SNAP Support Needs Approach for Patients

Guidance for developing a delivery plan for SNAP (Support Needs Approach for Patients)

Stages of SNAP	How will this be done in your practice?	
1 Introduce SNAP *Convey this is the start of a conversation about the patients' **support needs*** *Language used is crucial. Avoid using the term 'form' or 'questionnaire'* *Referring to the "**'How are you?' booklet**" is more meaningful for patients.*	**How** are you going to introduce SNAP? Will it be to all patients?	• Consider developing a set of key bullet points so the whole team gives the same message in their introduction – that this **is the start of a conversation** about the patient's support needs • This is particularly important for introductions over the phone/by post
	What are you going to do at this stage – Stages 1-4 or introduce only?	• Introduce the SNAP Tool and work through to needs-led and shared planning? If so, include this in the introduction • **Introducing the tool only?** When will a later contact be made to complete the needs-led conversation? How will you arrange this with the patient?
	Who will introduce it? Do they need to arrange follow-up?	• If not, who will do this, how will the follow be arranged?
	When? At what point in the care trajectory?	• First contact, later contact? • How will you ensure that it has been introduced?
	Where will SNAP be introduced?	• In the home, ward, clinic, by telephone? • How much time needed to explain that the SNAP Tool is not just another form?
2 Patient considers needs *Enabling time and space for the patient to look at the SNAP Tool and reflect on their individual support needs*	**When** will patients have time to reflect on **their needs**?	• Will they do this after your consultation?
	Where will the patient complete the SNAP Tool? Do they have privacy if needed?	• Is there privacy/space in the setting for the patient to complete it if needed?
	What will the patient do with their completed SNAP Tool?	• Have you explained to them what to do at this point, who will follow up on this?
3 Needs-led conversation • *Asking patients which domain(s) they **most need support with** – prioritisation* • *Then exploring the **patients' individual needs** within prioritised domain(s)*	**How** will you ask about priorities and explore their individual needs?	• To find out the domain(s) the patient needs most support with at the moment (**their priorities**) • To enable the patients to say what **their individual needs** are within their prioritised domain(s) • As with Stage 1 (Introduce SNAP), consider developing some key phrases that the team can use to help them have this conversation
	Who will complete the conversation with the patient?	• The same person who introduced SNAP?

		• A different clinician? If so, how will this be coordinated?
	When will it happen?	• At the time of introduction or at a separate date? • If another date, how will this be arranged?
	Where will it happen?	• In the home, ward, clinic, by telephone? • Is there a space/privacy for the conversation? • Do you know if the patient is happy to talk in front of others? • If not, what alternative arrangements can be made?
4 Shared response *The conversation is documented on the Support Plan:* • *domains prioritised* • *needs explored* • *actions put in place to meet needs (at the contact or following it) through:* ➢ friends/family ➢ directly delivered support ➢ signposting ➢ referral on	**What** actions (supportive input) will be put in place?	• **Find out first what the patient feels would help** meet their needs before highlighting what is available • **Consider different types of supportive input:** ○ *<u>Active listening</u> by the clinician at the contact* ○ *<u>Friends / family</u> (input may not always come from your team)* ○ *<u>Directly delivered</u> by the clinician at the contact (reassurance, advice, information, educational input, training)* ○ *<u>Signposting</u> to other sources of support that patients can access* ○ *<u>Referral</u> on to other services (with consent)*
	Who by? By the person who did the needs-led conversation?	• If the needs-led conversation is by a healthcare assistant, are they able to put an action plan in place? • If not, how will this stage be managed?
	When/where will it happen?	• Usually done at the time of the needs-led conversation (Stage 3) • If not, what alternative arrangements can be made?
	Using the SNAP Support Plan	
	How will patients' individual support needs and support provided be recorded?	• The Support Plan is provided for this purpose • Consider whether this will be included on the back of the "How are you?" booklet or on a separate A4 Support Plan kept at base
	Where will the Support Plan be kept (on paper or electronic)?	• Paper or electronic? The Support Plan (but not the tool itself) can be incorporated into paper records and put on electronic record systems
5 Shared review	**Who** will do the review?	• Whose responsibility will it be?

Actions put in place to support the patient need to be reviewed for effectiveness. *There also needs to be continuing review in response to changing situation of the patient over time*	**When/where** will Support Plan be reviewed?	• When will it be reviewed to determine whether actions recorded have met the patient's needs? • In the home, ward, clinic, by telephone? • Is there a space/privacy for the conversation if needed?
	How will the review be recorded?	• Update the previous Support Plan? • Start a new Support Plan?
	How will you decide whether or when SNAP is needed again (Stages 1-5)?	• **Consider when SNAP is needed again** (including completion of another SNAP Tool)? • After a defined period of time? • Are there key trigger points for pro-active review (e.g. a change in the patient's condition or their carer's situation)?