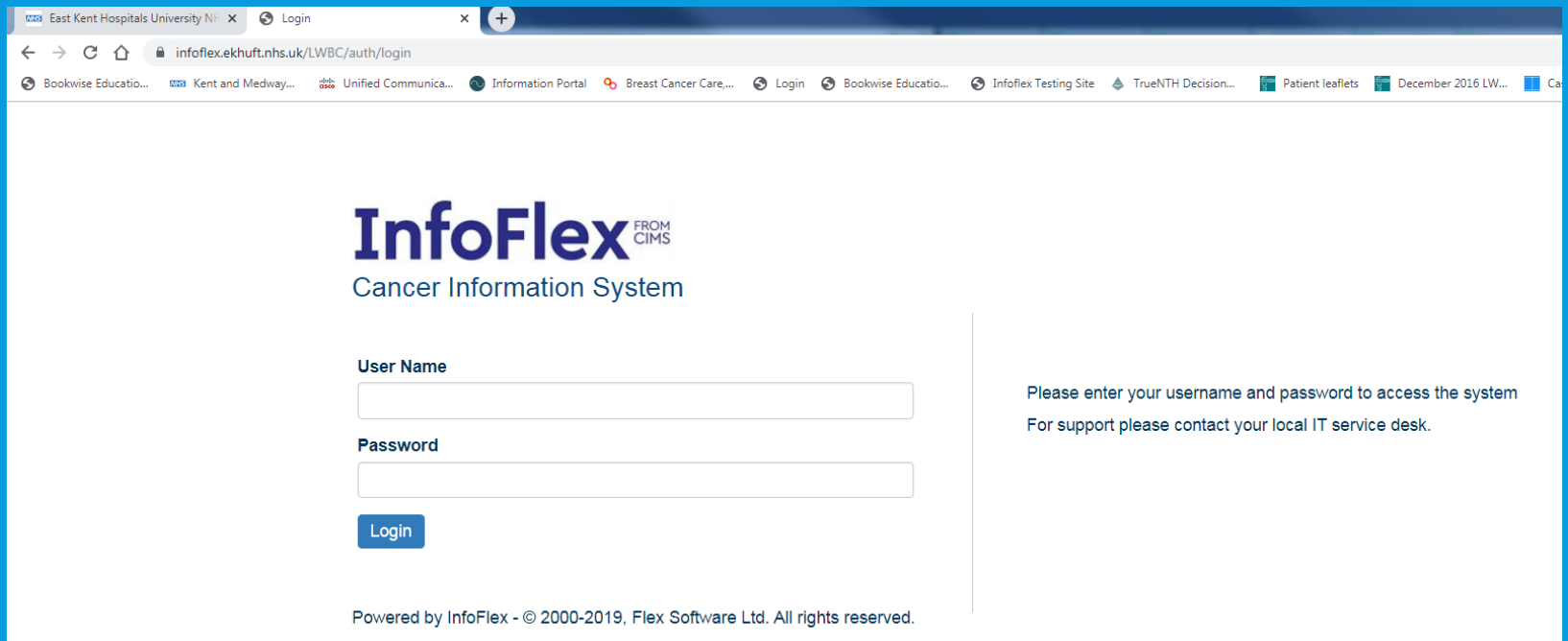


# COMPLETING THE HNA

By Raymon Aroyewun  
IT Project Manager - LWBC

USING GOOGLE CHROME OR SAFARI BROWSER TYPE IN  
<https://infoflex.ekhuft.nhs.uk/lwbc/auth/login>

## 1. Log in to Infoflex with usual credentials



The screenshot shows a web browser window with the URL [infoflex.ekhuft.nhs.uk/LWBC/auth/login](https://infoflex.ekhuft.nhs.uk/LWBC/auth/login). The page features the InfoFlex logo, which includes the text "FROM CIMS" in smaller font. Below the logo, the text "Cancer Information System" is displayed. The login form consists of two input fields: "User Name" and "Password", each followed by a blue "Login" button. To the right of the form, a message states: "Please enter your username and password to access the system. For support please contact your local IT service desk." At the bottom of the page, a footer reads: "Powered by InfoFlex - © 2000-2019, Flex Software Ltd. All rights reserved."

InfoFlex<sup>FROM CIMS</sup>  
Cancer Information System

User Name

Password

Login

Please enter your username and password to access the system  
For support please contact your local IT service desk.

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# TYPE IN THE NHS NUMBER OF THE PATIENT AND CLICK SEARCH

The screenshot shows the 'Cancer Information System' Patient Search interface. The 'Search Criteria' section on the left has the following fields:

- NHS Number: 009 000 0000
- Person Family Name: (empty)
- Person Given Name: (empty)
- Person Birth Date: (empty)
- Record ID: (empty)

The 'Search Results' section on the right shows a table with one row:

NHS Number	Person Family Name	Person Given Name	Person Birth Date	Record ID
009 000 0000	Test	Patience	02/10/1985	

Below the table, there are pagination controls: a left arrow, a circle with '1', a right arrow, a dropdown menu set to '25', and the text 'rows per page'. To the right of these controls, it says 'Showing 1-1 from 1 rows'. A red arrow points from the 'Search' button in the 'Search Criteria' section to the 'Patient Details' link in the first row of the 'Search Results' table.

3. Click on the Patient Details

# THE LWBC SCREEN OPENS

ient Details x +

/LWBC/ifu/pt?ifx=mPisxDPqJdYCWt5yIJQDRZI5LkX4kVDLKotp2AV55aWz+tcMggig+/I3VKtyGOBAogf37475uGZOjFv1mIQPo8RsRAaoJnczJt4o6m9HpY=

Unified Communica... Information Portal Breast Cancer Care,... Login Bookwise Educatio... Infoflex Testing Site TrueNTH Decision... Patient leaflets December 2016 LW... Case studies

## Cancer Information System

Profile Tasks 0 Log out

Patient Search Tracking MDT Recovery Packages Clinical Guidelines Datasets

### Patient Record

NHS Number	Person Family Name	Person Given Name	Person Birth Date	Record ID
009 000 0000	Test	Patience	02/10/1985	

< Patient Search Contact Details

Please select from one of the available options.

Administration:

View Cancer Pathways

CNS Referral / Patient Contact

The Recovery Package:

Holistic Needs Assessments

Stratified Follow-up

4. Click on the Holistic Needs Assessments button

# IF THE PATIENT HAS PASSED AWAY

A yellow banner shows RIP

Information System

Profile Tasks 0 Log out

Patient Number	Person Family Name	Person Given Name	Person Birth Date	Record ID
123 456 7890	TEST	EDATHIL	15/07/1941	0000045518

Date of Death  Death Location Type

< Patient Details Contact Details

Please select from one of the available options.

Administration:

The Recovery Package:

InfoFlex<sup>®</sup> FROM CIMS  
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NHS  
Kent and Medway Cancer Collaborative

## 5. CHOOSE THE RIGHT PATIENT PATHWAY / DIAGNOSIS

**Cancer Information System**

ProfileTasks 0Log out

Patient SearchTrackingMDTRecovery PackagesClinical GuidelinesDatasets

Holistic Needs Assessments

NHS Number	Person Family Name	Person Given Name	Person Birth Date	Record ID
009 000 0000	Test	Patience	02/10/1985	

< Patient Record

Please select a cancer pathway to view related assessment details

Referral Date ▲	PPID	Diagnosis Date	Primary Diagnosis	Diagnosis Type
02/12/2009	009000000000212200904		C20 - Malignant neoplasm of rectum	New Primary Diagnosis
12/11/2013	009000000000000139465		C00.2 - External lip, unspecified	New Primary Diagnosis
01/05/2017	009000000000000475923			

**Cancer Information System**

ProfileTasks 0Log out

Patient SearchTrackingMDTRecovery PackagesClinical GuidelinesDatasets

Holistic Needs Assessments

NHS Number	Person Family Name	Person Given Name	Person Birth Date	Record ID
009 000 0000	Test	Patience	02/10/1985	

Specialty: Lower GastrointestinalPrimary Diagnosis (ICD): C20 - Malignant neoplasm of rectumChange Pathway

<< HNA Patient Lists< Patient RecordHolistic Needs AssessmentsPatient HistoryDiagnosisMDMs

+ Setup new assessment

Drag a column header and drop it here to group by that column

HNA Status	HNA Setting	Care Plan Status	Point in pathway offered/completed	Name of CNS ▼	HNA Offered	HNA Complete	Care Plan Agreed	Status notes
HNA complete (electronic)	Over the telephone	Care plan complete	Start of treatment	Martin Kelly	02/12/2019	02/12/2019	02/12/2019	
HNA complete (electronic)	Acute setting	Care plan complete	During treatment	Martin Kelly	02/12/2019	02/12/2019	02/12/2019	
HNA complete (electronic)	Over the telephone	Care plan complete	During treatment	Ceepea Vijayamohan	02/12/2019	02/12/2019	02/12/2019	

6. Click on + Setup new assessment

# ENTER KEYWORKER CODE OR SEARCH THE DICTIONARY USING \*...\* OR %...%

## 7. Select from dictionary or code dropdown lists

Initialise

Cancer Information System

Patient Search Tracking MDT Recovery Packages Clinical Guidelines Datasets

Holistic Needs Assessments

NHS Number	Person Family Name	Person Given Name	Person Birth Date	Record ID
009 000 0000	Test	Patience	02/10/1985	

[← Back to assessments list](#)

### Setting up the assessment

**Step 1. Record how and when the is assessment being offered.**

Name of keyworker offering assessment: DVMK - Martin Kelly

Name of Hospital: DARENT VALLEY HOSPITAL

Point in Pathway Offered: During treatment

Setting: Acute setting

HNA Format: Electronic

**Step 2. Record how to start the assessment.**

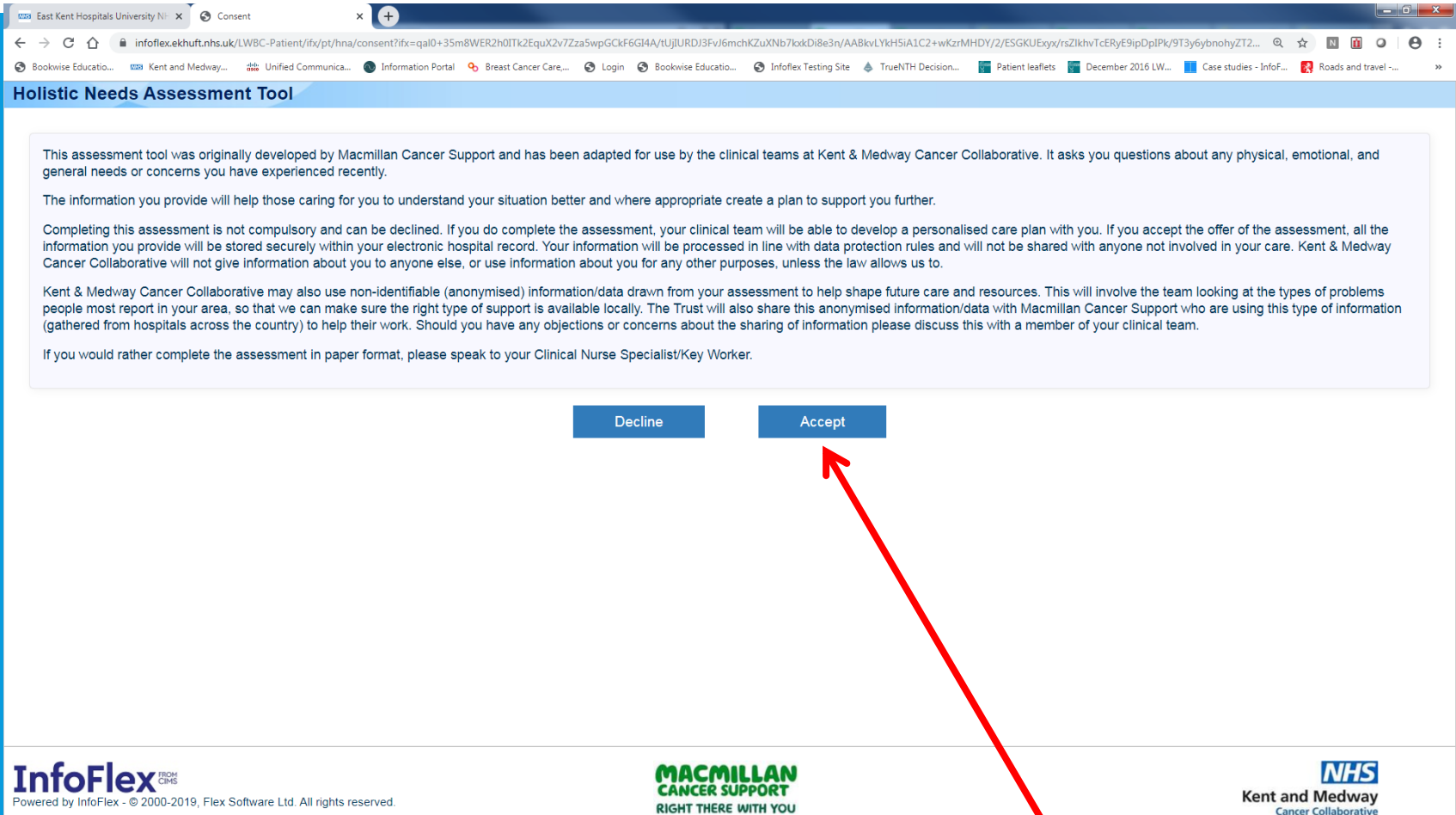
Action to complete: Launch the EHNA tool on this device

**Step 3. Click save and continue to launch the EHNA tool.**

Save and continue

## 8. Click on the Save and Continue button

# ON THE HNA TOOL PATIENT CAN ACCEPT OR DECLINE ASSESSMENT



East Kent Hospitals University NHS Foundation Trust

Consent

infoflex.ekhft.nhs.uk/LWBC-Patient/inf/pt/hna/consent?ifx=qal0+35m8WER2h0Tk2EQuX2v7Zza5wpGCKf6G4A/tUJURD3FvJ6mchKZuXNb7kokDi8e3n/AABkvLYkH5IA1C2+wKzrMHDY/2/ESGKUExyz/rsZlkhwTcERyE9ipDpIPk/9T3y6ybnobyZT2...

Bookwise Education... Kent and Medway... Unified Communica... Information Portal Breast Cancer Care... Login Bookwise Education... Infoflex Testing Site TrueNTH Decision... Patient leaflets December 2016 LW... Case studies - InfoF... Roads and travel -...

## Holistic Needs Assessment Tool

This assessment tool was originally developed by Macmillan Cancer Support and has been adapted for use by the clinical teams at Kent & Medway Cancer Collaborative. It asks you questions about any physical, emotional, and general needs or concerns you have experienced recently.

The information you provide will help those caring for you to understand your situation better and where appropriate create a plan to support you further.

Completing this assessment is not compulsory and can be declined. If you do complete the assessment, your clinical team will be able to develop a personalised care plan with you. If you accept the offer of the assessment, all the information you provide will be stored securely within your electronic hospital record. Your information will be processed in line with data protection rules and will not be shared with anyone not involved in your care. Kent & Medway Cancer Collaborative will not give information about you to anyone else, or use information about you for any other purposes, unless the law allows us to.

Kent & Medway Cancer Collaborative may also use non-identifiable (anonymised) information/data drawn from your assessment to help shape future care and resources. This will involve the team looking at the types of problems people most report in your area, so that we can make sure the right type of support is available locally. The Trust will also share this anonymised information/data with Macmillan Cancer Support who are using this type of information (gathered from hospitals across the country) to help their work. Should you have any objections or concerns about the sharing of information please discuss this with a member of your clinical team.

If you would rather complete the assessment in paper format, please speak to your Clinical Nurse Specialist/Key Worker.

Decline Accept

InfoFlex POWERED BY  
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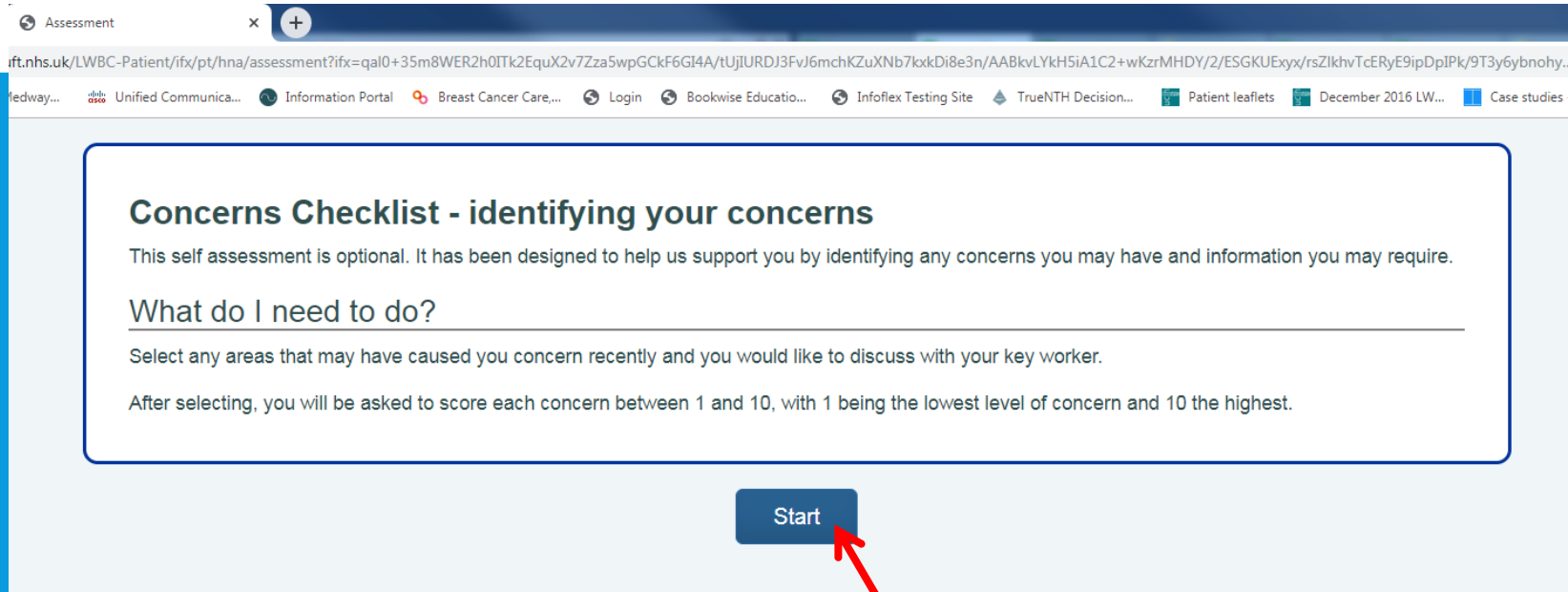
MACMILLAN  
CANCER SUPPORT  
RIGHT THERE WITH YOU

NHS  
Kent and Medway  
Cancer Collaborative

9. If the patient is happy to proceed click the Accept button



# A BRIEF EXPLANATION IS PROVIDED



Assessment

ft.nhs.uk/LWBC-Patient/ifu/pt/hna/assessment?ifx=qal0+35m8WER2h0ITk2EquX2v7Zza5wpGCKf6GI4A/tUjIURDJ3FvJ6mchKZuXNb7kxkDi8e3n/AABkvLYkH5iA1C2+wKzrMHDY/2/ESGKUExyx/rsZlkhwTcEryE9ipDpIPk/9T3y6ybnohy...

Unified Communica... Information Portal Breast Cancer Care... Login Bookwise Educatio... Infoflex Testing Site TrueNTH Decision... Patient leaflets December 2016 LW... Case studies

## Concerns Checklist - identifying your concerns

This self assessment is optional. It has been designed to help us support you by identifying any concerns you may have and information you may require.

What do I need to do?

Select any areas that may have caused you concern recently and you would like to discuss with your key worker.

After selecting, you will be asked to score each concern between 1 and 10, with 1 being the lowest level of concern and 10 the highest.

Start

10. Click the **'Start'** button

## 12. Choose the relevant Physical concerns

Concerns Checklist

0% Completed

Physical concerns

Please select any areas that have caused you concern recently.

I have recently been concerned about...

Breathing difficulties

Passing urine

Constipation

Diarrhoea

Eating, appetite or taste

Indigestion

Swallowing

Cough

Sore or dry mouth or ulcers

Nausea or vomiting

Tired, exhausted or fatigued

Swelling

High temperature or fever

Moving around (walking)

Tingling in hands or feet

Pain or discomfort

Hot flushes or sweating

Dry, itchy or sore skin

Changes in weight

Wound care

Memory or concentration

Sight or hearing

Speech or voice problems

My appearance

Sleep problems

Sex, intimacy or fertility

Other medical conditions

Save for later

Previous

Next

## 13. Select the Scores (1 – 10)

Concerns Checklist

5% Completed

Physical concerns

Please rate your level of concern between 1 and 10 where 1 is the lowest and 10 is the highest

Diarrhoea

1

2

3

4

5

6

7

8

9

10

Tired, exhausted or fatigued

1

2

3

4

5

6

7

8

9

10

Sleep problems

1

2

3

4

5

6

7

8

9

10

Save for later

Previous

Next

Select concerns and scores for each criteria as shown in the following screens

# 14. Choose Practical Concern

Concerns Checklist

15% Completed

Practical concerns

Please select any areas that have caused you concern recently.

I have recently been concerned about...

Taking care of others

Work and education

Money or finance

Travel

Housing

Transport or parking

Talking or being understood

Laundry or housework

Grocery shopping

Washing and dressing

Preparing meals or drinks

Pets

Difficulty making plans

Smoking cessation

Problems with alcohol or drugs

My medication

Save for later

Previous

Next

# 15. Score the Practical Concern

Concerns Checklist

20% Completed

Practical concerns

Please rate your level of concern between 1 and 10 where 1 is the lowest and 10 is the highest

Money or finance

12345678910

Housing

12345678910

Transport or parking

12345678910

Talking or being understood

12345678910

My medication

12345678910

Save for later

Previous

Next

# 16. Emotional Concern

Concerns Checklist

30% Completed

Emotional concerns

Please select any areas that have caused you concern recently.

I have recently been concerned about...

Uncertainty

Loss of interest in activities

Unable to express feelings

Thinking about the future

Regret about the past

Anger or frustration

Loneliness or isolation

Sadness or depression

Hopelessness

Guilt

Worry, fear or anxiety

Independence

Save for later

Previous

Next

# 17. Score Emotional Concern

Concerns Checklist

30% Completed

Emotional concerns

Please rate your level of concern between 1 and 10 where 1 is the lowest and 10 is the highest

Uncertainty

12345678910

Anger or frustration

12345678910

Save for later

Previous

Next

# 18. Family or relationship concerns

## Concerns Checklist

45% Completed

### Family or relationship concerns

Please select any areas that have caused you concern recently.

I have recently been concerned about...

Partner

Children

Other relatives or friends

Person who looks after me

Person who I look after

Save for later

Previous

Next

# 19. Score Family or relationship concerns

## Concerns Checklist

50% Completed

### Family or relationship concerns

Please rate your level of concern between 1 and 10 where 1 is the lowest and 10 is the highest

Partner

1 2 3 4 5 6 7 8 9 10

Children

1 2 3 4 5 6 7 8 9 10

Person who I look after

1 2 3 4 5 6 7 8 9 10

Save for later

Previous

Next

# 20. Spiritual concerns

## Concerns Checklist

55% Completed

### Spiritual concerns

Please select any areas that have caused you concern recently.

I have recently been concerned about...

Faith or spirituality

Meaning or purpose of life

Feeling at odds with my culture, beliefs or values

Save for later

Previous

Next

# 21. Score Spiritual concerns

## Concerns Checklist

65% Completed

### Spiritual concerns

Please rate your level of concern between 1 and 10 where 1 is the lowest and 10 is the highest

Faith or spirituality

1 2 3 4 5 6 7 8 9 10

Meaning or purpose of life

1 2 3 4 5 6 7 8 9 10

Save for later

Previous

Next

## 22. Top 3 concerns to discuss

### Concerns Checklist

70% Completed

Which concerns would you most like to discuss?

Please choose up to three concerns that you would most like to discuss as part of your care plan

I'd most like to discuss...

Diarrhoea

☐

Tired, exhausted or fatigued

☐

Sleep problems

☐

Money or finance

☒

Housing

☒

Transport or parking

☐

Talking or being understood

☐

My medication

☐

Uncertainty

☐

Anger or frustration

☐

Partner

☒

Children

☐

Person who I look after

☐

Faith or spirituality

☐

Meaning or purpose of life

☐

Save for later

Previous

Next

## 23. Selecting more than 3 results in an error

Concerns Checklist

**Warning**

You have selected more than 3 concerns.  
In order to prioritise your care plan, please choose the 3 concerns that are the most important to you today.

Please choose up to three concerns that you would most like to discuss as part of your care plan

Diarrhoea ☐

Tired, exhausted or fatigued ☐

Sleep problems ☐

Money or finance ☒

Housing ☒

Transport or parking ☐

Talking or being understood ☐

My medication ☐

Uncertainty ☒

Anger or frustration ☐

Partner ☒

Children ☐

Person who I look after ☐

Faith or spirituality ☐

Meaning or purpose of life ☐

You have selected more than 3 concerns.  
In order to prioritise your care plan, please choose the 3 concerns that are the most important to you today.

Save for later Previous Next

## 24. Do you have any info or support needs

Concerns Checklist

80% Completed

Do you have any information or support needs?

I would like information about...

- ☐ Exercise and activity
- ☐ Diet and nutrition
- ☒ Complementary therapies
- ☐ Planning for my future priorities
- ☐ Making a will or legal advice
- ☒ Health and wellbeing
- ☐ Patient or carer's support group
- ☐ Managing my symptoms
- ☐ Sun protection
- ☐ Other

Save for later Previous Next

## 25. Diagnosis, treatments or effects

Concerns Checklist

80% Completed

Diagnosis, treatments or effects

I have questions about my diagnosis, treatments or effects that I would like to discuss

Yes No

Save for later Previous Next

### Concerns Checklist

Thank you for completing this assessment. If you wish you can still go back and edit your responses.  
Otherwise, please confirm your responses by clicking Submit.

Submit

Edit responses

### Assessment complete.

Thank you for completing this questionnaire.

The information you have provided will help the hospital to provide the best possible care.

Please hand the device back to your nurse.

Finish

26. Click on the 'Submit' button and on 'Finish' to complete assessment; Infoflex will log patient out of the system.