

### 3 DEFINITION AND SCOPE OF NEEDS ASSESSMENT

#### What is Needs Assessment?

Needs Assessment (NA) is “a systematic method of identifying the public health, health / social care needs of a population and making recommendations for changes to meet these needs.”[1] In this context “need” is defined as ability to benefit from a policy or service intervention.

The practice of Health Needs Assessment (HNA) first became widespread in the early 1990s, at the time of the introduction of the NHS ‘internal market’. HNA was used to improve efficiency – aiming to identify which cost-effective services should be provided to meet population health needs, and which ineffective services should not. More recently with the rise of the inequalities agenda, the emphasis of HNA has shifted more towards achieving equity – i.e. fair user access to health services and fair allocation of resources by providers to services. The shift to a primary-care led NHS and a local governance partnership agenda has seen Local Health Boards (LHBs) and Local Authorities given a joint statutory duty of assessing the health and social needs of their population.

Stevens and Raftery have described the common approaches to assessing population needs for health care.[2] These are characterised as the **Corporate**, **Comparative** and **Epidemiological** approaches to HNA.

- The **Corporate** approach “involves the structured collection of the knowledge and views of informants on policies, services and needs”. Informants are the stakeholders in the issue being addressed by the needs assessment. They might include clinical and social workers in primary care and secondary care, health and social service managers, commissioners of services, experts in the field and service users. Advantages of this approach include making the needs assessment responsive to local concerns and fostering “local ownership” of the issues. Disadvantages of this approach (if carried out in isolation) are that it determines demands rather than needs and stakeholder concerns may be influenced by political agendas.
- The **Comparative** approach involves the comparison of levels of service provision between different localities. These could be cross-national comparisons of the levels of service provision (e.g. comparing England with other countries in Western Europe), or could be at a more local level (e.g. comparing the service provision in one town with another that has a similar demography). This approach is usually fairly quick to achieve and inexpensive, but the disadvantages include the problems of finding a sufficiently similar locality for an accurate comparison.
- The **Epidemiological** approach to NA has three elements: (i) determining the incidence and/or prevalence of the health or social problem; (ii) identifying the effectiveness (and cost-effectiveness) of existing interventions for the problem; and (iii) identifying the current level of service provision. This combination of epidemiology (health status assessments) and evidence

(effectiveness/cost-effectiveness) has also been described as the evidence-based approach to NA. While this is a systematic and objective approach, its disadvantages lie in the frequent lack of existing local epidemiological data, and the lack of evidence for certain interventions – particularly for population subgroups such as the elderly (NB lack of evidence does not imply evidence of lack!). Carrying out new epidemiological work is costly and time consuming.

### **Why is it important?**

The aim of NA is to maximise appropriate effective care / policy, minimise both the provision of ineffective care / policy and the existence of unmet need. NA provides a systematic framework for undertaking a complex and important task in an evidence-based way.

### **References**

Wright J. Assessing health needs. Chapter in: Pencheon D, Guest C, Melzer D, Gray JAM. *The Oxford handbook of public health practice*. Oxford, Oxford University Press; 2001.

Stevens A, Raftery J. Introduction. Stevens A, Raftery J, Editors. *Health care needs assessment: the epidemiologically based needs assessment reviews*. Oxford: Radcliffe Medical Press; 1994

Jordan J, Wright J, Ayres P, *et al*. Health needs assessment and needs-led health service change: a survey of projects involving public health doctors. *Journal of Health Services Research & Policy* 2002; 7: 71-80.