside measures of disease impact that are commonly used in clinical practice:

- the Chronic Respiratory Questionnaire (or CRQ),
- the COPD Assessment Test (or CAT),
- and the Hospital Anxiety and Depression Scale (or HADS).

We did this both to check how patients completed the SNAP Tool but also to compare their answers on the tool to their answers on the disease impact measures.

Through this work we've been able to demonstrate that the SNAP Tool is valid. It has face, content and criterion validity.

It does what it was designed to do – to identify support needs. This should give you confidence when working with it.

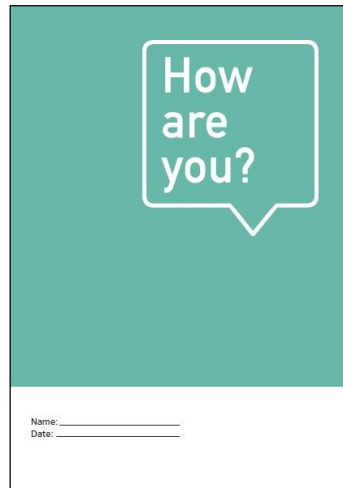
Importantly, this second set of focus groups also reaffirmed that the tool is also relevant to patients with progressive or non-curative conditions other than COPD – it is condition neutral – and you will see this for yourself when we now show you the tool.

# 4

## What does the SNAP tool look like?

What does the tool look like?

## “How are you?” booklet



Well, the SNAP Tool can sit inside an A5 booklet, which we call the “How are you?” Booklet.


This is the front cover.

We’ve had the booklet produced in a few different colour ways – this is just one example.

If you want to use it in a booklet format then you can use your own design for the front and back cover if you wish, but we strongly advise you use the title “How are you?” on the front. Patients who took part in the focus groups really liked this – they found it inviting and non-threatening.

## How are you?

We would like to know what support you need. Please tick the box that best represents your needs now, for each statement below.

| Do you need more support with...                                     | No | A little more | Quite a bit more | Do you need more support with...  | No | A little more | Quite a bit more |
|--|----|---------------|------------------|---|----|---------------|------------------|
| ...understanding your illness  |    |               |                  | ...practical help in the home or garden   |    |               |                  |
| ...managing your symptoms (including medication and oxygen)          |    |               |                  | ...your personal care (e.g. dressing, washing)  |    |               |                  |
| ...dealing with your feelings and worries                            |    |               |                  | ...aids or equipment to help you  |    |               |                  |
| ...looking after any other physical health problems you may have     |    |               |                  | ...family relationships (including talking to your relatives about your illness)  |    |               |                  |
| ...having a healthier lifestyle (e.g. keeping active or eating well) |    |               |                  | ...knowing what to expect in the future   |    |               |                  |
| ...getting out and about   |    |               |                  | ...accessing or using services  |    |               |                  |
| ...overcoming boredom or loneliness                                  |    |               |                  | ...anything else - please write in:  |    |               |                  |
| ...financial, legal, work or housing issues                          |    |               |                  | Does a family member or friend who helps you need more support?   |    |               |                  |

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Inside the booklet is the SNAP Tool. Again, we've had the tool itself produced in a few different colourways – the colourway shown here goes with the cover on the previous slide. But it can just be plain black and white if you prefer.

In a moment we'll ask you to pause and take a look at the tool wording and the items on the tool.

If we asked you to write down the support needs of patients with progressive disease on the back of an envelope, you'd probably come up with a very similar list to the items on the SNAP Tool.

It looks very simple. But, as you've heard, there is a huge body of work behind it to ensure it is entirely evidence-based.

You can pause and take a good look at the tool wording and the items on the tool, then restart it to continue and complete the training.

## 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”

There are some key features on the tool we’d like to point out to you.

The stem question, “Do you need more support”, doesn’t ask patients if they need support in the 15 domains, but asks whether they need more support. This is because they may have some support needs that are currently being met.

The tool also has an ‘anything else’ option, so that patients can write in any support needs they have which they don’t feel are covered by any of the 15 other items.

The columns on the tool are response categories – they enable the patient to indicate whether they need more support

We sometimes get asked why there are three response categories – why we didn’t just give “yes” and “no” as options – well this was deliberate, to encourage ANY expression of need.

You should also note that although the columns enable patients to indicate whether they need more support, this doesn’t tell you what their priority need is.

Areas of support need patients tick as needing “quite a bit more” support with may not actually be more important to them, at that point in time, than areas they tick as needing “a little more” support with.

We will come back to this point in a while, when we work through the five stages of SNAP.

To produce the version of the SNAP Tool that we've shown to you here we worked with an NHS media studio to ensure an inviting, patient-friendly design for the tool – which patients then told us they really liked.

From a patient point of view, it's important to note that the tool doesn't say "SNAP" on it, other than in the very small print on the copyright statement at the bottom. This is why we call it the "How are you?" booklet – as that is what patients see.

## 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

**How are you?**  
 We would like to know what support you need. Please tick the box that best describes your needs (you may tick more than one box).

| Do you need more support with...                                   | Yes | No | Don't know | Do you need more support with...  | Yes | No | Don't know |
|--|-----|----|------------|---|-----|----|------------|
| understanding your illness   |     |    |            | practical help in the home or garden  |     |    |            |
| managing your symptoms (including medication and support services) |     |    |            | your medical services (e.g. visiting hospital)                                  |     |    |            |
| dealing with your feelings and worries                             |     |    |            | with an expert/other to help you  |     |    |            |
| looking after any other physical health conditions you have        |     |    |            | family relationships (including taking in to your relations about your illness) |     |    |            |
| having a healthy lifestyle (e.g. smoking, diet and exercise)       |     |    |            | knowing what to report in the future  |     |    |            |
| getting out and about  |     |    |            | accessing or using services   |     |    |            |
| understanding medication or treatments                             |     |    |            | anything else (please write in)   |     |    |            |
| knowing what to do in an emergency                                 |     |    |            |   |     |    |            |

**Tick in a handy perennial or biennial when you need more support!**

The SNAP Tool itself – that is, the core content – is copyrighted.

This core content will be made available to you, in a black and white format, once you have a licence.

The core content of the SNAP Tool is:

- the 15 questions and the ‘anything else’ section – so the rows
- the tick box section – so the columns
- the directions for completion
- and the copyright details

As this core content is copyrighted © it 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*

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We’ve captured some quotes from patients about what they think of the SNAP Tool and how it might help them - have a read of the quotes.

## 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*

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We’ve also captured clinicians’ views of how the SNAP Tool might help.

You can read here a couple of examples of what a community nurse and a GP said.

## 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

The important thing to remember is that 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

These are all areas of support you're familiar with addressing already – some less often than others

## 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

We sometimes get asked: What support needs do patients tend to have in each domain?

Well, these will vary – both by patient and over time

For example, a patient who indicates a need for more support with ‘managing symptoms and medications’ – if this was a patient with lung disease they may have ticked this because they want to know more about:

- how to control breathlessness or panic attacks
- their inhaler technique
- how to manage exacerbations or their emergency meds
- or how to manage their symptoms after a spell in hospital

The way you find out is by having a conversation with the patient – let the patient say what the issue is

## 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

And we sometimes get asked: What type of support is needed in each domain?

It all depends on patient's individual needs, and on the resources available to them and locally

For example, a patient who indicates a need for more support with 'dealing with feelings and worries' may require:

- talking through the problem
- signposting to sources of support
- or referral on to specialist services

...it depends on what the specific need is – and this will vary – both by patient and over time

Always encourage the patient to say what they think would be the most helpful support

## Key messages

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

The key messages at this point are that:

- SNAP is more than just the tool
- and patient-completion of the SNAP Tool is just the start of the intervention...

## SNAP as a personcentred 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**

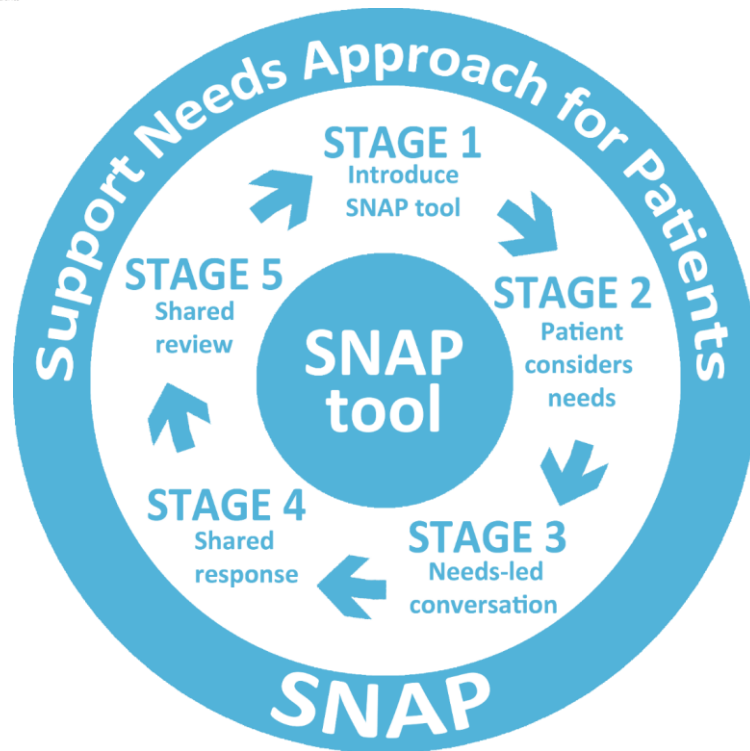
We’ve now firmly established that the SNAP Tool underpins a practitioner-facilitated, but patient-led, process

It’s ‘patient-led’ in that it enables patient to say:

- what areas they need more support with
- what their most pressing concerns are
- and what might be supportive

Support provided is therefore tailored to meet patient’s individual needs

And then the process is repeated – as we know that patients’ situations change



This, in essence, is the 5-stages SNAP intervention, but let's now run through each of the five stages, one by one

# STAGE 1

Introducing the SNAP tool  
to the patient

Stage 1 is all about 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

Regardless of how you introduce the tool it's important that the patient understands this is an opportunity to consider and prioritise their needs – it's not an 'obligation' to fill in a form.

The patient needs to understand that they are going to take the lead in thinking about and completing the tool to show what their support needs are...

...but it is crucial that the tool is provided by you, the clinician.

This does two things:

- It legitimises the expression of patients' support needs to you – it validates it – it gives them permission to let you know what their support needs are
- And, importantly, it 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?**

How should you introduce the SNAP Tool? Well, it will depend on the circumstances. Ideally the tool is given to the patient in person – this could be during a clinic or home-based appointment

We don't provide a script for you to follow when you introduce the tool as we know it's important for you to use your language – you'll feel more comfortable introducing it in your own way – it will sound more natural, and you will be more confident.

Although we don't prescribe what you should say we do suggest you explain the purpose of the tool, what the patient needs to do with it, and that it will help you both to have a needs-led conversation.

What we do ask is that you avoid using terms like “questionnaire” or “form” – because we have it in a booklet format, we've found that introducing it as a “booklet” works well.

Sometimes it's not possible to give out the tool by hand, and it needs to be posted ahead of a clinic or home appointment. If you are posting it, it's vital that it's accompanied by a covering letter explaining the purpose of the tool, what the patient needs to do with it, and that at their next contact with you it will help you both to have a needs-led conversation. Just as you would explain if you were giving it to them in person.

We don't prescribe the precise wording of the cover letter, but we do ask that you still avoid the terms "questionnaire" or "form".

The reason we are non-prescriptive is that this will make it more likely that you will be able to embed SNAP in your current practice.

Take a moment now to think about how you might introduce the SNAP Tool to your patients in your clinical setting.

Would it be in person, or by post?

What might you say, or what key points might you put in the cover letter?

Pause and jot some initial thoughts down – just bullet points – in your workbook.

# STAGE 2

Patient consideration of needs

In Stage 2 the patient uses the tool to consider their support 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



So, the patient has the tool, provided by you... they now need some time to consider their support needs in relation to each domain – to work through the questions on the tool, answering them to show you which broad areas they feel they need more support in.

Patients will vary in the amount of time they need to do this – some do it very quickly (in just a few minutes) whereas others will need a little more time.

When using the tool patients may prefer to reflect on their support needs on their own, or they may prefer to chat about their needs with family or friends – either is fine – it is entirely up to them.

## 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

There may be occasions when you are there while the patient completes the tool – for example, if the patient forgets to bring their completed tool with them to an appointment or mislays it for a home visit.

Clinicians sometimes ask what their role is if they are present like this while the patient completes the tool.

Well, you will need to give them time to complete the tool, but you also can remind them:

- that this is the start of a conversation about their support needs
- and remind them that they will be able to discuss their support needs with you – as their needs, and how you might be able to help them, matters to you

You then need to agree, together, when the needs-led conversation will take place.

## What might they identify?


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

Clinicians sometimes ask which SNAP domains patients most often say they want more support with.

Which items do you think most patients say they want more support with?

## How are you?

We would like to know what support you need. Please tick the box that best represents your needs now, for each statement below.

| Do you need more support with...                                     | No | A little more | Quite a bit more | Do you need more support with...  | No | A little more | Quite a bit more |
|--|----|---------------|------------------|---|----|---------------|------------------|
| ...understanding your illness  |    |               |                  | ...practical help in the home or garden   |    |               |                  |
| ...managing your symptoms (including medication and oxygen)          |    |               |                  | ...your personal care (e.g. dressing, washing)  |    |               |                  |
| ...dealing with your feelings and worries                            |    |               |                  | ...aids or equipment to help you  |    |               |                  |
| ...looking after any other physical health problems you may have     |    |               |                  | ...family relationships (including talking to your relatives about your illness)  |    |               |                  |
| ...having a healthier lifestyle (e.g. keeping active or eating well) |    |               |                  | ...knowing what to expect in the future   |    |               |                  |
| ...getting out and about   |    |               |                  | ...accessing or using services  |    |               |                  |
| ...overcoming boredom or loneliness                                  |    |               |                  | ...anything else - please write in:  |    |               |                  |
| ...financial, legal, work or housing issues                          |    |               |                  | Does a family member or friend who helps you need more support?   |    |               |                  |

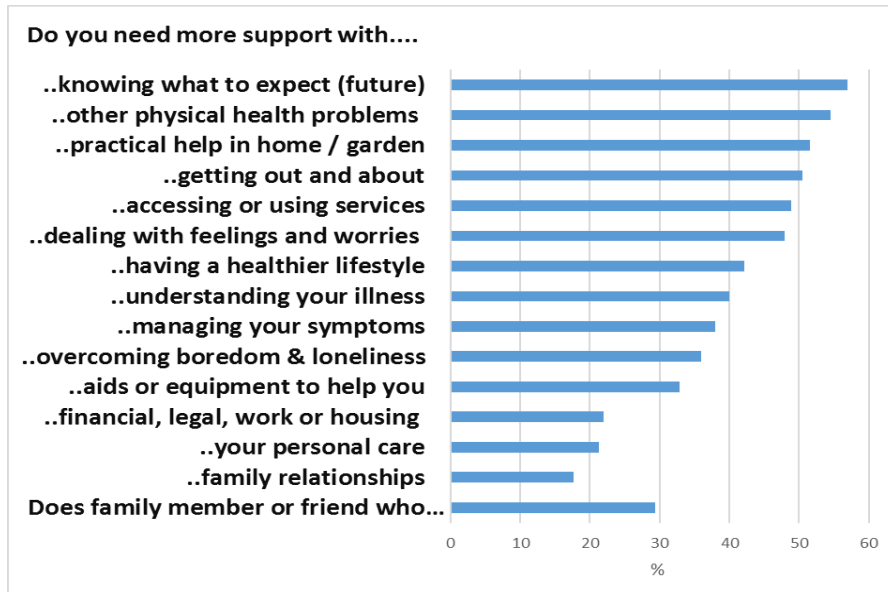
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Here's the SNAP Tool again to help you think about this.

Pause and look through the items on the tool – note down in your workbook which three items you think get ticked most often by patients with progressive disease

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



Here's some real data to compare to the thoughts you've noted down in your workbook.

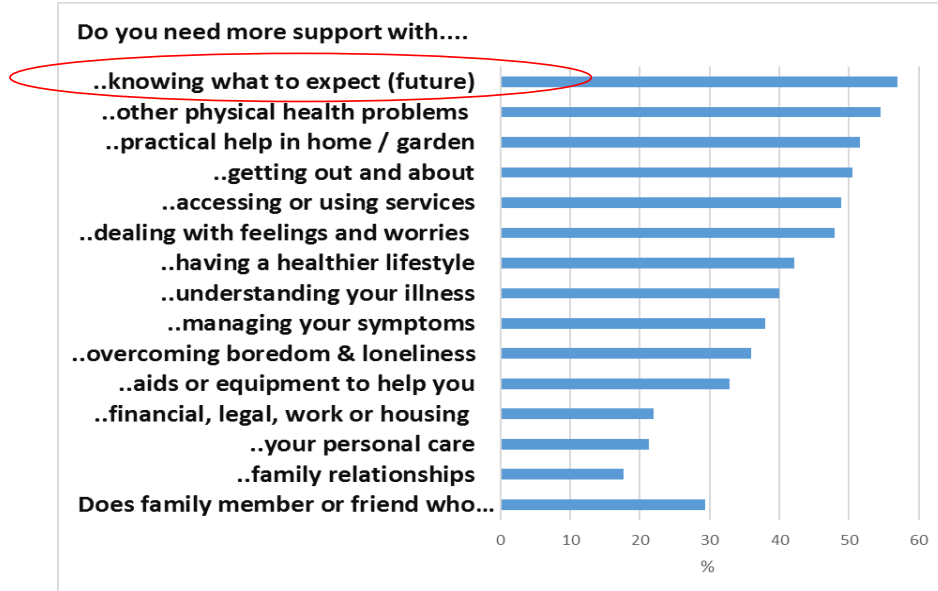
This is data from the SNAP Tool validation survey – it shows the responses of 225 patients with advanced COPD – a common progressive condition – sampled from primary care.

Pause to take a good look at:

- the percentage of patients indicating a need for more support with the each of the items
- and which items get ticked most often.

Compare these to the thoughts you noted down in your workbook and then continue with the training.

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



The SNAP domain that was identified most often by patients with advanced COPD was the one on needing more support with “Knowing what to expect in the future”.

This is interesting given that broaching conversations about future care can be a particular challenge for clinicians in the context of non-malignant conditions for a range of reasons.

Because we’ve found that this is the most frequently identified domain on the tool it does give you a mechanism to explore this topic with all patients, even if they've not ticked it. It provides an opportunity for you to say: “that’s interesting, you’ve not ticked ‘Knowing what to expect in the future’ – that’s the one that most people tick – how are you feeling about that?”

It could just be a door-opener on a future care conversation.

## 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*

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One community nurse whose patient did tick it said:

“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 (*the 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'”

# STAGE 3

## Needs-led conversation

Stage 3 is the 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**

The needs-led conversation uses the patient-completed SNAP Tool.

Once the patient has completed the tool it will show you:

- which areas they feel they need more support with (if any)
- and the level of support they feel they need – 'a little more' or 'quite a bit more'

What the tool won't show you is which area they've ticked as needing more support with is the most important to them at that moment in time

## 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!

How do you find out what the priority support need is for the patient?

You need to ask them – ask the 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 with the patient!

And you do not need to discuss every item they've indicated as having a support need in!

This stage is about getting the patient to say what the issue is for them just now, rather than you assuming you know what the priority is.

Some clinicians ask what they should do with any other items the patient may have highlighted as areas of unmet support need but which they have not immediately prioritised – well it would be important to make another appointment to discuss those other support needs if the patient feels they are important

## What is the priority support need?

**How are you?**  
We would like to know what support you need. Please tick the box that best represents your needs now, for each statement below.

| Do you need more support with...                                     | No                                  | A little more                       | Quite a bit more                    | Do you need more support with...   | No                                  | A little more                       | Quite a bit more                    |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|
| ...understanding your illness  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | ...practical help in the home or garden  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| ...managing your symptoms (including medication and oxygen)          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | ...your personal care (e.g. dressing, washing)                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| ...dealing with your feelings and worries                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | ...aids or equipment to help you   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| ...looking after any other physical health problems you may have     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | ...family relationships (including talking to your relatives about your illness) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| ...having a healthier lifestyle (e.g. keeping active or eating well) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | ...knowing what to expect in the future  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| ...getting out and about   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | ...accessing or using services   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| ...overcoming boredom or loneliness                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | ...anything else - please write in:  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| ...financial, legal, work or housing issues                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Does a family member or friend who helps you need more support?                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

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This stage is about getting the patient to say what is the priority issue for them.

You can't assume you know what the patient's priority is, even if you have known the patient for some time.

You also can't assume that areas they've ticked as needing "quite a bit more support with" are a greater priority than those they have ticked as needing "a little more support with".

Ask the patient which area they've ticked as needing more support with is the most important to them at the moment – "so which of these would like to talk about today?"

## Key message

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

The key message here is that the items, or domains, that 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**

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.

You've seen that the domains are broad – so it's vital that you unpick the precise need the patient has within that prioritised domain, as this will impact on the type of support the patient requires

It's important to remember that the precise need of one patient in a given domain may be very different to the need of another patient in the same domain.

Being aware of this will help you deliver individualised, person-centred care

## 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

Key messages at this point are that

- one domain can cover a range of issues
- and domains that a patient chooses, or their precise need within a given domain, may not correspond with your expectations of the patient's support needs, or your expectations of their priorities
- Be prepared to be surprised

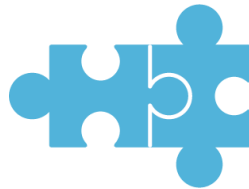
# STAGE 4

## Shared response

Stage 4 is about your shared response to the patient's identified prioritised support need

## Shared response

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



Here you both need to discuss and agree ways to help address the identified support need

This creates a person-centred, shared response

This is a 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)

What forms or types of supportive input could you provide? Well, it will depend on the need.

You can't just match one particular domain to known services or information sources as the input required will depend on the precise need, on the patient's circumstances and on the resources available.

1) Actively listening to the patient talking about their support need is a form of supportive input. It's very important to remember this. Being heard, being listened to, helps.

2) But you can also help the patient identify support within their own resources – either by enabling self-help or by facilitating family help

3) You can also directly deliver support yourself:

- either through providing reassurance
- by providing information or advice
- or by providing educational input

4) Or it may be about signposting the patient to other sources of support

5) Or about referring on

It will depend on the support need and on the preferences of the patient

It's important to find out what the patient feels would help them before you highlight to them what's available – supportive input they feel would help may be different to your expectations.

These are all actions you are familiar with in your current practice

And, just as in your current practice, there may be some support needs you can't meet – at least in the 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?**

As with any patient intervention it's important to record the shared response – to summarise the outcome of the needs-led conversation

By recording this you will be able to evidence both the work you are doing with SNAP, and areas of shortfall in supportive resources

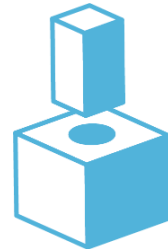
Where and how might you record the shared response?

As with the other stages of SNAP we are not prescribing how you do this – we know that the less we prescribe the more likely it is that you can embed SNAP in your current practice.

Pause again and jot down some initial thoughts on where and how might you record the shared response – just bullet points – in your workbook.

## 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



Key messages from Stage 4 are that you need to find out what the patient feels would help before highlighting what's available

You can't just match one particular domain to known services or information sources

And supportive input needed may be different to your expectations

# STAGE 5

## Shared review

The final stage, Stage 5, is the 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

Once you have a shared response to the patient-identified need, it's important to let the patient know that review of their support needs will be ongoing

The prompt for a review can come from you, or from the patient

Again, we're not prescribing when, or how, you do this – the less we prescribe the more likely it is that you can embed SNAP into your current practice.

## 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

How can you help to facilitate a shared review?

Well, you can ensure the patient knows that they can raise their support needs with you at any time

You can also be reactive to need: ...by being aware of triggers for a change in the patient's support needs

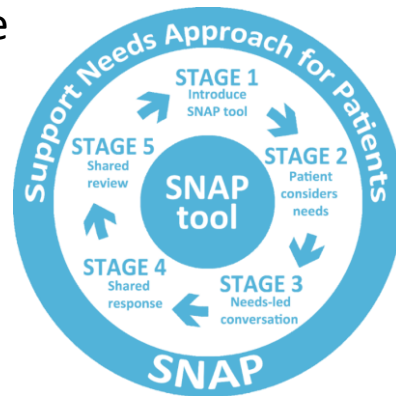
- for example, a deterioration in their condition, or a change in an aspect of their care plan

But you can also be proactive for need: ....you can agree a plan for review with patient rather than wait for a problem to arise

- for example, you could agree and record a review date

## Key messages

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



The key message here is that SNAP is an ongoing process – as patients' support needs, and responsive resources available, change

# 6

How might SNAP  
differ from your  
existing practice?

Now that we've worked through the five stages of SNAP, let's think briefly about how SNAP might 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

SNAP is a new way of working that retains what is positive about your existing practice including:

- being aware of patients' support needs
- your style of interaction, and
- how you build relationships with patients

...but SNAP may differ from your existing practice, and it could help to address any limitations you identified earlier and noted in your workbook

## 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**

The key difference from your existing practice is likely to be that

- SNAP is a process that is facilitated by you, but is led by the patient

By delivering SNAP, needs identification becomes:

- comprehensive and structured... and so it may become more visible to the patient
- it becomes more consistent within and across teams and settings where it is adopted across these
- it may become more equitable – as you are using the same approach for all patients
- and it may become MORE person-centred

In SNAP the patient prioritises their immediate support need

And the patient is encouraged to express what might help – the shared response (developed between you and the patient) is therefore tailored to the individual patient

# 7

What might be the  
benefits of using  
SNAP?

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

Well SNAP is structured: the tool ensures all patients have opportunity to consider their support needs in relation to each domain

It is also flexible: as it is responsive to individual patient need, and can be used in a way to match your way of working and the needs of your service

Its Comprehensive: gathering patient's areas of concern before focusing on the priority for the patient at that point in time

Its Person-centred: in that it puts the patient in the centre, it enables them to say what's most important to them, at that time, and what might help

And its Visible: the 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*

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A patient who was given the SNAP by his primary care practice nurse and then discussed his self-identified priority support need with her said...

“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”

## 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*

---

Another primary care patient who experienced SNAP said...

“[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”

## 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*

---

But what do clinicians who have delivered SNAP think about it?

Well one community nurse said of delivering SNAP to one of her patients... “[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”

## 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*

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And one practice nurse dropped us a line to say...

“Just seen a patient with SNAP booklet, 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 and mood during the last appointment. SNAP meant he came back. Honestly, I could have cried.”

## 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

As we were developing this training we worked with patients, and their informal carers, and asked them what they thought were the key points we should include in the training.

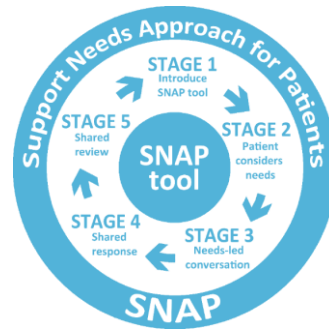
They said you need strategies for supporting people who may have difficulty filling in the tool – so think about how you might work with the tool with patients who have, for example, visual impairments, learning difficulties, locomotor disabilities, or cognitive impairment. They said you need to try and allocate enough time to ensure SNAP is carried out properly and to really explore the issues raised with the patient. This may be a challenge in busy clinical settings but consider that investing additional time may pay dividends in the future by circumventing a future time-consuming issue.

Really interestingly they said you need to remember that you don't need to respond to all the needs on the tool! Patients won't expect you to. They are acutely aware of how little time you have and won't expect you to talk about all the items on the tool with them. They said you need to consider whether patient would benefit from referral on to other (specialist) services – they don't expect you to be able to fix everything yourself.

And they said you need to consider sharing patients' completed SNAP Tools with other clinicians in your team, or in other settings – sharing the tool itself may not be necessary, but sharing the outcome of the needs-led conversation could be very valuable – it could enable greater continuity

## 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?



Having now heard about SNAP, how do you see it working in YOUR setting?

Do you see any benefits?

Do you see any disadvantages?

What aspects of your current practice will support delivery of SNAP?

Would anything make it difficult?

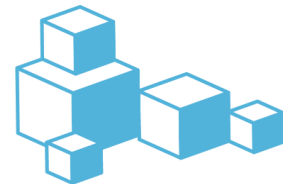
What aspects of your current practice may need to be adjusted to enable SNAP to be put in place?

Do you need to change any aspect of your practice to enable any of the five stages?

While these thoughts are fresh in your mind, pause one last time and complete the final activity in the Workbook... use the template provided to record your initial thoughts on how you would work through the five stages of SNAP

## 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



Our final key message of the training is that you need to find a way of incorporating the five stages into your practice – you need to build on your existing skills and the great work you do with patients

Don't view SNAP as an 'add-on' to your existing practice – SNAP is there to enhance your current practice, to create a greater whole

Image:

[https://pixabay.com/en/photos/?q=building+construction&hp=&image\\_type=all&order=popular&cat=&min\\_width=&min\\_height=](https://pixabay.com/en/photos/?q=building+construction&hp=&image_type=all&order=popular&cat=&min_width=&min_height=)

## Support Needs Approach for Patients

Gail Ewing, Morag Farquhar, Carole Gardener



Photo credit: Peter Jones

Now that you're approaching the end of the training it's time to show you the team that developed SNAP – from left to right here is Gail Ewing, Morag Farquhar and Carole Gardener

## Support Needs Approach for Patients



The SNAP development work was conducted at the University of East Anglia and University of Cambridge...

and it was funded by both the National Institute for Health Research and Marie Curie



# CONGRATULATIONS!

And so now it's "congratulations!" – you've reached the end of this brief online training in SNAP.

You will find a certificate at the back of your workbook, with learning outcomes, that you can complete.

[END]