



Improving the Lives of People Affected by Cancer Through Sustainable Models of Care

Debbie Provan

Regional Lead – TCAT

Debbie.Provan@nhs.net

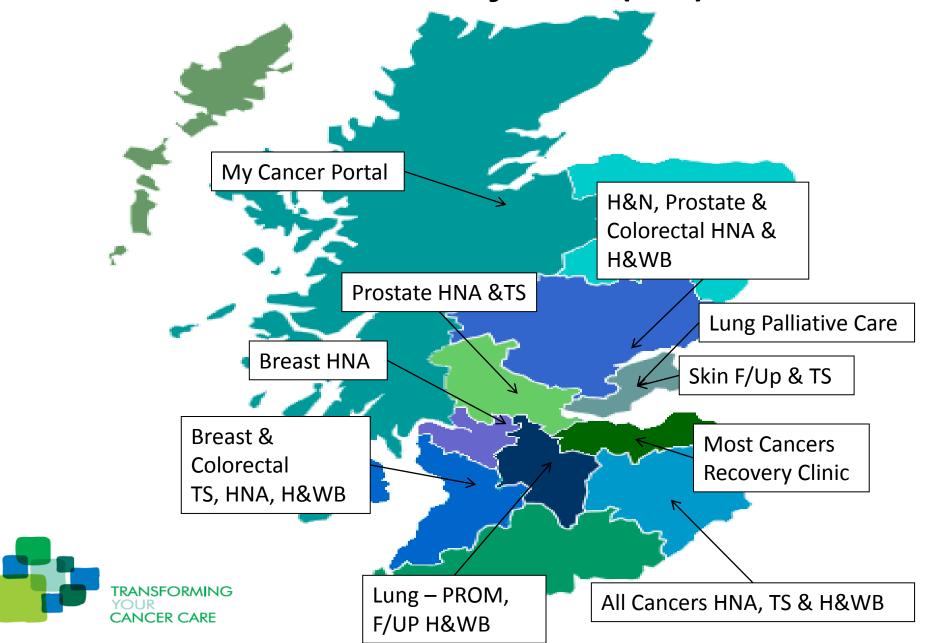
TCAT

To ensure that people affected by cancer in Scotland, are prepared and supported to live with the consequences of the diagnosis and its treatment.

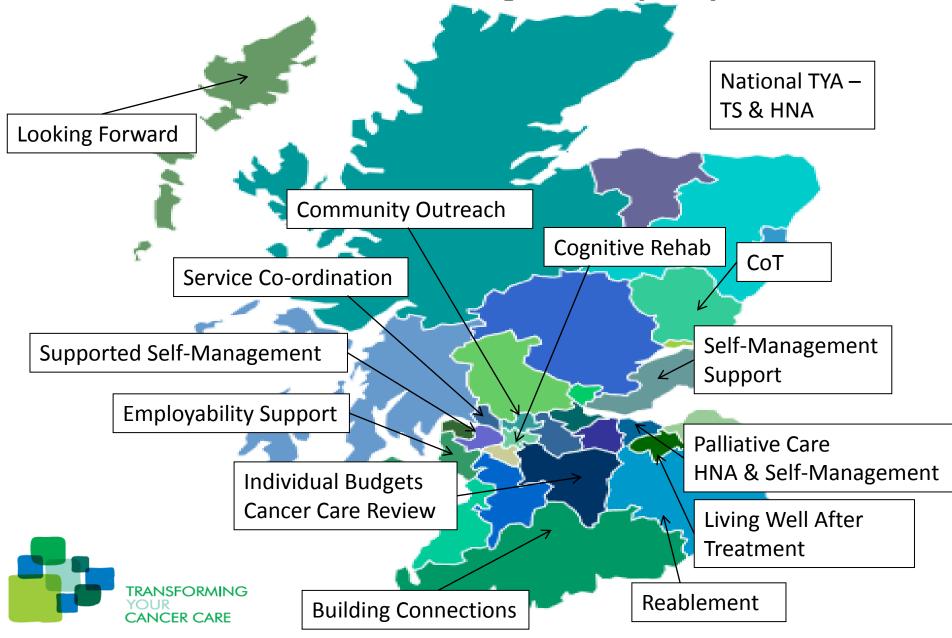




Phase 1 Projects (10)



Phase 2 Projects (15)



The Recovery Package

	National Cancer Survivorship I	Initiative – Concerns check	ist Holistic n	eeds casessment	National Cancer Survivorship Initiative - Conce	erns checklist	
	Identifying your co	oncerns				P	atient's name or label
	Discussed by:		End of Treatment				
	Date:		meet or contact beams				
	Designation:		Dear Dr				
	Contact details:						
			Re:				
	This self assessment is optional, however it will help us ur It will also help us identify any information and support y If any of the problems below have caused you concern in		Your patient has now completed their initial treatment for cancer and a summary of their diagnosis, treatment and ongoing management plan are outlined below. The patient has a copy of this summary.				ontact details and monitor.
	with a health care professional,			1-1			
	don't want to discuss it now.		Diagnosis:	Date of Diagnosis:	Organ/8taging	iscuss with a col	league if necessary and
	☐ I have questions about my dia	agnosis/treatment that I w			Local/Distant	tool if appropriat	
	Physical concerns	Practical concerns	Summary of Treatment	and relevant dates:	Treatment Alm:		
	☐ Breathing difficulties ☐ Passing urine	☐ Caring responsibilitie ☐ Work and education					
	Constipation	Money or housing				ssessment tool if	appropriate e.g. HADs and
	☐ Diarrhoea	☐ Insurance and travel					
	☐ Eating or appetite ☐ Indigestion ☐ Sore or dry mouth	☐ Transport or parking ☐ Contact/communicati with NHS staff	Possible treatment toxic	lities and / or late effects:	Advise entry onto primary care palliative or supportive care register		
	☐ Nausea or vomiting	☐ Laundry/housework			Yes / No	concern	Plan of action
	Sleep problems/nightmares Tired/exhausted or fatigued	☐ Washing and dressing ☐ Preparing meals/dring			D8 1500 application completed	-	
	Swollen tummy or limb High temperature or fever	Grocery shopping Family/relationship or			Yes/No		
	Getting around (walking) Tingling in hands/feet	☐ Portner ☐ Children					
	☐ Pain ☐ Hot flushes/sweating	Other relatives/friend	Alert 8ymptoms that red	quire referral back to specialist team:	Contacts for re-referrals or queries:		
	Dry, itchy or sore skin Wound care after surgery	Emotional concerns Difficulty making plan			In Hours:		
Þ	Changes in weight Memory or concentration	Loss of interest/activit Unable to express fee			Out of hours:		
	☐ Taste/sight/hearing ☐ Speech problems	☐ Anger or frustration ☐ Guilt			Other cervice referrals made: (delete as neo) District Nurse		
	My appearance	Hopelessness	Secondary Care Oncoing	Management Plan: (tests, appointments etc)	AHP		
	Sex/intimacy/fertility	☐ Loneliness or isolation ☐ Sadness or depressio	,,		Social Worker		
		☐ Worry, fear or anxiety	•		Dietitian Clinical Nurse Specialist		
					Psychologist		
	Please mark the scale to show				Benefits/Advice Service Other		
	the overall level of concern you've felt over the past week.		Required GP actions in	addition to GP Canoer Care Review (e.g. ongo	ing medication, osteoporosis and cardiac screening)		
	You may also wish to score the						
	concerns you have ticked from	ncerns you have ticked from		Summary of information, given to the patient about their cancer and future progress:			Next review due:
	to 10. Lowest summary or information given to the patient about their cancer and nuture progress:					NHS.	

	WE ARE MACMILLAN. CANCER SUPPORT		Additional information including issues relating to lifestyle and support needs:			of Health	NHS Improvement

8ignature:

Completing Clinician:





Improving the Lives of People Affected by Cancer?





BREAST	HEAD AND NECK	PROSTATE	MELANOMA	COLORECTAL
Tired, exhausted or fatigue	Eating or appetite	Getting around (walking)	Worry, fear or anxiety	Tired, exhausted or fatigue
Hot flushes	Dry mouth	Passing urine	Exercise and activity	Diarrhoea
Sleep problems/ nightmares	Tired, exhausted or fatigue	Hot flushes	Sleep problems/ nightmares	Dry, itchy or sore skin
Memory or concentration	Taste/sight/ hearing	Tired, exhausted or fatigue	Tired, exhausted or fatigue	Passing urine
Pain	Tingling in hands and feet	Sleep problems/ nightmares	Sun protection	Getting around (walking)
Worry, fear or anxiety	Constipation	Dry, itchy or sore skin	Eating or appetite	Pain
Tingling in hands and feet	Worry, fear or anxiety	Memory or concentration	Hot flushes	Constipation
Sore or dry mouth	Pain	Constipation	Dry, itchy or sore skin	Eating or appetite
Getting around (walking)	Memory or concentration	Worry, fear or anxiety	Memory or concentration	Sleep problems/ nightmares
Eating or appetite	Anger or frustration	Taste/sight/ hearing and Pain	Complementary therapies	Tingling in hands and feet





Implications for Practice

The benefits and value of implementing HNA:

- an opportunity to develop local solutions to local issues
- the delivery of a more consistent and standard service to people affected by cancer across Scotland, grounded in patient led recovery based principles
- providing evidence of patient acceptability and satisfaction with the HNA delivery model chosen
- taking steps to stretch and strengthen the patient pathway outwards, away from acute settings

The key to implementation success is local understanding that HNA is not an 'off the shelf intervention', but rather a considered local approach.

Implications for Practice

The local 'priority' reason for implementing HNAs will impact on its delivery. 'Why' an HNA is to be conducted must be understood fully by all stakeholders.

- Informing Risk
 - o A way to inform future risk stratification
 - o Information to discharge from follow up
- Enhancing Reviews
 - Identifying needs at key transition point(s)
 - Standardising post-treatment care
- Supporting Self-management
 - Prioritising a recovery approach
 - Patient rather than professional led approach



Implications for Practice

Before implementing HNA it is important to consider:

- why the HNA is being carried out
- when it is to be done and where
- who will conduct the assessment
- · what will happen after the assessment
- provision of internal and external infrastructure for assessors
- awareness and access to external sources of support and information

Implications for Practice

The HNA should be considered and implemented in the context of the whole cancer journey, the whole recovery package and the whole person.

When implementing HNA it is important to acknowledge:

- The assessor is only one of many 'partners' in a supported self-management approach
- The assessor cannot alone address all of a patient's concerns but needs trusted colleagues and agencies to direct them to for post assessment support
- Work is required to better integrate and coordinate access routes and pathways to support out with the hospital



Sustainable Models of Care?





Think Different.

But not different from me.







Employability

Statistics:

- 4 in 10 people in the UK will be affected by cancer at some stage of their life
- 113,000 people of working age are diagnosed with cancer in the UK each year (288 people in NA)
- An estimated 1.1 million people are caring for someone with cancer in the UK today; 48% are in employment

Economics:

- There are significant resource implications for Health and Social Care organisations if high numbers of people recovering from cancer continue to experience poor physical and mental health
- Employment is identified as a key activity for improved wellbeing beyond cancer. There is also the
 cost of paying benefits to those of working age who could be supported back into employment that
 needs to be considered

Research:

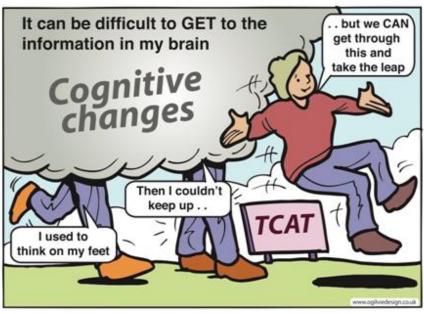
- Less than 50% of cancer patients are advised by clinicians about impact of treatment on their work
- Health professionals are not routinely talking to patients about work issues





Cognitive Impairment









West of Scotland Cancer Network

Breast Cancer Managed Clinical Network



West of Scotland Cancer Network

Haemato-oncology Managed Clinical Network



Breast Cancer

Regional Follow-up Guidelines

Prepared by J Mclihenny/ I Reid
Approved by Breast Cancer MCN Advisory Board/ RCCLG
Issue date July 2017
Review date July 2020

West of Scotland Cancer Network
Final Published - Breast Cancer Regional Follow-up Guidelines v2.0 July 2017

Lymphoma

Regional Follow-up Guideline

Prepared by:	DrP McKay, Dr M Leach
Approved by:	Haemato-oncology MCN & Regional Cancer Clinical Leads Group
Issue date:	
Review date:	
Version:	3.0
Replaces	Version 2.0 (November 2014)



Version





Psychological Therapies and Support Framework for People Affected by Cancer

Published: November 2015

Revised: August 2017



Appendix 1A: Psychological Therapies and Support Framework

Education and Training Matrix

The matrix below details the knowledge and competencies required across each staff level, alongside likely interventions utilised by each group. The matrix details the core training tools recommended at each level by the Psychological Therapies and Support Framework implementation Steering Group. A detailed overview of training tools is provided in appendix 1. The matrix provides examples of training which is available, and does not represent an exhaustive list.

The core training tools included within the matrix have been mapped against the core competencies outlined within 'A Competence Framework for Psychological Interventions with People with Persistent Physical Health Problems' which was launched in Scotland in March 2016. This competence framework was commissioned by NHS Education for Scotland and the Improving Access to Psychological Therapies (IAPT) programme in England (https://www.ucl.ac.uk/psis/research/cehp/research-groups/core/pdfs/Physical Health_Problems/Physical_Background_Doc.pdf).

Please note: lower intensity training tools / interventions are still relevant across higher levels.

CORE COMPETENCIES	INTERVENTIONS	TRAINING TOOLS					
LEVEL 1A – All those working in cancer care							
Understand concept of distress and the importance of recognising psychological needs. Basic awareness of the range of specific psychological problems	Effective information giving Supportive relationships Compassionate communication	Emotion Matters					
(e.g. anxiety and depression). Basic listening and communication skills. Ability to recognise psychological needs.	Avoid causing psychological harm	ADDITIONAL TRAINING TOOLS (where specific requirement of role)					
Ability to offer general support and to communicate honestly and compassionately. Treat patients and carers with kindness, dignity and respect.		Suicide prevention (ASIST) Foundation level communication skills					
 Knowledge of when and how to refer on to senior colleagues or appropriate agencies. 		(Rapport, SAGE & THYME) Bereavement training					
 Knowledge of the range of emotional and support services available. 							

Psychological Therapies and Support Framework – Education & Training Matrix v1.0 280917

6

Appendix 2: Psychological Therapies and Support Framework

Referral Guidance



A diagnosis of cancer understandably causes distress. People can get support from many sources including family, friends, Clinical Nurse Specialists, GPs and other cancer professionals. However, distress extends along a continuum and some people will require additional help from a psychologist or counsellor to help

This document is to provide guidance for staff working in cancer care about how to access psychological support for people affected by cancer.

All psychological care should be provided within the framework of the model of psychological and supportive care for people with cancer developed by NICE (2004). This model outlines different levels of support which may be required by people affected by cancer and specifies which staff working in cancer care would have the competencies to provide support at each level.

There are particular points in the patient pathway at which we might expect people to be more vulnerable and when we should be assessing the need for help:



When bereavement occurs, support for carers and families is available from a number of services

The table below details the referral criteria, method of assessment and possible interventions at each level of support. The criteria at each level are not evaluative rather they are designed to provide an indication of support needs. Case study examples of clinical cases at each of the four levels are provided in appendix 1 to help health and social care professionals assess and refer patients appropriately given presenting criteria.

Psychological Therapies Referral Guidance v1.0 13/09/2017





alth information, phone NHS inform on 📞 0800 22 44 88





Scotland's health information service

Search NHS inform

Q

Popular searches: back pain , chest pain , chickenpox , norovirus , cervical screening

Illnesses and conditions

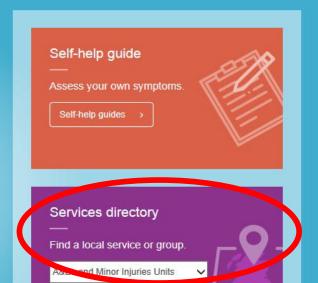
Injuries

Tests and treatments

Healthy living

Care, support and rights





What's Next?

- Rehabilitation Pathways?
- Health and Wellbeing Clinics?
- Community Connectors/Link Workers?
- Cancer Care Review?
- Volunteers?
- National Service Directory?
- Treatment Summary?











Thank you

Debbie Provan

Regional Lead – TCAT (WoSCAN)

Debbie.provan@ggc.scot.nhs.uk