

Annual Report: Psychological Support Strategy Group

Year 2007/08

Chair: Dr Nicky King (Interim Chair)

[1] Overview of Key Objectives:

- a) To work towards implementing the 4-level model of professional psychological assessment and support set out in the Supportive & Palliative Care IOG (2004)
- b) To develop and implement an assessment tool for psychological wellbeing
- c) To work with service users to understand the patient's viewpoint and ensure a positive experience of services
- d) To publish a directory of services describing agreed referral criteria and protocols
- e) To raise the profile of supportive and psychosocial care for people affected by cancer
- f) To identify any additional investment required to implement the 4-level model across the network.

[2] Progress against key Objectives:

The following tasks have been completed:

- a) The Psychological Support Strategy Group was established in March 2007 and met four times during 2007. An interim Psychosocial Care Pathway has been produced, setting out the Network's agreed approach.
- b) A Kent and Medway Distress Thermometer has been developed as a tool to assess psychological wellbeing and plan actions arising from the assessment. To be piloted at DVH (spring 2008). Also linking to baseline review by Lead Nurses, AHPs and Clinical Trials Group of Holistic Common Assessment (nationally recommended approach announced in 2007). Bereavement Care Standards and guidance on risk assessment have been launched.
- c) The Cancer Partnership Group has been consulted about existing levels of care and what they would like to see provided in future. A patient panel was established for psychosocial support and in-depth interviews carried out with members, about their emotional and psychological experience of cancer.
- f) Based on interviews with staff delivering care at levels 2-4, a summary of service development needs has been produced for each Network locality, identifying gaps in psychosocial care. Cancer locality groups have been tasked with action planning, including LDP bids where appropriate and linkage to development work for LTCs and mental health services. At Network level links are also being made with NHS Review clinical pathway groups (end of life care, LTCs and mental health) and the South East IAPT (Improving Access to Psychological Therapies) Collaborative.

The remaining tasks are scheduled to be completed by 31 March 2008:

- d) Compilation of the service directory is on track and will link to the cancer network's main Directory. It should help improve awareness and uptake of existing sources of support.
- e) The findings of the patient interviews have been presented to a variety of Network groups and professionals. The final report and recommendations of the Macmillan-funded project will be circulated widely. The project work is being publicised locally, nationally (e.g. item for Cancer Action Newsletter, February 2008) and internationally (abstract submitted to International Psycho-Oncology Society Congress, June 2008).

[3] Audit Programme:

- Clinical audit represents a 'next step' task to be taken forward by the clinical lead (see [8]), linking with the Network IM&T strategy to agree a data set for psychosocial care.

[4] Service Improvement – an overview:

- Only limited modelling of demand and capacity has been possible to date and at present very little is recorded about outcomes. Public health support would enable development of a sounder epidemiological evidence base on which to make service development decisions in future.

[5] User involvement:

- Working with patient panel members, a booklet is being produced - *Coping with the emotional and psychological effects of cancer*. The content of this booklet will also be incorporated into the Network's patient website.

[6] Research:

- Predictors of a person's need for supportive care have been developed through the UK Supportive Care Needs Study. Guidance is awaited on their use within the assessment process, to enable targeting of care to those in greatest need.

[7] Successes:

- The findings of the patient interviews have been very powerful in raising awareness among professionals of the emotional and psychological aspects of cancer, and the support needs of patients, their families and carers.
- The project manager post has enabled action points highlighted in the 2004 Verita report to be addressed and improved recognition of the importance of psychosocial care.
- The successful establishment of a network for professionals working in psychosocial care.

[8] Challenges:

- A clinical lead needs to be identified to build on the Macmillan-funded project work and achieve a more equal profile for supportive care alongside diagnosis and treatment. However, the Network has been unable to recruit at the two sessions per month advertised during January 2008. The case for funding an increased commitment (2 days per week) will be presented to Cancer Network Board in March 2008. As no further Macmillan funding will be available, this would need to be funded from mainstream NHS sources.
- Building a closer collaborative relationship with mental health services, to improve access to specialist support for patients experiencing high levels of distress.

[9] The future:

- A Network workshop is to be held on 24 April to review the project recommendations and agree how they can be taken forward.
- It is also planned to pilot a workshop for local patients on survivorship issues, at MTW in May 2008.
- The PSSG awaits the opportunity to comment on the draft national peer review measures (once published) and draft Cancer Network strategy paper.

DOG/CCG Chair: _____ . ____/____/____

Network Board Chair: _____ . ____/____/____