



The Support Needs Approach for Patients (SNAP)

Guidance Document

Version 3.0 – 25/08/2026



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1. What is the Support Needs Approach for Patients (SNAP)?

The Support Needs Approach for Patients (SNAP) is a health care intervention which seeks to enable person-centred care for adult patients. SNAP uses an evidence-based validated tool – known as the SNAP Tool – to help patients identify and express their support needs which are then discussed with their health care professional.

The SNAP Tool comprises a set of questions relating to broad areas of need in which patients commonly say they require support. The tool is short and simple to use for both patients and health care professionals.

There are three versions of the SNAP Tool: (1) one for adult patients with predominantly chronic or progressive conditions (15 questions: the original SNAP Tool), (2) one for those with predominantly mental health conditions (17 questions: the SNAP-MH Tool), and (3) one for those with hearing loss (15 questions: the SNAP-HL Tool). A further version is in development for those with predominantly chronic or progressive conditions in prison settings (14 questions: SNAP-Prisons Tool).

Evidence for the SNAP Tool came from:

- adult patients with chronic/progressive disease
- unpaid/family carers (family/friends who help and support patients)
- and health care professionals (chronic/progressive disease)

Evidence for the SNAP-MH Tool came from:

- adult mental health service users
- unpaid/family carers (family/friends who help and support service users)
- and health care professionals (mental health)

Evidence for the SNAP-HL Tool came from:

- adults with hearing loss

Evidence for the SNAP-Prisons Tool came from:

- current and former prisoners with chronic/progressive disease
- and health care professionals (chronic/progressive disease in prison settings)

SNAP is more than just the tool however: the tool underpins the **5-stage SNAP intervention for use in clinical practice.**

The SNAP Tool, SNAP-MH Tool, SNAP-HL Tool and SNAP-Prisons Tool (hereafter referred to collectively as 'the Tool' or 'Tools') can also be used as standalone tools in research studies, or systematic reviews, seeking to identify broad areas of unmet support need in relevant patient groups.



2. Why do we need SNAP?

Patients with chronic/progressive or mental health conditions have support needs – they also have unmet support needs.

Some patients find it difficult to tell health care professionals about their support needs as...

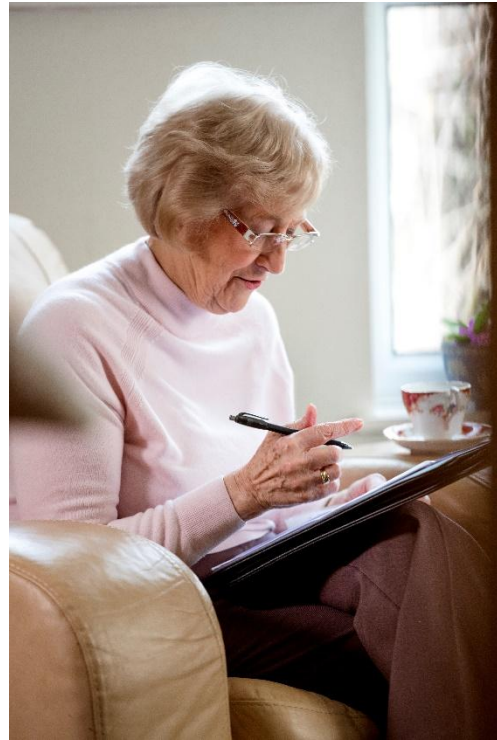
- they are worried about health care professionals' time,
- they are not sure what is appropriate or relevant to tell health care professionals about,
- and they are very aware that health care professionals have things they need to do, or get on with, during an appointment – and the health care professional tends to be *"in the driving seat"* of consultations.

It's difficult for health care professionals to meet patients' support needs if they don't know what those needs are.

Patients therefore need a means to help them identify and express their support needs to a health care professional – a tool to act as a prompt and help overcome their concerns about sharing their need for support.

Such a tool could then help start a needs-led conversation with a health care professional about their unmet support needs and what help and support they might find useful in meeting their needs.

Together, the tool and the needs-led conversation form SNAP: the Support Needs Approach for Patients.



3. What are the five stages of SNAP?

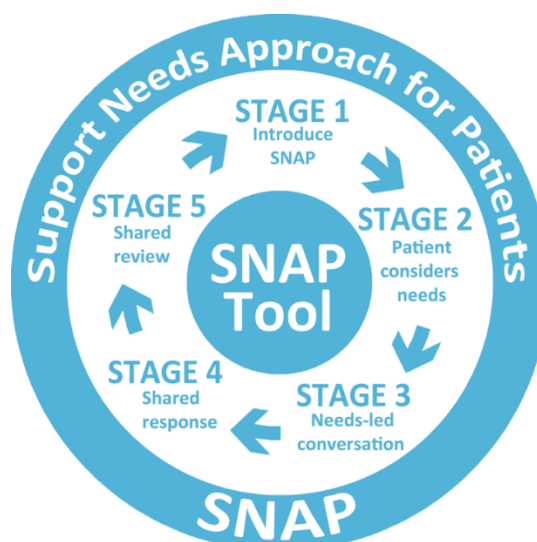
SNAP is a 5-stage person-centred intervention which is facilitated by the health care professional but led by the patient. It seeks to enable person-centred care.

Within SNAP the patient is enabled to say what is most important to them, at that moment in time (their priorities for discussion), and what they feel would help support them.

It is person-centred in that at every one of the five stages the patient is at the centre of the activity – they are “in the driving seat”.

- Stage 1: SNAP begins when patients are introduced to the Tool
- Stage 2: Patients then use the Tool to consider and indicate the areas in which they need more support – by answering the evidence-based questions
- Stage 3: A needs-led conversation then takes place between the patient and the health care professional using the patient-completed tool, which enables the patient to prioritise and express their individual support needs
- Stage 4: Together, the patient and health care professional then agree on what (further) supportive input would be valuable and create a shared action plan
- Stage 5: A shared review of the patient’s support needs is then carried out, by the patient and health care professional, at another point in time

Figure 1: 5-Stages of SNAP



Note: The central “SNAP Tool” refers to all versions of the SNAP Tool

4. What does the Tool look like?

The Tool, which underpins SNAP, uses a simple question and tick answer format to ask patients to show which areas they need **more** support with. The Tool makes common areas of support need “visible” – this has been reported as helpful for patients. Patients can indicate whether, or not, they need more support in relation to each broad area of support need.

Figure 2 shows an extract from the original SNAP Tool...

Figure 2: Extract from the original SNAP Tool

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				...family relationships (including talking			

You can access an inspection copy of each version of the full SNAP Tools via the licensing page on the website.

The Tool content is evidence-based and has been validated in relevant populations of patients/service users:

- Evidence behind the original SNAP Tool
 - Gardener AC, Ewing G, Farquhar M. Enabling patients with advanced Chronic Obstructive Pulmonary Disease to identify and express their support needs to health care professionals: a qualitative study to develop a tool. *Palliative Medicine* 2019;33(6):663-675
- Validation of the original SNAP Tool
 - Gardener AC, Ewing G, Mendonca S, Farquhar M. The Support Needs Approach for Patients (SNAP) tool: a validation study. *BMJ Open* 2019;9:e032028. doi: 10.1136/bmjopen-2019-032028
- Evidence behind, and validation of, SNAP-MH Tool
 - <https://arc-eoe.nihr.ac.uk/research-implementation/research-themes/palliative-and-end-life-care/adapting-and-operationalising>

5. Can I use SNAP in my clinical practice?

Yes – but you need a licence.

Each of the Tools are protected by copyright. A licence is required for their use by organisations, and no changes can be made to the Tools. The licence is **free of charge for non-commercial organisations** – please see Section 8.

To secure a licence to use the Tools in clinical practice you will first need to complete the short, free to access, online SNAP training – please see Section 9.



6. Can I use the Tool in my research?

Yes – but you need a licence.

Each of the Tools are protected by copyright. A licence is required for their use by individuals or organisations, and no changes can be made to the Tools. The licence is **free of charge for researchers from non-commercial organisations** – please see Section 8.

If your research is only using the Tools to identify areas of unmet support need in patients and is ***not*** being used by a care professional in their clinical or social care practice, then there is no requirement to complete the online SNAP training (although it can still be accessed and completed for interest).

However, if your research study is using the Tools to identify areas of unmet support need in patients and then seeks to address those needs (i.e., where health care professionals deliver the SNAP intervention in clinical practice within a research study) then you, and the health care professionals delivering SNAP, will need to complete the short, free to access online SNAP training – please see Section 9.

Please also see Appendix 1: Advice on quantitative analysis using the SNAP Tools.

Using the Tools in a systematic review

If you wish to use the Tools within in a systematic review (e.g. as a framework for patient support needs) you can apply for a licence for this.

The licence is **free of charge for researchers from non-commercial organisations** – please see Section 8.

7. Can I use the Tool in my teaching?

Yes – but you need a licence.

Each of the Tools are protected by copyright. A licence is required for their use by individuals or organisations, and no changes can be made to the Tools. The licence is **free of charge for those from non-commercial organisations** – please see Section 8.

To secure a licence to use the Tools in teaching you will first need to complete the short, free to access, online SNAP training – please see Section 9.

8. [Licensing](#)

The SNAP Tools are protected by copyright. A licence is required for organisations using the tool, whether for clinical practice or for research.

Please read the guidelines below before requesting a licence.

The licence is **free of charge for healthcare professionals and researchers from non-commercial organisations**. Please contact us if you are from a commercial organisation.

Time-limited inspection copies of the Tools can be accessed via the licencing page on the website.

[Licences for clinical practice use](#)

- To secure a licence to use any of the SNAP Tools within the SNAP intervention in clinical practice (to help patients identify, express and address their support needs) you need to complete the short, free to access, online SNAP training.
- To access the training, please refer to Section 9.
- You can then apply for a licence for clinical practice use by clicking on the link on the website.
- All staff (and future staff) from your organisation who will deliver the SNAP intervention need to complete the training – these additional staff can do this via the link to the training on the website after you have secured the licence.

[Licences for research use](#)

- If the research is only using the Tools to identify areas of unmet support need in patients, but not to address those needs (i.e. where health care professionals will not be delivering the SNAP intervention in clinical practice), then there is no requirement to complete the online SNAP training (although it can still be accessed and completed if you are interested). You can apply for a licence for research use by clicking on the link on the website.
- If the research study is using the Tools to identify areas of unmet support need in patients and to address those needs (i.e. where health care professionals will deliver the SNAP intervention in clinical practice), then this is "clinical practice use". You will therefore need to first complete the short, free to access online SNAP training. It is essential that the clinicians also complete the training. Follow the guidelines above for "Clinical practice use".

[Licence for translation](#)

If you wish to translate the Tools linguistically and/or culturally, you will need to apply for a licence for this by clicking on the licensing link on the website.

[Licences for systematic reviews](#)

If you wish to use the Tools within in a systematic review (e.g. as a framework for patient support needs), you will need to apply for a licence for this by clicking on the licensing link on the website.

[Licences for teaching](#)

If you wish to use the Tools within teaching, you will need to apply for a licence for this by clicking on the licensing link on the website.

To secure a licence to use the Tools in teaching you will first need to complete the short, free to access, online SNAP training – please see Section 9.

9. Training

Why do we need training in SNAP?

SNAP is a different way of working. It uses the best from your existing practice, building on your skills to enhance or enable your delivery of person-centred care. From our experiences of delivery of SNAP in a range of clinical practice settings we know that it is important for patients, health care professionals and services that those who deliver SNAP are trained to do so.

We know that benefits come through:

- a clear understanding of what SNAP is and how it works
- identifying how it can work best in your practice
- organisations putting in place a strategy to support implementation

SNAP training has therefore been designed:

- to introduce and explain using SNAP in practice
- to support successful implementation

SNAP training is aimed at both individual health care professionals and organisations seeking to implement a more systematic and comprehensive approach to identifying and addressing the support needs of adult patients with either predominantly chronic or progressive conditions or predominantly mental health conditions.



What training do we provide?

The development of each of our training resources was based on our experiences with the implementation of SNAP in a range of contexts and on feedback from health care professionals, service managers and patients who have experienced SNAP.

To meet national and international interest, we have developed **free online training** in SNAP, modelled on our initial face-to-face training.

To access the training, go to the website and either: (1) work through the audio-recorded SNAP Training PowerPoint and Workbook, or (2) work through the downloadable SNAP Training Manual and Workbook. The content is the same in both the PowerPoint and Manual.

There are two training units:

Unit 1 – Delivering SNAP: All staff (and future staff) from your organisation who will deliver the SNAP intervention must complete Unit 1. Unit 1 will take about 90 minutes (including workbook completion). Once training is complete a licence to use SNAP in clinical practice can be secured – please refer to Section 8.

Please note that the end of the narrated PowerPoint refers to a SNAP Twitter account – this account no longer exists.

Unit 2 – Implementing SNAP: Staff involved in the implementation of SNAP (introducing SNAP as a new evidence-based intervention for your team or site) are recommended to complete Unit 2. Unit 2 will take about 90 minutes (including workbook completion).

Please note that the narrated PowerPoint refers to the possibility of bespoke training from the SNAP Team – unfortunately this is no longer available. The end of the narrated PowerPoint also refers to a SNAP Twitter account – this account no longer exists.

You will find links to both training units on the website along with the following downloadable training resources for use during the training:

- For Unit 1:
 - SNAP Online Training Workbook for Unit 1
 - Handout of SNAP Training PowerPoint for Unit 1
 - SNAP Training Manual for Unit 1 (*as an alternative to the audio-recorded SNAP Training PowerPoint*)

- For Unit 2:
 - SNAP Online Training Workbook for Unit 2
 - Handout of SNAP Training PowerPoint for Unit 2
 - SNAP Implementation Resources Pack for Unit 2
 - SNAP Training Manual for Unit 2 (*as an alternative to the audio-recorded SNAP Training PowerPoint*)

We also highly recommend watching the brief Role Play Film and “Clinicians often ask...” film to consolidate your training – see below.

There is also a brief downloadable **SNAP-MH Training Supplement for using SNAP in Mental Health** – completion of the main SNAP training is required alongside reading this training supplement.

We are also preparing a brief downloadable **SNAP-Prisons Training Supplement for using SNAP in Prison Settings** – completion of the main SNAP training is required alongside reading this training supplement.

All aspects of the training can be re-accessed at any time as a refresher.

[Role Play Film](#)

To meet requests to see how SNAP works in practice we produced a short film featuring a real nurse (Deirdre Siddaway – who used SNAP in her clinical practice daily) and a patient (“Jack” – played by an actor). In the 14-minute film, Deirdre and Jack role play using SNAP in person, and then using SNAP by phone. You will find the link to the role play film on the website.

To see subtitles, click on the subtitles/closed captions button that will appear in the bottom right-hand corner of the video.



Photo: filming the SNAP Role Play Film

[“Clinicians often ask...” film](#)

To answer some of the questions clinicians often ask us, we put those questions to two nurses who use SNAP in their clinical practice daily: Deirdre Siddaway and Nicola Zolnhofer. They share their answers in this short 7-minute film.

You will find the link to the “Clinicians often ask...” film on the website.

To see subtitles, click on the subtitles/closed captions button that will appear in the bottom right-hand corner of the video.

10. Resources

On the website you will find a set of useful downloadable resources about SNAP and using SNAP, including...

[SNAP briefing document:](#)

A shorter briefing document of key points.

[5-stages of SNAP diagram:](#)

An A4 copy of the 5-stages of SNAP – this can be useful as an aide memoire.

[SNAP Tool patient letter template:](#)

If you need to send the SNAP Tool to patients by letter, it is important to get the messaging right within the letter so that patients understand what the tool is for. On the website you will find a template cover letter for you to adapt for your service.

[SNAP Delivery Plan:](#)

If you are introducing SNAP as a new intervention to your team or clinical setting you will find it helpful to complete, with your team, a SNAP Delivery Plan. There is a blank template for this and a guidance document to help you complete it within the “Implementation resources Pack for Unit 2” – please refer to Section 9 “Training”. You will also find it helpful to complete SNAP Training Unit 2.

[Publications:](#)

A set of publications relating to the development and delivery of SNAP.

[Conference presentations](#)

SNAP has been presented at national and international conferences and a range of regional UK meetings for practitioners, charities, research networks and academics.

National and international conference presentations include:

- European Association for Palliative Care (EAPC) 2020 – online
- Association of Respiratory Nurse Specialists 2020 – online
- European Association for Palliative Care (EAPC) 2019 – Berlin
- European Association for Palliative Care (EAPC) 2018 – Bern
- Marie Curie 2017 – London
- European Association for Palliative Care (EAPC) 2017 – Madrid
- British Thoracic Society – Winter Meeting 2016 – London
- European Association for Palliative Care (EAPC) 2016 (Research Congress) – Dublin
- Hospice UK 2016 – Liverpool

Published abstracts of key conference posters include:

- Gardener AC, Ewing G, Farquhar M. Validation of the Support Needs Approach for Patients (SNAP) tool to enable patients with advanced COPD to identify and express their support needs to healthcare professionals. (Marie Curie 2018 abstract). BMJ Support Palliat Care 2018; 8:367
- Gardener AC, Ewing G, Farquhar M. Tackling the rhetoric: an evidence-based Support Needs Tool to enable supportive and palliative care in advanced non-malignant disease (Marie Curie 2017 abstract). BMJ Support Palliat Care 2017;7:354
- Gardener AC, Ewing G, Farquhar M, on behalf of the SNAP1 Study Team. Towards person-centred care: development of a patient support needs tool for patients with advanced Chronic Obstructive Pulmonary Disease (COPD) in primary care (BTS Winter 2016 abstract). Thorax 2016;71(Suppl 3):A208-A209

You will find the pdfs of these posters in the Resources section of the website.

Blogs:

Blogs about, or related to, SNAP:

- <https://www.mariecurie.org.uk/blog/new-research-to-help-people-with-copd/170275>
 - Introduces SNAP and the SNAP2 Study
- <https://blogs.bmj.com/bmj/2016/06/10/improving-care-and-support-for-people-living-with-breathlessness/>
 - Outlines the six recommendations of the Living with Breathlessness Study – Recommendation 3 relates to the concept of SNAP

11. FAQs: Frequently asked questions about SNAP

11.1) What do you mean by support needs?

Support needs are those aspects of managing life with a health condition with which patients need support, for example, support to manage symptoms or support to access financial benefits.

11.2) How do the SNAP Tools differ from other tools or from outcome measures?

Other tools (and outcome measures that are sometimes used in a similar way to the SNAP tools) are either:

- indirect measures and only indicate difficulties – as such they don't highlight whether the patient currently wants support with these difficulties or what support might be helpful
- or they only ask about a limited range of support needs – such as in relation to symptoms

In contrast, the Tools comprise a *comprehensive* set of evidence-based areas of support need and asks patients directly about their need for support with them.

For use in practice, the tools are integrated into an intervention to enable person-centred care that is health care professional facilitated but patient-led (the Support Needs Approach for Patients: SNAP).

By patient-led we mean that the patient has the opportunity to say what areas they need more support with, what are the most pressing concerns for them and what they feel might be supportive for them. Any support provided is therefore tailored to meet that patient's individual needs.

11.3) Can I use the Tool as an outcome measure?

None of the versions of the SNAP Tool are outcome measures. This is because the questions on them refer to broad areas of support need – this means that each question is not about a single 'need' a patient may have but is rather a broader question that can trigger thoughts about their specific individual needs that need further discussion.

A patient may indicate a need for support in a particular area – e.g., dealing with feelings and worries – and may have ticked this because they are feeling anxious about an upcoming clinical test. At a later date the same patient may tick the same question, but this time because they are worried about who will look after a pet if they are admitted to hospital.

So, if you used either tool at two points in time with the same patient it may look as though there has been no change and that their specific support need remains, but in fact the patient's first individual need has been addressed and they have another new individual need. There can be different specific individual support needs at each time point.

However, the Tools can be used to identify broad areas of unmet support need in patients e.g., they can be used within qualitative interviews as a prompt for patients to think comprehensively about various areas of support need.

Please also see Appendix 1: Advice on quantitative analysis using the SNAP Tools.

[11.4\) Which types of patients can SNAP be used with?](#)

Patients and health care professionals have also told us that although the original SNAP Tool was developed initially for patients with advanced COPD, the generic nature of the questions on tool suggests it is relevant for adult patients with **a range of chronic, progressive or non-curative conditions** e.g. heart failure, frail elderly, Parkinson's Disease, stroke etc. This is probably because patients with chronic long-term conditions such as COPD have multiple co-morbidities, therefore the evidence on their support needs is unlikely to relate purely to their COPD but more likely to their support needs in general (and therefore related to all their conditions).

Further, the SNAP Tool does not include the term "COPD" or refer specifically to lung symptoms.

We have also worked with mental health service users and clinicians to adapt the SNAP Tool to produce a new version for adults with **mental health conditions**: the SNAP-MH Tool. And a version of the SNAP Tool has been developed for people with **hearing loss**: the SNAP-HL Tool.

Work is underway to explore using SNAP in **prison settings**: <https://arc-ee.nihr.ac.uk/research-implementation/research-themes/palliative-and-end-life-care/adapting-support-needs>

11.5) Are the Tools available in other languages?

Yes – please see the website for the list of translations currently available.

If you would like to translate the Tools linguistically and/or culturally you will need a licence to do so. This is available **free of charge for non-commercial organisations**.

To apply for a licence to translate the Tools, go to the licence link on the webpage.

11.6) Are the Tools available in other formats?

The Tools are currently only available as a document for printing.

11.7) Can I use the Tools to identify and address the support needs of unpaid/family carers?

No – SNAP is designed for patients. To identify and address the support needs of unpaid/family carers you should use the Carer Support Needs Assessment Tool Intervention: <https://csnat.org/>

12. Who is using SNAP?

SNAP clinical practice users:

SNAP has been used in a range of clinical settings including:

- Primary care
- Community care (e.g. Community Respiratory Teams)
- Secondary care respiratory outpatients (including Early Supported Discharge team)
- Secondary care oncology outpatients
- Hospice day care
- Hospice inpatients
- Mental health care



Work is underway to explore using SNAP in prison settings: <https://arc-eeo.nihr.ac.uk/research-implementation/research-themes/palliative-and-end-life-care/adapting-support-needs>

SNAP Tool translations:

The SNAP Tools have been translated under licence into several languages – please see the website for the current list.

13. The SNAP Story

The SNAP story began back in 2013 when Morag Farquhar (then at University of Cambridge) was leading a longitudinal, mixed method, population-based, multiple-perspective study seeking to identify ways to improve care and support in advanced chronic obstructive pulmonary disease (COPD), called the Living with Breathlessness Study: <https://www.rand.org/pubs/commentary/2016/06/improving-care-and-support-for-people-living-with-breathlessness.html>

SNAP arose directly from the Living with Breathlessness Study finding of unmet patient support needs and the difficulty these patients had in articulating their support needs spontaneously to health care professionals:
<https://doi.org/10.1136/thoraxjnl-2016-209333.360>

The Living with Breathlessness Study was using the Carer Support Needs Assessment Tool (<https://csnat.org/>) to identify areas of unmet support need in these patients' unpaid/family carers – it struck us that a similar tool for patients might help overcome some of the barriers to patients' support needs' identification and communication that we were identifying in the study.

To begin to explore whether this might work we developed a prototype SNAP Tool, modelled on the CSNAT, with permission of Dr Gail Ewing (University of Cambridge) and Professor Gunn Grande (The University of Manchester) who developed the CSNAT. This prototype SNAP Tool worked well – it was able to identify a range of unmet support needs in patients with advanced COPD. However, the prototype SNAP Tool was not based on evidence from patients – an evidence-based SNAP Tool needed to be developed.

The SNAP Team was then formed at University of Cambridge (Dr Morag Farquhar, Carole Gardener and Dr Gail Ewing) and funding secured from the NIHR School for Primary Care Research to enable development of the evidence-based SNAP Tool: this was the **SNAP1 Study**.

SNAP1 Study

SNAP1 involved...

- a systematic search and narrative review of the literature on patient support needs in COPD

- Gardener AC, Ewing G, Kuhn I, Farquhar M. Support needs of patients with COPD: a systematic literature search and narrative review. International Journal of COPD 2018;13 1021-1035
<https://www.dovepress.com/support-needs-of-patients-with-copd-a-systematic-literature-search-and-peer-reviewed-article-COPD>
- further analysis of qualitative data from the Living with Breathlessness Study to identify patient support needs
- and a series of focus groups (to ensure we had identified the full range of support needs) involving: (1) patients with advanced COPD and their unpaid/family carers, and (2) health care professionals from primary and community care
 - Gardener AC, Ewing G, Farquhar M. Enabling patients with advanced Chronic Obstructive Pulmonary Disease to identify and express their support needs to health care professionals: a qualitative study to develop a tool. Palliative Medicine 2019;33(6):663-675
<https://journals.sagepub.com/doi/full/10.1177/0269216319833559>

Patients and health care professionals were positive about the content of the tool (it covered the full range of support needs for them) but:

- the tool needed a patient-friendly design
- the tool needed validating
- the SNAP intervention that the tool would underpin needed to be developed
- and we needed to pilot SNAP in clinical practice

Funding was secured for this from the Marie Curie Research Grants Scheme: this was the **SNAP2 Study**, led from University of East Anglia (where Morag had relocated to) in a collaboration with Carole and Gail at Cambridge.

[SNAP2 Study](#)

SNAP2 involved...

- working with an NHS Media Studio to give the SNAP Tool a more patient-friendly design
- a series of focus groups (to refine the tool and to investigate its face and content validity) again involving: (1) patients with advanced COPD and their unpaid/family carers, and (2) health care professionals from primary and community care

- a postal survey of over 200 patients with advanced COPD to establish the content and criterion validity of the SNAP Tool (patients completed the tool alongside validated measures of disease impact)
- design of a SNAP Training Workshop for health care professionals
- and piloting of SNAP in three clinical practice settings:
 - primary care
 - community care
 - secondary care

The SNAP Tool was refined and found to be valid in an advanced COPD population.

- Gardener AC, Ewing G, Mendonca S, Farquhar M. The Support Needs Approach for Patients (SNAP) tool: a validation study. BMJ Open 2019;9:e032028. doi: 10.1136/bmjopen-2019-032028
<https://bmjopen.bmj.com/content/bmjopen/9/11/e032028.full.pdf>

Patients have said:

"I think it's really good when you are looking through the list and you sort out what really is your main concern" – Patient

Health care professionals have said:

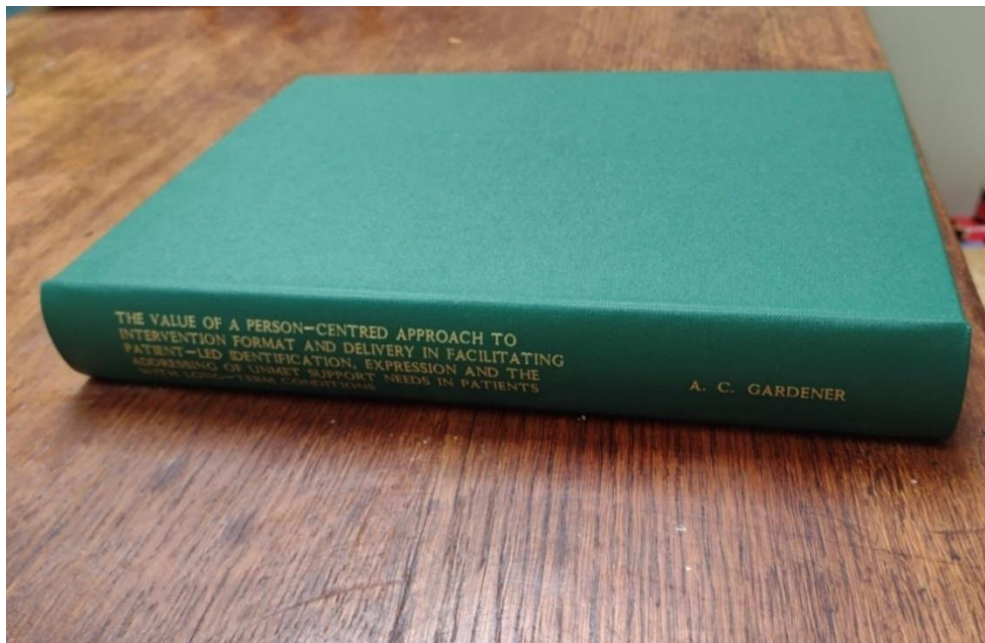
"It's just the patients being in charge of what they want to do [...] it's not about us, it's about them" – Community Respiratory Nurse

Patients and health care professionals have also told us that although the SNAP Tool was developed initially for patients with advanced COPD, **the generic nature of the content of the questions on the tool suggested it was relevant for patients with a range of progressive or non-curative conditions** e.g., heart failure, frail elderly, Parkinson's Disease, stroke etc. The SNAP Tool does not include the term "COPD" anywhere, nor does it refer specifically to lung symptoms.

[Exploring the value of SNAP – Carole Gardener's PhD:](#)

Dr Carole Gardener was awarded her PhD from University of Cambridge in September 2022. In her thesis she explored the development of SNAP and its implementation for patients with long-term conditions.

Full title: *"The Value of a Person-Centred Approach to Intervention Format and Delivery in Facilitating Patient-Led Identification, Expression and the Addressing of Unmet Support Needs in Patients with Long-Term Conditions".*



Some of the work from Carole's PhD has also been published as a paper:

- Gardener AC, Ewing G, Deaton C, Farquhar M. Understanding how the Support Needs Approach for Patients (SNAP) enables identification, expression, and discussion of patient support needs: a qualitative study. *Chronic Illness* 2021 DOI: 10.1177/17423953211047840

<https://journals.sagepub.com/doi/pdf/10.1177/17423953211047840>

Adapting SNAP for use in Mental Health Care:

In 2022 we were approached by a mental health clinician who wanted to use SNAP but recognised that it would need adapting for use in mental health care. With funding from the NIHR Applied Research Collaboration for the East of England, we worked with service users with experience of mental health services, and mental health clinicians, to adapt SNAP for use in mental health.

This involved:

- focus groups with service users to review the SNAP Tool and SNAP for use in mental health settings

- a service user workshop and interviews to adapt the SNAP Tool and begin to think through how the intervention could be delivered in this new setting (operationalisation)
- a clinician workshop to optimise operationalisation of SNAP for mental health
- a survey of service users in which they completed the newly adapted SNAP-MH Tool, to help us find out whether it covered all the relevant support needs of service users
- then work with an NHS Media Studio to produce a user-friendly version of the validated SNAP-MH Tool

Adapting SNAP for use in Hearing Loss:

In 2025 we were approached by a Masters student who wanted to use SNAP with people with hearing loss but recognised that it would need adapting for use with this group. They worked with people with hearing loss to adapt SNAP for use in with this group.

Adapting SNAP for use in Prisons:

Work is underway to explore using SNAP in prison settings: <https://arc-eeo.nihr.ac.uk/research-implementation/research-themes/palliative-and-end-life-care/adapting-support-needs>

Prizes for SNAP:

- 2017: Joanna Mugridge Award for best poster – Marie Curie conference: <https://www.mariecurie.org.uk/research/information-researchers/annual-research-conference/joanna-mugridge-research-award>



Photo: Carole receiving Joanna Mugridge Award (best poster) at Marie Curie conference 2017

- 2020: Best EAPC poster abstract in category: Gardener AC, Ewing G, Deaton C, Farquhar M. Enabling patients with progressive conditions to identify and express their support needs – a thematic systematic review of interventions (EAPC Abstract 2020). Palliat Med 2020;34(S1):174
- 2023: SNAP won the University of East Anglia (UEA) Innovation & Impact Award for 'Outstanding Impact in Health, Wellbeing & Welfare'.



Photo: SNAP Team receiving UEA Innovation & Impact Award in 2023



You can watch our brief promotional film for the awards here:

https://youtu.be/jKYxIAycXME?si=s7Ba6_PG2DXlclec

14. The SNAP Team



Left to right: Dr Gail Ewing, Prof Morag Farquhar, Dr Carole Gardener
(Photo credit: Peter Jones)

Prof Morag Farquhar is Professor of Palliative Care Research in the School of Health Sciences, University of East Anglia.

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Dr Carole Gardener is a Senior Research Associate in the School of Health Sciences, University of East Anglia.

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Dr Gail Ewing is now retired from the Centre for Family Research, University of Cambridge.

SNAP collaborators:

The SNAP Team have been supported by collaborators and advisors, including:

- Dr Ravi Mahadeva – Respiratory Medicine, Cambridge University Hospitals NHS Foundation Trust

- Dr Patrick White – School of Population Health & Environmental Sciences, King's College London
- Sophie Howson – SK Nurses, Cambridge
- Dr Sara Booth – Physician Emeritus, Cambridge Breathlessness Intervention Service
- Silvia Mendonca – Department of Public Health & Primary Care, University of Cambridge
- Isla Kuhn – University of Cambridge Medical Library
- Professor Christi Deaton – Department of Public Health & Primary Care, University of Cambridge
- Dawn Stewart – Cambridge & Peterborough NHS Foundation Trust
- Professor Lynn Saunders – University of Derby
- Maria O'Neill – Palliative Clinical Nurse Specialist, Northampton Healthcare NHS Foundation Trust/Cambridgeshire Secured Services

Public and Patient Involvement:

The SNAP programme has benefitted from a series of dedicated team of PPI (Patient and Public Involvement) advisors that includes both patients and unpaid/family carers (family and friends supporting patients).

15. Acknowledgements

Our Funders

The SNAP Team give special thanks to the following funders for making the SNAP programme of work possible:

	National Institute for Health Research (NIHR) School for Primary Care Research • SNAP1 Study – funding to enable development of the original evidence-based SNAP Tool • Seed corn funding for SNAP2
	Marie Curie Research Grants Scheme • SNAP2 Study – funding to enable refinement and validation of the SNAP Tool, piloting of the SNAP intervention in a range of clinical practice settings and development of SNAP training for health care professionals • SNAP in Prisons Study – funding to enable adaptation of SNAP for use in prison settings
	ESRC Impact Acceleration Account (ESRC IAA) Awards • ESRC IAA awards from University of East Anglia (UEA) and University of Cambridge to enable the original SNAP website development and online training production
	NIHR Applied Research Collaboration for East of England • SNAP in Mental Health Study – funding to enable adaptation of SNAP for use in mental health settings

Public and Patient Involvement

We are extremely grateful to those patients and unpaid/family carers (family and friends supporting patients) who have supported the SNAP programme. The SNAP programme benefits enormously from these dedicated PPI (Patient and Public Involvement) advisors who have shared their thoughts on the SNAP research programme, SNAP/SNAP-MH Tool design and SNAP training for health care professionals either individually or at meetings.

We are also grateful to our funders for supporting this important PPI activity.

SNAP research programme participants and supporters

We are extremely grateful to those patients and unpaid/family carers (family and friends supporting patients), health care professionals, clinical settings, prisons, and research infrastructures (such as the Clinical Research Networks) for their participation in, and support of, the SNAP research programme.

CSNAT-I Team

We are indebted to the CSNAT-I Team – Dr Gail Ewing, Dr Janet Diffin and Professor Gunn Grande – for generously sharing their learning from the CSNAT programme with us (<https://csnat.org/>). This informed the design of the original SNAP Tool, the SNAP 5-stage intervention, SNAP training and resources. We also thank them for their support in providing the SNAP Team with opportunities to disseminate SNAP at CSNAT-I events.

SNAP graphics

The SNAP Team thank Rory Tilford for production of the SNAP logo and SNAP 5-stage wheel.

Administrative support

The SNAP Team thank Pel Fordham for assistance in producing this document.

APPENDIX 1: Advice on quantitative analysis using the SNAP Tool

The following should clarify how the SNAP Tool is used and therefore what analyses and interpretations can be made with its data.

For additional clarity we explain the terms we use here:

- ‘SNAP Tool’** refers to any version of the evidence-based comprehensive tool (e.g., the original SNAP Tool or the SNAP-MH Tool for mental health) – that is, solely the tool itself).
- ‘SNAP’** refers to the practice intervention which uses the tool(s) to enable patients to identify, express and prioritise their support needs, and facilitates support tailored to their specific needs. SNAP is a person-centred process for delivering support for patients.
- Domains** refers to the questions on the tool(s), and refer to broad topic areas or domains, within which patients typically have different support needs. The questions are not ‘items’ and do not capture individuals’ specific support needs.

The SNAP Tool is a communication tool designed to be used as part of a person-centred intervention (SNAP). It is not a questionnaire or measurement tool and is therefore not suitable for the quantitative analyses often used with such tools. Key points and recommendations below explain this further.

SNAP Tool questions are not ‘items’, but broad domains for exploration. Therefore, the SNAP Tool does not directly ‘measure’ need. If the patient indicates they need more support within a domain (question), it requires further exploration to establish what individual needs they have within that domain, as patients will have very different needs within each domain.

Areas of support needs are qualitatively distinct. SNAP Tool domains capture very different areas of need and cannot just be grouped together. They do not represent a single, underlying concept of need. The response categories’ purpose is to facilitate communication. Each domain has a set of response categories (no, a little more, quite a bit more). We have learnt that these gradations may have little meaning to patients (e.g., one patient’s “a little more” can be equal to another patient’s “quite a bit more”). What matters is whether the patient feels he/she needs more support or not. The gradations are there to facilitate communication, as it can be easier for patients to admit they need just ‘a little more’ support, than categorically stating they need more help.

Recommendations for analysis are therefore as follows:

- SNAP Tool responses should not be summarised into a single, total score for the tool.

- Reliability testing in terms of internal consistency is not appropriate for SNAP Tool because the domains do not contribute to a single construct.
- It is not meaningful to use means and SDs for responses to individual domains.
- We do not recommend using SNAP Tool responses for correlational analysis. It is better to collapse responses into those who did or did not report they needed more support within each domain. If correlational analysis is undertaken, this should be non-parametric, as response categories are at most on an ordinal scale, and results interpreted with caution.
- SNAP Tool domains are not suitable for testing change (see below).
- The SNAP Tool should not be used as an outcome measure (see below). A standard outcome measure should be used instead, for instance to measure outcomes between patients who indicate a need/ no need for support or who have received the SNAP Intervention.
- SNAP Tool domains should not be examined for test-retest reliability – we do not recommend this type of analysis.
- Frequency counts of those who reported they needed more support is acceptable.

Descriptive statistics can be used to look at frequencies of patients who say they need more support with a domain or not, to identify the domains where patients most often indicate they have a need for more support. However, using SNAP Tool domains for other quantitative analysis is not recommended.

If you decide to use analyses for the SNAP Tool that are not recommended here and publish the results, then you are required to note in the publication that the analysis undertaken was not recommended by the SNAP Team.

The SNAP Tool and change

The problem with using SNAP Tool domains as indicators of change, particularly for individual patients, is that domains only indicate the broad area where a patient has need for more support (e.g. managing symptoms). Further investigation is then needed to identify the actual support need and supportive input required (e.g. information about medication use), and that support need may then be resolved.

However, patients' support needs typically change over time. Next week the patient may again require more support with the domain of managing symptoms, but this time the support need may be about managing breathlessness, difficulty in getting the right drugs delivered from the pharmacy, or something else. If you only look at whether the patient has indicated need for more support with symptom control, it looks like nothing has changed over time, whereas a lot has happened and the first support need was actually addressed.

The fact that the SNAP Tool domains do not directly identify what the specific support need is and that patients' support needs change over time due to changes in their

situation, means that the SNAP Tool domains can be misleading as an indicator of change. If you want to look at the impact of an intervention or at change in general, it therefore would be better to use other standardised outcome measures that enable you to compare scores.

At most it may be possible to use SNAP Tool frequency counts to consider change within a group of patients e.g., the frequency of patients that indicate a need for more support with each SNAP Tool domain before and after an intervention. However, this would not be the main analysis of the impact of the intervention but rather help provide context. Any change in frequencies would need to be interpreted with caution, and it may not be appropriate to apply statistical tests to the frequency changes. If used, these should be accompanied by a cautionary statement about the limitations of the SNAP Tool domains as a measure of change in any reporting of the results.

The SNAP Tool and measurement of outcome

The SNAP Tool should not be used as an outcome measure. The reasons for this are similar to those that make it unsuitable for measuring change noted above. The SNAP Tool does not measure level of need; it is a communication tool. Its questions refer to broad domains within which patients may have support needs. Each question or domain is designed to trigger thoughts about different types of need for further exploration, and the graded response categories are mainly there to make it easier for patients to express need. Domains therefore do not measure a simple, one-dimensional 'need' that can be assigned a meaningful score.

A standard outcome measure should therefore rather be used to look at differences in outcome, for instance, between patients who have had the SNAP Intervention compared with controls, or between patients who report a need for support compared with those who report no need. The choice of outcome measure will depend on the focus of the particular investigation. For services auditing their patient support, what is meaningful to consider are individual needs that were uncovered by SNAP's needs-led conversations, the action(s) taken to meet individual needs, and how effective these actions were. For instance, for the SNAP Tool domain on 'managing symptoms' the individual need for one patient may be information about causes of a symptom, for another how to administer a medicine. The outcomes would be whether the patient subsequently felt well informed about causes, or felt confident about medicine administration, respectively. However, each patient may then develop new support needs regarding symptom management, e.g. ways of dealing with cough. Here, only considering the patient's indication of need for support with 'managing symptoms' on the SNAP Tool over time, would make it look like the service had made no effective response to patients' needs at all. Only by looking at how well they address identified individual needs, can services really see how effectively they support patients.

[END]