

West of Scotland Cancer Network



**Report on the West of Scotland Psychological
Therapies and Support Framework Quality
Statements Self-Assessment Survey**

April 2024 – March 2025

September 2025

Jennifer Cameron

**AHP Team Lead & Occupational Therapist, Beatson West of Scotland Cancer
Centre, Co-Chair WoS PTSF Oversight Group**

Debbie Cook

**Counselling Psychologist, Maggie's Glasgow, Co-Chair WoS PTSF Oversight
Group**

Alison Rowell-Heath

Quality and Service Improvement Manager, WoSCAN, Programme Manager

Table of Contents

Table of Contents	2
Table of figures	2
Introduction.....	4
Clinical Quality Statements:.....	5
Service Quality Statements:	5
Self-assessment submissions	5
Activity data, analysis and discussion.....	7
Priorities and Challenges in 2024-2025.....	8
Level 1 data.....	10
Level 2 data.....	12
Level 3 data.....	14
Level 4 data.....	17
Organisation and intervention delivery type.....	20
Service Quality Statement 1 - Referral Pathways and Processes	23
Service Quality Statement 2 – Training	26
Service Quality Statement 3 – Supervision.....	30
Recommendations and next steps	34
APPENDIX	35

Table of figures

Table 1 – West of Scotland organisations submitting self-assessment data 2025	6
Table 2 – West of Scotland organisations submitting self-assessment data 2023-25	7
Table 3 - Challenges facing service providers in 2024-25	8
Table 4 - Priorities for services in 2024-25	9
Table 5 – West of Scotland providers delivering Level 1 activity data 2023-25.....	10
Table 6 – West of Scotland providers Level 1 staffing data 2023-25.....	11
Table 7 – West of Scotland providers delivering Level 2 activity data 2023-25.....	12
Table 8 – West of Scotland providers Level 2 staffing data 2023-25	13

Table 9 – West of Scotland providers delivering Level 3 activity data 2023-25.....	14
Table 10 – West of Scotland providers Level 3 staffing data 2023-25.....	16
Table 11 – West of Scotland providers delivering Level 4 activity data 2023-25	17
Table 12 – West of Scotland providers Level 4 staffing data 2023-25.....	18
Table 13 – Intervention delivery type by organisation at Level 1	20
Table 14 – Intervention delivery type by organisation at Level 2	21
Table 15 – Intervention delivery type by organisation at Level 3	21
Table 16 – Intervention delivery type by organisation at Level 4	22
Figure 1 - Activity figures per organisation, Level 1, 2025.....	Error! Bookmark not defined.
Figure 2 - Activity figures per organisation, Level 2, 2025.....	13
Figure 3 - Activity figures per organisation, Level 3, 2025.....	15
Figure 4 - Activity figures per organisation, Level 4, 2025.....	18

Introduction

The *Psychological Therapies and Support Framework for People affected by Cancer (PTSF)* was developed by a multidisciplinary, collaborative group which contained representatives from NHS Boards, Third Sector organisations and Social Care organisations. The purpose of the Framework is to provide a structure to define the service which should be available to all those affected by cancer (16 years and above) and those identified to have specific psychological support needs. The overall aim is to bring existing services together in a collaborative manner and illustrate a good practice model thereby providing equitable and efficient access to the appropriate services for people affected by cancer. It is worth noting that many of these organisations will provide services for those with other life-limiting conditions, beyond cancer.

The framework outlines 4 levels of intervention:

- **Level 1:** *At level 1 staff/volunteers will be able to recognise psychological need, engage in compassionate conversation, give effective information and signposting to supportive care services, such as complementary therapies, peer support and effective listening will be provided*
- **Level 2:** *At level 2 staff/volunteers have additional expertise in psychological support, are competent in psychological screening and the provision of both emotional support and specialist information giving. Services such as facilitated support groups, stress management and problem solving, mindfulness, relaxation and stress reduction courses will be provided.*
- **Level 3:** *At level 3 staff/volunteers are trained and accredited in psychological interventions and provide associated interventions*
- **Level 4:** *At level 4 staff/volunteers are trained and accredited counselling or clinical psychologists or psychiatrists and provide specialist psychological or psychiatric interventions.*

To help drive improvement and ensure high quality interventions are delivered irrespective of sector/provider, quality statements have been developed for monitoring and evaluation of psychological care and support for people affected by

cancer. The quality statements focus on the areas of Clinical Practice and Service Delivery:

Clinical Quality Statements:

- 1 - *"People affected by cancer should have ready access to the appropriate level of evidence based psychological intervention to meet their needs at all parts of their treatment pathway."*
- 2 - *"Recognised and agreed screening and assessment tools, should be used to ensure an appropriate, individualised plan for meeting the identified needs of people affected by cancer is agreed."*
- 3 - *"People affected by cancer receiving a psychological intervention should have their response to treatment monitored and the delivery of treatment adjusted in response to outcomes."*

Service Quality Statements:

- 1 - *"Services should have a clearly defined pathway detailing the provision of psychological assessment and care for people affected by cancer, including clear referral processes and good accessibility for referrers and service users."*
- 2 - *"All individuals working within relevant services should complete appropriate training to ensure their knowledge and skills are appropriate for the level of psychological care provided."*
- 3 - *"All professionals delivering psychological interventions should have regular and routine access to consultation and/or supervision to optimise competency and delivery of interventions."*

Self-assessment submissions

To help ensure the successful implementation of the *Psychological Therapies and Support Framework for people affected by cancer* organisations that provide psychological support services are encouraged to complete an annual self-assessment return. The self-assessment allows organisations to benchmark their services against the clinical and service quality statements. The results of these self-assessments have been collated and analysed, then reviewed by the West of Scotland PTSF Advisory Group. This allows for the visibility of results, sharing of learning and agreement on actions. See Table 1 for a list of the organisations

across the West of Scotland that returned self-assessment responses in 2025. It should be noted that due to the self-assessment nature of the data collection, and the differing methods of data capture across those organisations involved, objectivity must be considered during analysis and review.

Table 1 – West of Scotland organisations submitting self-assessment data 2025

Organisation	Type of organisation	Levels of Service Provided			
		Level 1	Level 2	Level 3	Level 4
Ayrshire Cancer Support	Third Sector				
Beatson Cancer Charity	Third Sector				
The Haven	Third Sector				
Maggie's Centre – Forth Valley	Third Sector				
Maggie's Centre - Glasgow	Third Sector				
Maggie's Centre - Lanarkshire	Third Sector				
Pancreatic Cancer UK	Third Sector				
NHS Ayrshire & Arran (Consultant Clinical Psychologist & MacMillan Nurse Consultant)	NHS Service	-	-	-	
NHS Forth Valley (Consultant Clinical Psychologist)	NHS Service	-		-	
Beatson West of Scotland Cancer Centre - Teenage & Young Adults Psychology	NHS Service				
Beatson West of Scotland Cancer Centre (All services excluding AHP Services)	NHS Service				
Beatson West of Scotland Cancer Centre – Occupational Therapy Service	NHS Service				

There are notably fewer services providing at Level 3 intervention. This is thought to be part of the result of the closure of Cancer Support Scotland who previously provided services at this level, and as a result patients are now directed to level 2 or 4 services, which as well as having an impact on demand and capacity does not represent appropriate intervention.

Additionally, a review of previous submissions was undertaken to assess which providers have undertaken the self-assessment over the last three years.

Table 2 – West of Scotland organisations submitting self-assessment data 2023-25

Organisation	Type of organisation	Responses provided		
		2023	2024	2025
Ayrshire Cancer Support	Third Sector			
Beatson Cancer Charity	Third Sector			
The Haven	Third Sector	-		-
Maggie’s Centre – Forth Valley	Third Sector			
Maggie’s Centre - Glasgow	Third Sector			
Maggie’s Centre - Lanarkshire	Third Sector			
NHS Ayrshire & Arran (Consultant Clinical Psychologist & MacMillan Nurse Consultant)	NHS Service			
NHS Forth Valley (Consultant Clinical Psychologist)	NHS Service	-		
Beatson West of Scotland Cancer Centre - Teenage & Young Adults Psychology	NHS Service	-		-
Beatson West of Scotland Cancer Centre (All services excluding AHP Services)	NHS Service			
Beatson West of Scotland Cancer Centre – Occupational Therapy Service	NHS Service	-		-

As there is no mandate for any service to complete this process, submission of the data depends upon willingness and capacity within those teams approached, and ability to prioritise this within busy services should be acknowledged. This results in gaps in the collective data, which makes interpretation of any patterns or trends difficult.

Activity data, analysis and discussion

The ability to undertake a trend analysis of psychological therapies activity across the region has been an ambition of the west of Scotland PTSF Advisory Group for some time. Following the publication of the national framework, the data collection tool and submission template were updated to support optimal data reporting and streamlined formatting. In theory, this in turn enables more accurate comparison of data from year to year.

Analysis of trends within the data allows for deeper understanding of impacts on service delivery and the demands facing services. To this end, the 2025 submissions were combined with those from 2023 and 2024.

During analysis however, it was clear that there are considerable inconsistencies amongst the data submissions from year to year. These may not have been obvious when analysing data within a standalone year. These discrepancies are likely due to

a number of factors, but without substantial work raising queries, revisiting past submissions, and data tidying, a thorough trend analysis has not been possible.

However, throughout this report, and in line with other cancer QPI reporting practices, activity from 2023 and 2024 has been included alongside 2025 figures, with conclusions drawn where possible and recommendations for further analysis.

All data should be considered with the following:

- a dash “-“denotes no data provided by the organisation
- 0 indicates no activity in that period

Priorities and Challenges in 2024-2025

Alongside the self-assessment survey, this year providers were asked to highlight the three most significant challenges their services faced during 2024 - 2025, as well as their top three priorities for the same period. Responses were submitted by five organisations and analysed to identify recurring themes. The consolidated findings are presented in Tables 3 and 4, please see Appendix 1 for the collation of all responses.

Table 3: Challenges facing service providers in 2024-2025 (grouped by theme)

Theme	Number of responses
Lack of service provision at levels 3 and 4	5
Increased demand on services	3
Misunderstandings about services available / inappropriate referrals	3
Lack of awareness of services	2
Availability of staff training	1
Lack of integration between services	1
Staff recruitment/ retention	1

The challenge around lack of availability of Level 3 - 4 services and the impact it has on service users was highlighted in several case studies returned by providers:

“Patient with advanced cancer and a history of complex trauma presented with severe psychological distress, including symptoms of PTSD when in hospital for treatment. The team can identify the need for Level 4 psychological support due to complexity. However, because there is no dedicated or embedded Level 4 psychological

provision within the oncology service ... patient would be placed on a general waiting list for outpatient specialist care. During this prolonged wait, the patient's distress may escalate, impacting treatment adherence and overall wellbeing”.

Table 4: Priorities for services in 2024 – 2025 (grouped by theme)

Theme	Number of responses
Increase awareness of services amongst individuals with cancer and their relatives/ carers	3
Staff training and development	3
Development of Level 3 & 4 services	2
Engagement with individuals from harder to reach groups	2
Strengthen referral pathways	2
Development of a local psychosocial services directory	1
Engagement with quality improvement initiatives	1
Staff retention	1

Level 1 data

Level 1: *At level 1 staff/volunteers will be able to recognise psychological need, engage in compassionate conversation, give effective information and signposting to supportive care services, such as complementary therapies, peer support and effective listening will be provided*

Activity

The data provided in the table below demonstrates a varying picture across providers, with the majority showing a clear increase in patient engagement activity at level 1 between 2023 and 2025.

Of note, and requiring further review, are the activity figures for the three Maggie's centres across the region which show a significant change in patient engagement figures. This is likely due to clearer guidance on self-assessment reporting across the levels.

Table 5 – West of Scotland providers delivering Level 1 activity data 2023-25

Organisation	Total number of Patient Engagements - Level 1		
	2023	2024	2025
Ayrshire Cancer Support	4919	9455	28224
Beatson Cancer Charity	16141	6650	13512
The Haven	-	211	-
Maggie's Centre – Forth Valley	10419	140	980
Maggie's Centre - Glasgow	17021	343	3758
Maggie's Centre - Lanarkshire	9050	307	1195
Pancreatic Cancer UK	-	-	32000
NHS Ayrshire & Arran (Consultant Clinical Psychologist & MacMillan Nurse Consultant)	-	0	0
NHS Forth Valley (Consultant Clinical Psychologist)	0	0	0
Beatson West of Scotland Cancer Centre - Teenage & Young Adults Psychology	-	-	-
Beatson West of Scotland Cancer Centre (All services excluding AHP Services)	Number not confirmed	9000	113405
Beatson West of Scotland Cancer Centre – Occupational Therapy Service	-	0	-

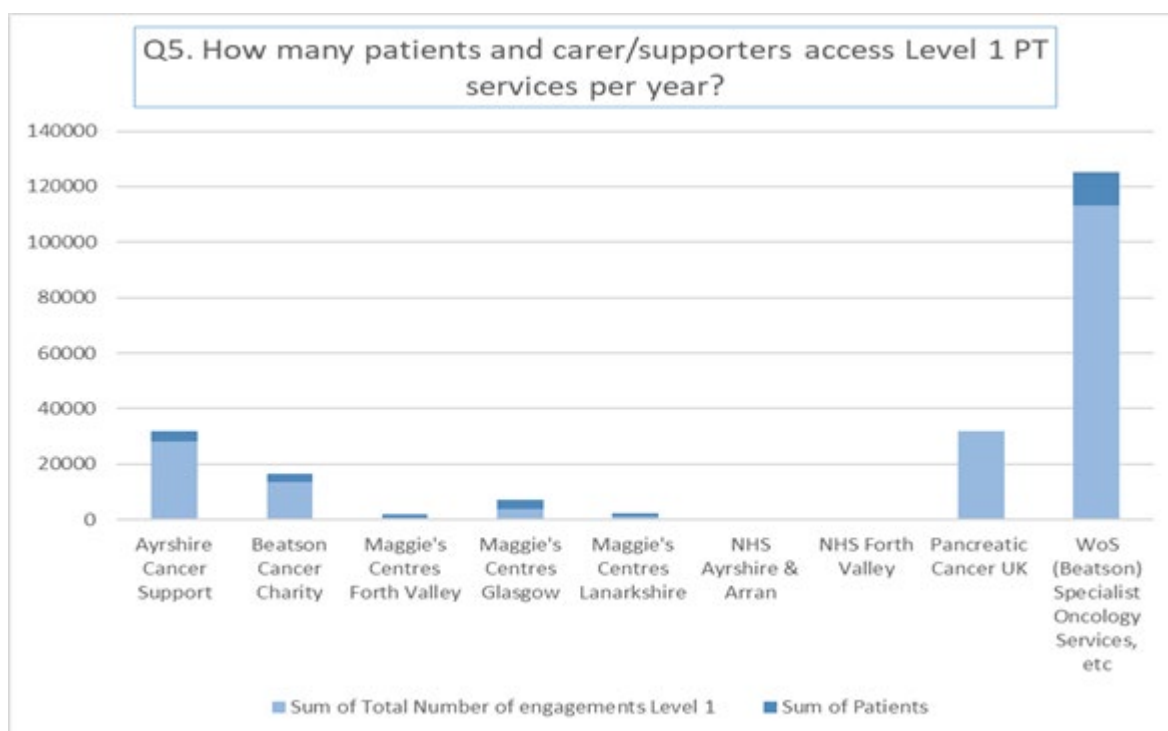


Figure 1 - Activity figures per organisation, Level 1, 2025

Staffing

Staffing numbers to support level 1 activity demonstrate a number of changes; whilst some providers remain consistent, others show a significant drop, and some are slowly increasing to meet demand.

Table 6 – West of Scotland providers Level 1 staffing data 2023-25

Organisation	Total number of Staff - Level 1		
	2023	2024	2025
Ayrshire Cancer Support	12	18	21
Beatson Cancer Charity	10	17	20
The Haven	-	8	
Maggie's Centre – Forth Valley	5	7	7
Maggie's Centre - Glasgow	7	9	0
Maggie's Centre - Lanarkshire	6	6	0
Pancreatic Cancer UK	-	-	7
NHS Ayrshire & Arran (Consultant Clinical Psychologist & MacMillan Nurse Consultant)	-	0	0
NHS Forth Valley (Consultant Clinical Psychologist)	6	0	0
Beatson West of Scotland Cancer Centre - Teenage & Young Adults Psychology	-	-	-
Beatson West of Scotland Cancer Centre (All services excluding AHP Services)	Missing data	850	1104
Beatson West of Scotland Cancer Centre – Occupational Therapy Service	-	0	-

Level 2: At level 2 staff/volunteers have additional expertise in psychological support, are competent in psychological screening and the provision of both emotional support and specialist information giving. Services such as facilitated support groups, stress management and problem solving, mindfulness, relaxation and stress reduction courses will be provided.

Level 2 data

Activity

Within the level 2 activity reporting for patient engagements, a similar pattern can be seen compared to level 1. Ayrshire Cancer Support have seen a steady increase, whilst the three Maggie's Centres have a noticeably dip in activity in 2024. This is likely due to clearer guidance on self-assessment reporting across the levels.

Table 7 – West of Scotland providers delivering Level 2 activity data 2023-25

Organisation	Total number of Patient Engagements - Level 2		
	2023	2024	2025
Ayrshire Cancer Support	1352	1624	3761
Beatson Cancer Charity	2986	3173	3348
The Haven	-	90	-
Maggie's Centre – Forth Valley	8302	1154	5810
Maggie's Centre - Glasgow	11988	1561	9916
Maggie's Centre - Lanarkshire	4914	1027	4052
Pancreatic Cancer UK	-	0	0
NHS Ayrshire & Arran (Consultant Clinical Psychologist & MacMillan Nurse Consultant)	-	0	0
NHS Forth Valley (Consultant Clinical Psychologist)	0	0	500
Beatson West of Scotland Cancer Centre - Teenage & Young Adults Psychology	-	-	-
Beatson West of Scotland Cancer Centre (All services excluding AHP Services)	No data	No data	No data
Beatson West of Scotland Cancer Centre – Occupational Therapy Service	-	500	-

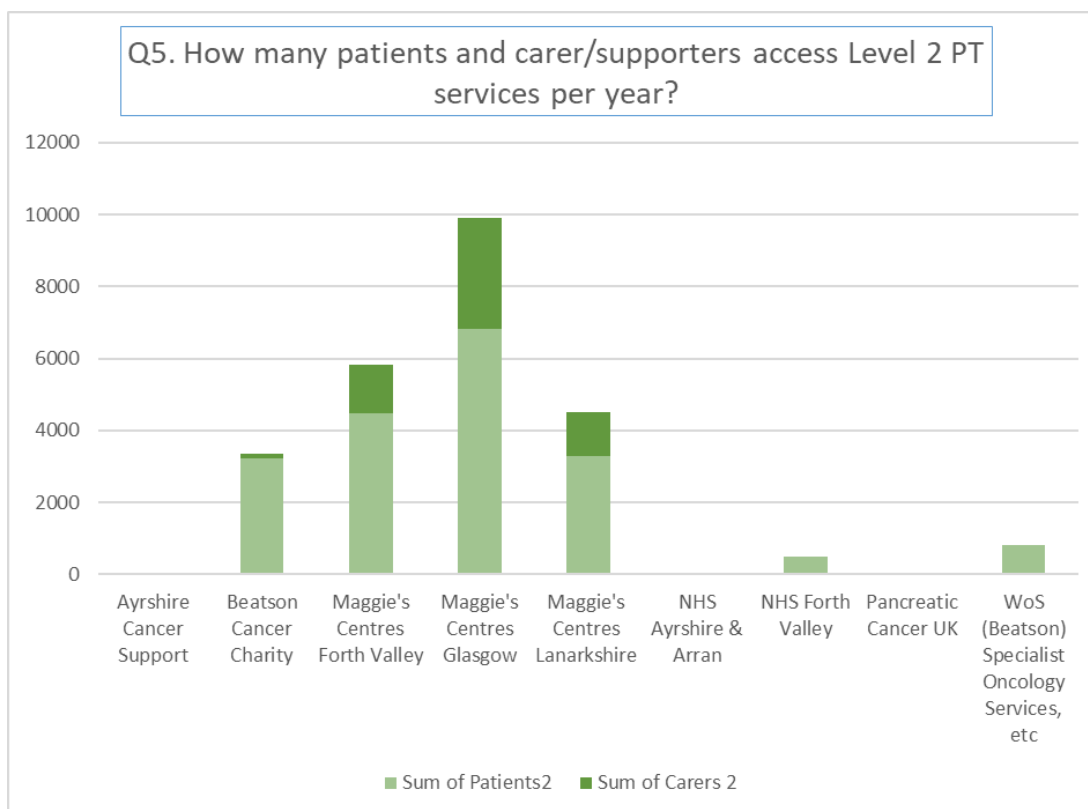


Figure 2 - Activity figures per organisation, Level 2, 2025

Staffing

Staffing numbers for level 2 – perhaps unsurprisingly – follow a similar pattern to that seen for level 1.

Table 8 – West of Scotland providers Level 2 staffing data 2023-25

Organisation	Total number of Staff - Level 2		
	2023	2024	2025
Ayrshire Cancer Support	4	7	10
Beatson Cancer Charity	19	20	24
The Haven	-	4	-
Maggie's Centre – Forth Valley	5	6	4
Maggie's Centre - Glasgow	6	7	0
Maggie's Centre - Lanarkshire	4	5	3
Pancreatic Cancer UK	-	0	0
NHS Ayrshire & Arran (Consultant Clinical Psychologist & MacMillan Nurse Consultant)	-	0	0
NHS Forth Valley (Consultant Clinical Psychologist)	0	0	2
Beatson West of Scotland Cancer Centre - Teenage & Young Adults Psychology	-	-	-
Beatson West of Scotland Cancer Centre (All services excluding AHP Services)	Missing data	65	75
Beatson West of Scotland Cancer Centre – Occupational Therapy Service	-	4	-

Level 3 data

Level 3: At level 3 staff/volunteers are trained and accredited in psychological interventions and provide associated interventions

Activity

Table 9 – West of Scotland providers delivering Level 3 activity data 2023-25

Organisation	Total number of Patient Engagements Level 3		
	2023	2024	2025
Ayrshire Cancer Support	1695	2013	1583
Beatson Cancer Charity	13	69	90
The Haven	-	-	-
Maggie's Centre – Forth Valley	1564	151	2313
Maggie's Centre - Glasgow	4147	116	3531
Maggie's Centre - Lanarkshire	3624	136	3035
Pancreatic Cancer UK	-	0	0
NHS Ayrshire & Arran (Consultant Clinical Psychologist & MacMillan Nurse Consultant)	-	0	-
NHS Forth Valley (Consultant Clinical Psychologist)	0	0	0
Beatson West of Scotland Cancer Centre - Teenage & Young Adults Psychology	-	-	-
Beatson West of Scotland Cancer Centre (All services excluding AHP Services)	13**	No service	No service
Beatson West of Scotland Cancer Centre – Occupational Therapy Service	-	0	-

** (note- refers to number of patients)

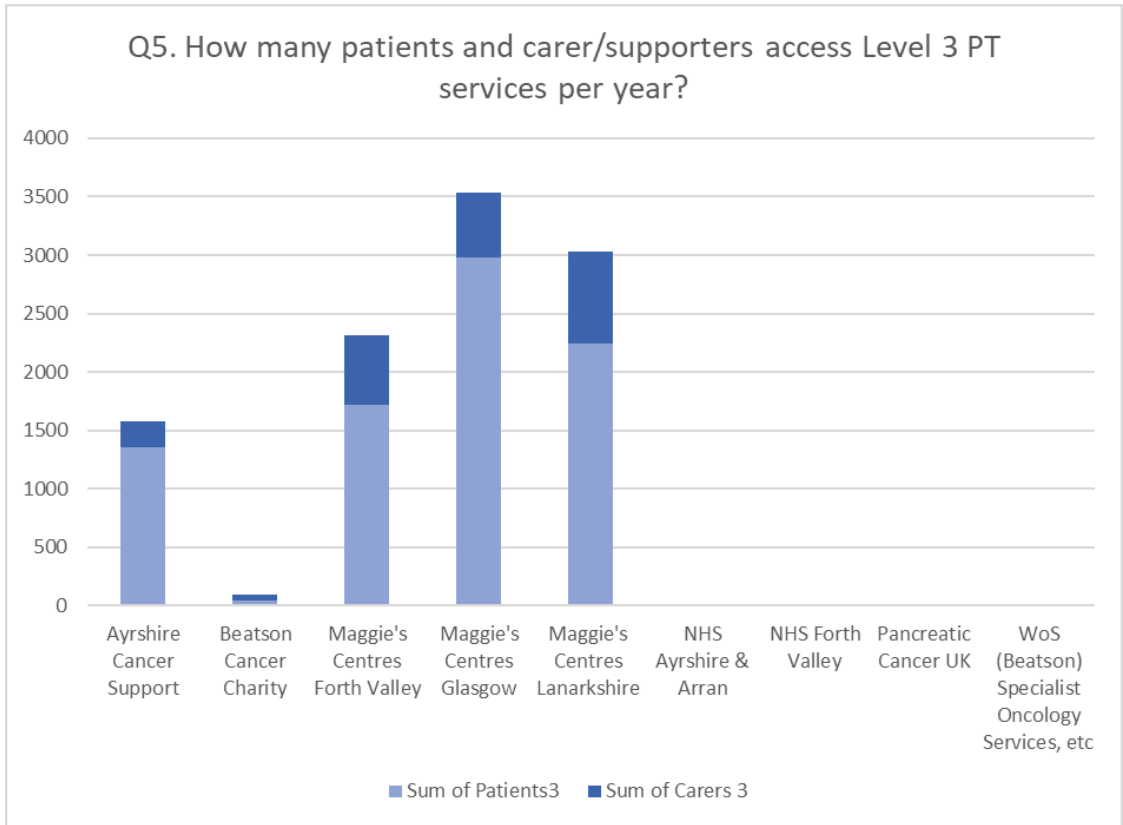


Figure 3 - Activity figures per organisation, Level 3, 2025

Staffing

Reporting from the service providers across the region shows a relatively steady number of staffing for level 3 services across the three years of data collection, although the increase at Maggie’s in Forth Valley versus the decrease at Maggie’s Lanarkshire could be attributed to the use of sessional staff for specific Level 3 interventions and the offering of training placements at certain centres at different times.

Table 10 – West of Scotland providers Level 3 staffing data 2023-25

Organisation	Total number of Staff Level 3		
	2023	2024	2025
Ayrshire Cancer Support	6	6	4
Beatson Cancer Charity	6	7	3
The Haven	-	-	-
Maggie's Centre – Forth Valley	1	2	4
Maggie's Centre - Glasgow	3	3	3
Maggie's Centre - Lanarkshire	1	2	0
Pancreatic Cancer UK	-	0	0
NHS Ayrshire & Arran (Consultant Clinical Psychologist & MacMillan Nurse Consultant)	-	0	-
NHS Forth Valley (Consultant Clinical Psychologist)	0	0	0
Beatson West of Scotland Cancer Centre - Teenage & Young Adults Psychology	-	-	-
Beatson West of Scotland Cancer Centre (All services excluding AHP Services)	1	0	0
Beatson West of Scotland Cancer Centre – Occupational Therapy Service	-	0	-

Level 4 data

Level 4: At level 4 staff/volunteers are trained and accredited counselling or clinical psychologists or psychiatrists and provide specialist psychological or psychiatric interventions.

Activity

The significantly smaller amount of activity for this level is to be expected, however the submissions demonstrate a growing need amongst the patient population and across the region for this level of psychological support.

Table 11 – West of Scotland providers delivering Level 4 activity data 2023-25

Organisation	Total number of Patient Engagements Level 4		
	2023	2024	2025
Ayrshire Cancer Support	0	0	33
Beatson Cancer Charity	91	120	147
The Haven	-	-	-
Maggie's Centre – Forth Valley	553	107	595
Maggie's Centre - Glasgow	886	111	1322
Maggie's Centre - Lanarkshire	512	98	757
Pancreatic Cancer UK	-	0	0
NHS Ayrshire & Arran (Consultant Clinical Psychologist & MacMillan Nurse Consultant)	-	47	40
NHS Forth Valley (Consultant Clinical Psychologist)	0	28	69
Beatson West of Scotland Cancer Centre - Teenage & Young Adults Psychology	-	90**	-
Beatson West of Scotland Cancer Centre (All services excluding AHP Services)	463**	518**	572**
Beatson West of Scotland Cancer Centre – Occupational Therapy Service	-	0	-

** (note- refers to number of patients)

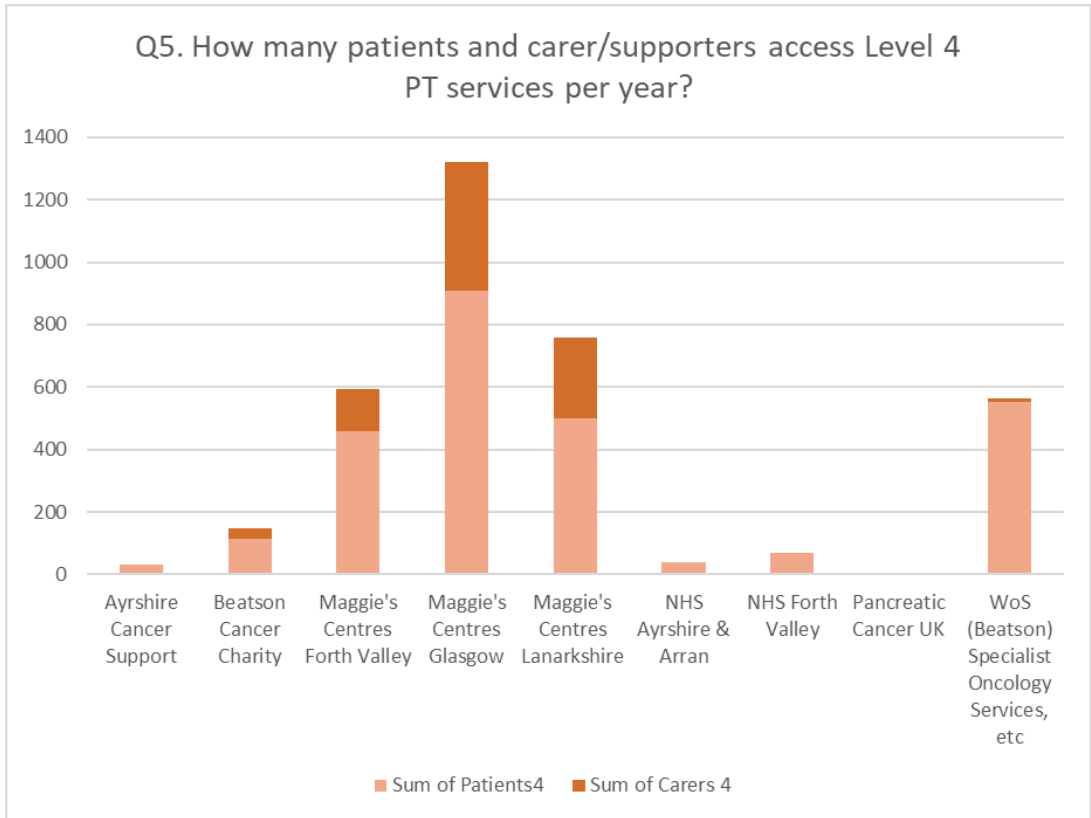


Figure 4 - Activity figures per organisation, Level 4, 2025

Staffing

The self-assessment reporting demonstrates a fairly static number of staff supporting level 4 services across the region, which is in contrast to the growing activity numbers.

Table 3 – West of Scotland providers Level 4 staffing data 2023-25

Organisation	Total number of Staff Level 4		
	2023	2024	2025
Ayrshire Cancer Support	6	0	0
Beatson Cancer Charity	6	1	1
The Haven	-	-	-
Maggie's Centre – Forth Valley	0	1	1
Maggie's Centre - Glasgow	2	2	2
Maggie's Centre - Lanarkshire	1	2	2
Pancreatic Cancer UK	-	0	0
NHS Ayrshire & Arran (Consultant Clinical Psychologist & MacMillan Nurse Consultant)	-	6	6
NHS Forth Valley (Consultant Clinical Psychologist)	1	3	2
Beatson West of Scotland Cancer Centre - Teenage & Young Adults Psychology	-	1	-
Beatson West of Scotland Cancer Centre (All services excluding AHP Services)	6	6	6
Beatson West of Scotland Cancer Centre – Occupational Therapy Service	-	0	-

The 33 patient engagements at Ayrshire Cancer support with 0 level 4 staff reflects the delivery of a level 4 course by this service by a level 4 practitioner employed by the Beatson Cancer cCharity demonstrating collegiate working to ensure delivery of level 4 interventions where there is a gap in staffing.

Organisation and intervention delivery type

The following is a breakdown of the services provided by all organisations who undertook the 2025 self-assessment, by level, broken down by their type of intervention (where provided).

Level 1

Table13 – Intervention delivery type by organisation at Level 1

Organisation	Face to Face 1:1	Face to Face Group	Phone	Email	Video call 1:1	Video Call Group	Info via Web site
Ayrshire Cancer Support							
Beatson Cancer Charity							
The Haven							
Maggie's Centre – Forth Valley							
Maggie's Centre - Glasgow							
Maggie's Centre - Lanarkshire							
NHS Ayrshire & Arran (Consultant Clinical Psychologist & MacMillan Nurse Consultant)							
NHS Forth Valley							
Pancreatic Cancer UK							
Beatson West of Scotland Cancer Centre - Teenage & Young Adults Psychology							

Level 2

Table 4 – Intervention delivery type by organisation at Level 2

Organisation	Face to Face 1:1	Face to Face Group	Phone	Email	Video call 1:1	Video Call Group	Info via Web site
Ayrshire Cancer Support							
Beatson Cancer Charity							
The Haven							
Maggie's Centre – Forth Valley							
Maggie's Centre - Glasgow							
Maggie's Centre - Lanarkshire							
NHS Ayrshire & Arran (Consultant Clinical Psychologist & MacMillan Nurse Consultant)							
NHS Forth Valley (Lead Nurse)							
Pancreatic Cancer UK							
Beatson West of Scotland Cancer Centre (All services excluding AHP Services)							
West of Scotland Cancer Centre - Teenage & Young Adults Psychology							
West of Scotland Cancer Centre – Occupational Therapy Service							

Level 3

Table 5 – Intervention delivery type by organisation at Level 3

Organisation	Face to Face 1:1	Face to Face Group	Phone	Email	Video call 1:1	Video Call Group	Info via Web site
Ayrshire Cancer Support							
Beatson Cancer Charity							
The Haven							
Maggie's Centre – Forth Valley							
Maggie's Centre - Glasgow							
Maggie's Centre - Lanarkshire							
NHS Ayrshire & Arran (Consultant Clinical Psychologist & MacMillan Nurse Consultant)							
NHS Forth Valley							
Pancreatic Cancer UK							
Beatson West of Scotland Cancer Centre - Teenage & Young Adults Psychology							
Beatson West of Scotland Cancer Centre (All services excluding AHP Services)							
Beatson West of Scotland Cancer Centre Occupational Therapy Service							

Level 4

Table 16 – Intervention delivery type by organisation at Level 4

Organisation	Face to Face 1:1	Face to Face Group	Phone	Email	Video call 1:1	Video Call Group	Info via Web site
Ayrshire Cancer Support							
Beatson Cancer Charity							
The Haven							
Maggie's Centre – Forth Valley							
Maggie's Centre - Glasgow							
Maggie's Centre - Lanarkshire							
NHS Ayrshire & Arran (Consultant Clinical Psychologist & MacMillan Nurse Consultant)							
NHS Forth Valley (Consultant Clinical Psychologist)							
Pancreatic Cancer UK							
Beatson West of Scotland Cancer Centre (All services excluding AHP Services)							
Beatson West of Scotland Cancer Centre - Teenage & Young Adults Psychology							
Beatson West of Scotland Cancer Centre – Occupational Therapy Service							

Service Quality Statement 1 - Referral Pathways and Processes

Services should have a clearly defined pathway detailing the provision of psychological assessment and care for people affected by cancer, including clear referral processes and good accessibility for referrers and service users.

Level 1

The majority of providers responded that they felt their services met this statement. For those that did not, they cited a process of continuing to work with healthcare professionals to develop referral processes.

Referral sources included:

- Self-referral, including by family and carers
- Health and social care professionals
- Education professionals
- Internal organisational referrals

This could be done by a mixture of telephone, email, drop-in, or an online form, and would include contact details, diagnosis status, GP info, and accessibility needs.

All referrals are acknowledged upon receipt, and specific feedback is only provided upon request. Assessments are conducted by service staff to match needs, supported by Holistic Needs Assessments (HNAs) from ICJ.

Service visibility and promotion is ongoing across all providers. Information is available via website, social media, printed materials

Services are based in hospital locations, such as wellbeing services, chemotherapy day unit, welcome desk, and information hubs. Drop-in services are accessible to all hospital patients, where care support teams and volunteers assist with enquiries and signposting.

Key challenges include:

- Lack of formal referral pathways in some services.
- Limited feedback mechanisms.
- Need for improved engagement with healthcare professionals to increase referrals and signposting.
- Ongoing development of internal referral pathways and volunteer recruitment.

Level 2

Services report that access to level 2 services is much the same as with level 1. However, feedback is provided in some cases where it is clinically indicated, for example, some services (e.g. SHAWS, Complementary Therapies) provide email feedback to clinical referrers, and clinical notes and updates may be recorded in systems like TrakCare, ARIA, or shared via letters, emails, or phone calls.

Information and visibility of services is much the same as level 1.

Challenges and areas for improvement for Level 2 services remain the same as for level 1.

Level 3

All organisations confirmed that their Level 3 services meet the service quality statement.

Service information is available via websites, leaflets, events, social media, and community networks.

Some services noted gaps in accessibility, such as lack of materials in alternative languages or formats for neurodivergent or sensory-impaired individuals.

Referral sources include:

- Self-referral, family/carers
- CNS, GP, District Nurses
- Mental Health Teams, hospices, schools, ICJ
- Third sector organisations and internal referrals

As per previous levels this could be done by a mixture of telephone, email, drop-in, or an online form. Some services (e.g. CBT via SHAWS) have specific internal pathways. Lack of formal feedback processes is a common challenge due to resource constraints.

Key challenges include:

- Limited resources
- Absence of formal referral and feedback processes
- Accessibility gaps in service information materials

Level 4

Most organisations confirmed their Level 4 services meet the service quality statement.

Service information is available via previously included means, with the addition of central platforms (e.g. Sci Gateway) for clinical teams. Some services noted a lack of accessible formats for neurodivergent, sensory-impaired, or non-English-speaking clients.

Referral sources include were the same as those outlined in earlier levels, with the same referral methods – and the addition of centralised clinical systems (e.g. Sci Gateway). Required referral information included: contact details, diagnosis, treatment history, psychosocial concerns, referrer details.

Feedback practices vary, with some services providing written reports, outcome summaries, or verbal updates. Others offer informal or ad-hoc feedback or only respond when clinically indicated. Several services noted the need to formalise feedback processes.

Key challenges include:

- Difficulty distinguishing between Level 3 and Level 4 needs
- Lack of dedicated psychologists in oncology
- Referrals being declined by Clinical Health Psychology
- Limited accessibility of service materials
- Capacity constraints affecting feedback and referral management

Service Quality Statement 2 – Training

All individuals working within relevant services should complete appropriate training to ensure their knowledge and skills are appropriate for the level of psychological care provided

Level 1

All respondents agree their Level 1 services meet the quality statement, with all except one having used the training matrix to determine staff/volunteer training needs. Many services rely heavily on volunteers to deliver Level 1 interventions.

Examples of training undertaken included:

- Safeguarding refresher
- Compassion fatigue sessions
- Sage & Thyme communication training
- Suicide risk management
- Weekly supervision and support sessions

Many services reported no formal Level 1 training for volunteers, as their roles are limited to compassionate engagement.

Key challenges included:

- Time constraints, especially in 7-day services
- Access to training, particularly for part-time staff
- Service pressures and clinical demand limiting time available for or to prioritise training
- Staff awareness of available training

Some services have not delivered training to others, whilst others have provided training via their own psychologists to external colleagues (e.g., NHS, ICJ).

Ongoing actions to support training include:

- Ensuring new staff/volunteers adhere to training matrix
- Continuing and expanding relevant training
- Scoping to improve tracking and awareness of training
- Ongoing review and revision of training by dedicated leads

Level 2

The majority of services who responded agreed that their Level 2 services meet the quality statement. Use of the training matrix is mixed across providers: some services use it, others currently do not but plan to improve how it is used.

Examples of training undertaken included:

- Acceptance and Commitment Therapy (ACT) informed approaches
- Mental Health First Aid
- Safeguarding refreshers
- Compassion fatigue sessions
- CALM (Cancer and Living Meaningfully)
- Art therapy sessions
- Personal/patient safety

Some services reported that no training data was currently available, or no training was undertaken.

Key challenges included:

- Service capacity pressures
- Competing priorities
- Training relevance and diversity across varied roles
- Limited access to NES training portfolio
- Staffing levels and clinical demands

As with level 1, many services do not deliver training to others, whilst others provide Level 2 training and supervision to external colleagues (e.g. NHS training, ICJ).

Ongoing actions identified to support further training include:

- Utilising the training matrix more effectively
- Continuing education aligned with nursing competencies
- Recruiting training staff to develop specialist courses
- Improving access to NES training
- Surveying staff to identify training needs

Level 3

All services delivering Level 3 services confirmed that they meet the quality statement, with the training matrix being used to identify training needs.

Examples of training being undertaken at this level include:

- ACT (Acceptance and Commitment Therapy)
- Safeguarding refresher
- ASIST (suicide intervention)
- Mindfulness-Based Stress Reduction
- Art psychotherapy (sessional)

Key challenges included:

- Limited access to NES Level 3 training places is the most common challenge.
- Training capacity and availability remain key barriers.

However, some services report no challenges, especially where grant funding has supported training. Some services provide placements and supervision for Level 3 trainees (for example, Masters in Counselling or CBT). Whilst no services reported formal delivery of Level 3 training to external groups.

Ongoing actions to support continued training included:

- Continue embedding the training matrix, especially within sessional staff
- Use annual review processes to plan training more strategically
- Expand a bespoke Level 3 qualification (PGCert in Psychological Therapies in Oncology) developed with University of Abertay, pending evaluation of its clinical return on investment

Level 4

All those services which deliver Level 4 service meet the quality statement and use the training matrix.

Examples of training being undertaken at this level includes:

- Safeguarding refresher
- CBUK (grief communication with children)
- EMDR (Eye Movement Desensitization and Reprocessing)
- Compassion-Focused Therapy (CFT)
- Interpersonal Therapy (IPT) accreditation
- NES Trauma-Focused CBT
- Supervision competencies

- ICU psychological aspects
- TYA-specific training (e.g. self-harm, suicide)

Key challenges included:

- Limited access to NES Level 4 training
- Service-wide financial pressures
- Capacity/resource constraints
- Difficulty protecting staff time for training
- Vacancies and maternity leave impacting continuity

Several services offer placements for Doctoral Trainee Clinical and Counselling Psychologists, and some deliver Level 1-type training to MDT staff (e.g. anticipatory nausea, procedural anxiety).

There were also a number of additional barriers to delivery of training noted, including:

- Lack of dedicated oncology psychologists
- Funding gaps for training
- Clinical demand limiting time for training
- Limited internal capacity for reflective practice sessions

Ongoing actions to support delivery of this quality ambition include:

- Support trauma-based and supervision skills training
- Use new annual review frameworks for strategic planning
- Identify further ACT training opportunities
- Exploring how to expand training capacity, despite staffing pressures

Service Quality Statement 3 – Supervision

All professionals delivering psychological interventions should have regular and routine access to consultation and/or supervision to optimise competency and delivery of interventions

Level 1

All those services delivering Level 1 services reported meeting the quality statement. Responses identified the following common approaches to supporting staff supervision:

- One-to-one check-ins with team lead
- Team meetings and peer support sessions
- Weekly supervision by registered psychologists
- Daily supervision for volunteers
- Access to consultation from higher-level staff (Level 2+)

One service noted that clinical supervision was paused due to lack of effectiveness and has only recently been reinstated.

Areas for further action include:

- Enhanced support for volunteer drivers and drop-in volunteers
- Monitor and assure quality of supervision through Clinical Governance frameworks
- Continue assessing supervision needs and adapt accordingly

Level 2

The majority of services agreed they meet the Level 2 service quality statement. One service indicated they do not currently meet the statement and has identified an approach to improve this.

Supervision was noted to be provided through various following formats:

- 1:1 sessions, group supervision, team meetings, and peer support
- Clinical supervision by psychologists or senior staff
- External supervision (e.g., NHS Clinical Psychology support)
- Daily ad-hoc supervision for safeguarding and risk management
- Structured supervision for specific roles (e.g., CYP Service Lead, ACNS/CNS)

Several services also confirmed that they do provide supervision to other staff groups, including:

- Level 3 counsellors
- Clinical Support Workers
- Volunteers
- NHS and charity staff (e.g., stress management courses)

Key challenges were noted as follows:

- Time constraints
- Cost of external supervision
- Capacity limitations
- Loss of Level 3 services (in particular *Cancer Support Scotland*) and service pressures affecting Level 4 support
- Difficulty appointing Clinical Leads

Areas for further action include:

- Developing a supervision framework for CYP services
- Continuing existing supervision structures
- Monitoring supervision quality via Clinical Governance
- Scoping supervision needs and capacity across Levels 3 and 4
- Increasing capacity through service development (for example, Macmillan Link Workers)

Level 3

All services who submitted their return confirmed their Level 3 services meet the quality statement.

Level 3 supervision is noted to be structured and multi-layered, including:

- Weekly and monthly sessions with psychologists
- Ad-hoc daily supervision for clinical issues as required
- Group supervision (e.g., ACT-based, in-house psychologists)
- 1:1 supervision with line managers
- Sessional counsellors receive case load management and are encouraged to seek external supervision

Most services noted that they do not provide supervision to other staff groups, although some will respond to requests for supervision from other teams (e.g., NHS colleagues).

Whilst no barriers to delivery were noted at this level, one service did highlight the need to encourage shared learning.

Ongoing actions for all providers include:

- Continue with existing supervision frameworks
- Encourage group supervision and shared learning during team meetings
- Ongoing monitoring and revision of supervision frameworks to ensure quality and governance

Level 4

All those services who deliver Level 4 services meet the requirements of the quality statement.

At this level, supervision is structured and professionally aligned, with current processes including:

- Monthly clinical supervision
- Reflective practice groups
- Line management support
- Group and individual supervision aligned with HCPC and BPS standards
- External supervision for specific therapeutic approaches (e.g., EMDR, CAT, IPT)
- ACT-based group supervision
- Peer supervision for consultant staff
- Weekly supervision for trainees

Several services provide supervision to other staff groups, including:

- Cancer Support Specialists and counsellors via local SLAs
- Macmillan CNSs
- Information & Support Radiographers
- Doctoral Trainee Psychologists
- Consultation available to wider cancer services workforce
- Supervision across all four levels of psychological care

The main feedback on progress to delivery is noted to be the lack of a dedicated oncology psychologist as a limiting factor.

Ongoing actions include:

- Continue with existing supervision frameworks.

- Maintain supervision standards and governance through:
 - Ongoing monitoring and revision by Lead Psychologists
 - Collaboration with Quality Assurance and Training Leads
 - Support for therapy-specific supervision
 - Shared learning and consultation opportunities

Recommendations and next steps

Review of the responses supports the following recommendations for the work programme:

- Impact analysis of staffing levels and whether these are appropriate compared to levels of demand and activity
- Further examination amongst providers on the impact of third sector closures and reduced Level 3 service delivery on patient care
- Working with NES to improve availability of and access to training, particularly for Level 3 and 4 service delivery
- Continue to monitor trends within activity and staffing levels, to identify changes and impacts on services

In addition to the work identified for group members and providers, a series of other actions are also recommended, which will continue to improve the data collection exercise, and address the challenges facing psychological services across the region:

- Improved data quality practices to reduce discrepancies and queries, and support trend analysis, which in turn supports commentary on service impacts and demands
- Review of regional escalation mechanisms and appropriate forum for the programme of work
- Additional support and input to data analysis and commentary from both within and externally to the programme management team
 - Additional audit and analysis resource to support with data review
 - Further commentary on impacts and demands affecting service delivery, from those who submit self-assessment data
- A commitment to national oversight and input to review of the data collection and outputs, with agreement on an approach to pan-Scotland services
- A review of escalation procedures for outputs and challenges identified through the data collection process

APPENDIX

PTSF Organisations Responses to Challenges & Priorities (2025 data)

1. Challenges

Organisations which responded to the PTSF 2025 self-assessment survey were asked to identify the top 3 challenges the service faced. The following themes were identified from the responses.

Theme	Number of responses
Lack of service provision at levels 3 and 4	5
Increased demand on services	3
Misunderstandings about services available / inappropriate referrals	3
Awareness of services	2
Availability of staff training	1
Lack of integration between services	1
Staff recruitment/ retention	1

Breakdown of responses received:

Respondent	Challenge 1	Challenge 2	Challenge 3	Challenge 4
1.	Increasing demand from service users	Patient ability to access psychological support and to travel to appointments	Identifying psychosocial need in patients at the appropriate points along treatment pathway	Difficulty of recording psychosocial support offered to service users during clinical appointments
2.	Awareness of services	Availability and accessibility of training	Staff retention/ recruitment	-
3.	Lack of Dedicated/Embedded Level 4 Psychological Support in Oncology	Complexity of Cancer Cases and Prolonged Care Trajectories, impacting on resource utilisation.	Lack of integration across services	-
4.	Level 4 service	No NHS Level 3	Clinical Nurse	-

	provision very limited	service provision in West of Scotland	Specialists facing difficulties providing Level 2 support.	
5.	Lack of understanding of Level 1-3 services available	Difficulty accessing complimentary psychological approaches	People being referred to services before they are ready to engage.	-
6.	Service users lack of understanding of psychological care terminology	Lack of understanding of model of support	Increasing demand	-

2. Priorities

Organisations which responded to the PTSF 2025 self-assessment survey were asked to identify the top priorities for the service in 2025-2026. The following themes were identified from the responses.

Theme	Number of responses
Increase awareness of services amongst individuals with cancer and their relatives/ carers	3
Staff training and development	3
Development of Level 3 & 4 services	2
Engagement with individuals from harder to reach groups	2
Strengthen referral pathways	2
Development of a local psychological services directory	1
Engagement with quality improvement initiatives	1
Staff retention	1

Breakdown of responses received:

Respondent	Priority 1	Priority 2	Priority 3
1.	Developing a directory of psychosocial care options	Access to staff training	Development of patient pathways to access earlier

	across the multiple agencies and services in Forth Valley for use by health care professionals and by patients.		support via the development of prehabilitation support, signposting to digital resources, linking with digital inclusion projects and piloting of using eHNA within the ICJ project.
2.	Strengthening referral pathways and increasing awareness	Staff retention	Learning and development
3.	Continue to apply creativity and flexibility to aim for efficient access to Psychological Therapy	Continue to be Responsive to Patient Feedback and engage in quality improvement initiatives	Utilisation of Holistic Needs Assessment (HNA)
4.	Investment and further development of Level 4 services embedded in cancer pathways	Investment and further development of Level 3 services embedded in cancer pathways	Provision of training and support to Clinical Nurse Specialists.
5.	People accessing service early in treatment	Increasing awareness and accessibility to carers of people with cancer.	Increasing access by men
6.	Reaching more relatives and carers.	Engaging with individuals from harder to reach groups	Supporting more people with a non-curative cancer diagnosis.

3. Case Studies

Case study about implementing PTSD framework within services:

- *“Bereaved carer accessing level 2 psychological care with our cancer support specialist, both on 1-1 basis and in a bereavement course. Later accessing group support with clinical psychologist and for specific issues, accessing level 4 1-1 psychological therapy with clinical psychologist”.*

Case studies about the impact of level 4 service gap:

- *“Patient with advanced cancer and a history of complex trauma presented with severe psychological distress, including symptoms of PTSD when in hospital for treatment. The team can identify the need for Level 4 psychological support due to complexity. However, because there is no dedicated or embedded Level 4 psychological provision within the oncology service ... patient would be placed on a general waiting list for outpatient specialist care. During this prolonged wait, the patient’s distress may escalate, impacting treatment adherence and overall wellbeing”.*
- *“NHS GGC Patient diagnosed with haematological malignancy. Presenting with very low mood, only sleeping a couple of hours per night, described feeling hopeless. Struggling with significant symptoms of anxiety and panic. These symptoms have been ongoing for several months with significant impact on both quality of life and cancer treatment. CNS struggling to manage patient’s levels of distress. [Appropriate intervention would be] Level 4 service embedded in patient’s NHS care due to severity/chronicity/impact of presenting issues and effect on treatment. [However], No level 4 service available as patient not receiving treatment at Beatson WoSCC”.*

Respondent	Case Study Example
1.	Not completed
2.	Not completed
3.	<p>Level 1 good example - ACS drivers taking patients to and from treatment appointments at the Beatson (and otherwise) which patients report as positive.</p> <p>Level 4 Gap example - patient with advanced cancer and a history of complex trauma presented with severe psychological distress, including symptoms of PTSD when in hospital for treatment. The team can identify the need for Level 4 psychological support due to complexity. However, because there is no dedicated or embedded Level 4 psychological provision within the oncology service, inpatient psychological intervention is unlikely, instead patient would be placed on a general waiting list for outpatient specialist care. During this prolonged wait, the patient’s distress may escalate, impacting treatment adherence and overall wellbeing. Interim support from Level 2 and Level 3 practitioners would/could be provided, but staff would be working beyond their scope of practice, highlighting the critical gap in service provision.</p>
4.	<p>Situation: NHS GGC patient diagnosed with haematological malignancy. Presenting with very low mood, only sleeping a couple of hours per night, described feeling hopeless. Struggling with significant symptoms of anxiety and panic. These symptoms have been ongoing for several months with significant impact on both quality of life and cancer treatment. CNS struggling to manage patient’s levels of distress.</p> <p>Appropriate service: Level 4 service embedded in patient’s NHS care due to</p>

	severity/chronicity/impact of presenting issues and effect on treatment. Outcome: No level 4 service available as patient not receiving treatment at Beatson WoSCC.
5.	Bereaved carer accessing level 2 psychological care with our cancer support specialist, both on 1-1 basis and in a bereavement course. Later accessing group support with clinical psychologist and for specific issues, accessing level 4 1-1 psychological therapy with clinical psychologist (all face to face).
6.	Not completed