LONDON CANCER ALLIANCE
West and South

Mental Health and Psychological Support Service Specification and Referral guidelines

December 2014

Delivering world class cancer care for London

Contents

© London Cancer Alliance 2014

www.londoncanceralliance.nhs.uk

1 Introduction

Following the development of a novel pathway for the provision of mental health and psychological support services within the London Cancer Alliance, the following was agreed at LCA Clinical Board

- Four large cancer centres with the LCA, namely The Royal Marsden NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust, Imperial NHS Trust and St Georges NHS Trust, should each establish a multi-professional psychological support service
- These should work with cancer clinicians across the LCA to address the full range and severity of psychological problems associated with cancer including:
    - Adjustment difficulties
    - Anxiety
    - Depression
    - Problems with personal relationships
    - Psychosexual and body image difficulties
    - Alcohol and drug-related problems
    - Mild cognitive impairment (e.g. due to radiotherapy to CNS)
    - Personality disorder
    - Deliberate self-harm
    - Psychotic illness
    - Organic brain syndromes (delirium)
    - Carer support, including grief therapy
    - Support to families with children and a parent with cancer

This paper outlines how these services should be constituted, the skills which the service should offer, over-arching governance principles and their responsibilities. Details of how referral pathways flow into and out from these services are briefly outlined, with a fuller description available.

2 Service Outline

Provides	Achieves	Requirements	Mechanism
Strong leadership	• Ability to deliver the implementation of this novel approach • Clinical governance for the Psychological support MDT and its associated units • Dialogue with Cancer Centre Executive • Collaboration with CMHTs, IAPT and Palliative Medicine services locally	• Background in cancer care • Professional expert in psychological intervention or mental health and psychiatry • Strategic leadership skills • Significant NHS experience • Track record in clinical governance	• Robust recruitment process
Single point of referral	• Accessibility for referrers • Explicit cross-referral arrangements • Triaging of referrals by	• Clear pathways described for two-way flow between the centres and the	• All completed assessments are discussed at weekly MDM

	experts in the field • Patients allocated most appropriate evidence-based treatments • Individualised care	units • Trust level support for the implementation of these pathways • LCA Members and clinical board support for implementation	
Weekly multi-disciplinary meetings (MDMs)	• Focal point for decision making about intervention post-assessment • Professional/peer support for clinical decisions in complex cases • Clinical governance structure for lone-workers in units	• Comprehensive staff complement (see section x), able to provide a range of specialist psychological interventions (see section xx)	• Make-up of team decided as part of project specification, based on LCA MH & PS vision document and patient numbers (to both the centre and associated units)
Well-described governance arrangements	• Clear risk assessment and management processes • Joint management of complaints and incidents • Leadership across a defined number of services • Annual appraisal and CPD processes	• Provision of all supervision to Psych Support MDT members & to level 3 / 4 practitioners in neighbouring units: clinical over-sight and managerial and psychological supervision	• Jointly negotiated and agreed through the units and centres
Regular reports against agreed process and outcome measures, including the LCA agreed outcomes	• Proof of efficacy of service: to Commissioners: to Trust: to patients	• Appropriate administrative support • Adequate IT systems to enable routine data collection and analysis • Time for collation and drafting of regular reports	
Contributes to/Leads communication skills and psychological training of all cancer health professionals (Advanced Comms Training to Level 1 clinicians may be provided directly, while Level 2 psychological	• A workforce which has access to level 1 communications skills, e.g. Sage & Thyme • A specialist cancer workforce which is skilled in psychological support and advanced communication e.g. breaking bad news • Peer review compliance • Contribution to patient	• Dedicated space in work-plans of all staff • Succession planning to ensure on-going training needs of psychological support team are met • Support from wider Trust management for staff release to attend training & monitoring of	

support training must be)	safety and patient experience	attendance • Agreed training and supervision of level 3 & 4 practitioners	
On-going clinical supervision of the psychological work of all CNS and AHP colleagues working at level two, which may include Schwartz rounds	• Staff who are confident and competent in providing HNA and care planning • Lower rates of stress and enhanced resilience in this staff group • Contribution to patient safety and patient experience	• Dedicated space in all work-plans of all staff concerned	
Over-sight arrangement for psychiatric emergencies, both in- and out-of hours	• Minimises risk of adverse incidents and associated harm • Clear pathways for referral across the area (including hospices and third sector)	• Working relationship with general liaison psychiatry service and local mental health Trust(s) re 24 hour cover arrangements	• Agreed contractual arrangements
Pathways into local voluntary sector support services	• Maximised use of specialist cancer resource • Facilitates need-led, rather than demand-led, access to NHS psychological support service	• Dialogue with colleagues in voluntary sector	• Written principles and guidance about when to signpost to voluntary sector and hospices

3 Interventions which should be available within Psychological Support MDT

- Cognitive Behavioural Therapy
- Brief-focussed psychotherapy
- Mindfulness
- Grief/existential therapy
- Couple/Family therapy
- Systemic interventions
- Psychosexual therapy
- Neuropsychological assessment & intervention
- Cancer counselling
- Consultancy to relevant Survivorship events (e.g. Health & wellbeing)
- Assessment and management of:
    - Suicidality
    - Co-morbid alcohol and drug-related problems
    - Personality disorder
    - Deliberate self-harm
    - Psychotic illness
    - Organic brain syndromes
    - Complex co-morbidity

4 Range of Professionals required (minimum standard)

- Clinical or Counselling psychologist
- Psychotherapist or Cancer Counsellor
- Specialist Liaison psychiatrist
- Psychosexual therapist
- Neuropsychologist
- Band 4 / 5 administrator

5 LCA-agreed outcome measures

A range of process and clinical outcome measures, reflecting the domains of the CQC and NHS outcome framework, should be recorded and reported:

- Safety demonstrated by record of weekly team discussion of Risk & Safeguarding issues
- Effectiveness demonstrated by:
    - Global Assessment of function (GAF) (pre- and post- intervention for inpatients)
    - Functional Assessment of Cancer Therapy- General (FACT-G) (pre- and post- treatment for out-patients)
    - PHQ-9 (pre- and post- treatment for out-patients when relevant and working with anxiety and depression)
    - GAD-7 (pre- and post- treatment for out-patients when relevant and working with anxiety and depression)
- Person-centeredness demonstrated by: SRS for individual outpatients or/and Patient Experience Survey annually
- Responsiveness demonstrated by: professional response times for inpatient and outpatient new referrals
- Efficiency demonstrated by: prompt communication of assessment/treatment plan to referrer
- Equity demonstrated by: reporting data on age, gender, ethnicity, tumour type & stage

These are included in the proposed minimum dataset (see below)

6 LCA Minimum data-sets

- Number of new cancer patients at centre and associated units
- Number of staff who have ever received Sage and Thyme training
- Number of CNS in cancer
- Number of AHPs spending at least 50% of their time with cancer patients
- Proportion of CNSs and AHPs receiving regular case-based psychological supervision
- Proportion of CNS/AHPs who have received Level 2 training, as defined by peer review
- Proportion of core cancer MDT members who have had advanced communication skills training
- Proportion of patients referred for psychological support. Denominator being 25% of total number of newly diagnosed cancer patients
- Proportion of level 3 and 4 practitioner assessing 150 new patients per year
- WTE Level 3 practitioners. Calculated as a proportion of what we estimate is the service level provision for each centre
- WTE Level 4 practitioners Calculated as a proportion of what we estimate is the service level provision for each centre

- Summary of age, gender, ethnicity data
- Summary of tumour type and tumour "stage" (ie pathway point: *Diagnostic phase, in treatment, end of treatment, survivorship/remission, relapsed/advanced disease, end of life*) of all patients referred/seen
- Professional response times for inpatients & outpatient referrals – from referral to initial assessment
- Evidence of prompt feedback to referrer (eg periodic audit of time from assessment to dispatch of communication – within 5 working days is best practice)
- Clinical outcome measures: pre- and post-
- Evidence of weekly discussion & recording of risk/safeguarding issues by team
- Median number of sessions of treatment delivered per patient (and range) – ideally broken down by treatment modality (e.g. counselling session, CBT session, liaison psychiatry outpatient follow up appointment)
- Discharge destination (GP/CNS, onward referral to other services, patient died).

7 LCA Metrics

Based on the above data sets, the following have been agreed as performance metrics for LCA based Mental Health and Psychological Support Services.

- Proportion of patients referred for psychological support. Denominator being 25% of total number of newly diagnosed cancer patients
- Responsiveness demonstrated by: professional response times for inpatient and outpatient new referrals
- Effectiveness demonstrated by:
    - Global Assessment of function (GAF) (pre- and post- intervention for inpatients)
    - Functional Assessment of Cancer Therapy- General (FACT-G) (pre- and post- treatment for out-patients)
    - PHQ-9 (pre- and post- treatment for out-patients when relevant and working with anxiety and depression)
    - GAD-7 (pre- and post- treatment for out-patients when relevant and working with anxiety and depression)
- Professional response times for inpatients & outpatient referrals – from referral to initial assessment

Appendix 1

Referral Wall Chart

Referral pathway for psychological distress in cancer			
		ALL STAFF: look for indications of...	*Action – consider...*
Mild e.g. HNA DT 0-4 on emotional concerns	Level 1-2 : 75% of patients	▪ spells of being distressed, low, worried, irritable ▪ time-limited and/or linked to symptoms and transitions (e.g. just informed of recurrence) ▪ no major interference with life and treatment ▪ overall pattern of coping ▪ can access support	▪ be proactive, raise it – "how are you feeling in yourself?" ▪ actively listen, use Sage & Thyme – and record it! ▪ remember, asking and listening *is* the intervention ▪ signpost to support patient finds relevant (see over) ▪ discuss with CNS ▪ contact psycho-oncology team for advice & consultation
Moderate / Complex e.g. HNA DT >4	Level 3-4 : 25% of patients need specialist input	▪ more than two weeks of frequent distress, not just about specific physical symptoms ▪ openly distressed, or only showing in behaviour ▪ history of mental health problems ▪ overall pattern of poor coping ▪ interpersonal problems, in family or with professionals ▪ causing difficulties with treatment and functioning ▪ limited support	as above, plus: ▪ refer to the psychological support MDT ▪ involve CNS if possible
Severe / Urgent		as above, plus: ▪ indications of risk to self/others, or self-neglect ▪ significant drug/alcohol difficulties ▪ severe changes in mental state (e.g. psychosis, delirium) ▪ likely biological influences on emotional state	Refer to liaison psychiatrist • In hours: via psychological support MDT bleep • Out of hours: via general liaison psychiatry team