

## Psychological support group – Minutes of Meeting

**9<sup>th</sup> November**

Christie NHS Foundation Trust, Trust meeting room 6

Time: 2-4pm

<b>Attendance</b>	<b>Representation</b>
Padraig McDonnell	UHSM
Anne Crook	Christie
Maggie Parkman	Stockport
Michelle Eckersley	CMFT
Mike Thorpe	Manchester Cancer User Involvement Rep
Jonathan Turnbullross	Manchester Cancer User Involvement Manager
Hodan Noor	Manchester Cancer Pathway Manager
Caroline Lloyd	SRFT
<b>Apologies</b>	
Vanessa Hickson	Tameside
Anna Dalton	Pennine Care North - Bury
Angela Kelly	SRFT
Aruna Hodgson	Wigan & Leigh Hospice
Diane Finch	Trafford Macmillan well-being centre
Pat Jones	CMFT
Sarah Burlinson	Oldham
Wendy Shuell	Bolton FT
Claire Rehan	Bolton
Colsom Bashir	Christie
Helen Knight	East Cheshire Hospice
Robin Muir	Bolton FT
Fay Mitchell	East Cheshire Hospice
Bill Bodell	St Ann's Hospice
Helen Tuzio	Bridgewater - Wigan and Leigh Hospice
Norma Armston	Patient/carer representative
Sam Parkin	Beechwood Cancer Care Centre
Tania Hawthorn	Christie
Lisa Evans	CMFT

**In attendance:** Clare Bugley Programme Manager. Psychological Professions Network, NHS Health Education North West.

Agenda Item	Action
<p><b>1. Apologies</b> Apologies were noted, Welcome Mike Thorpe a Manchester Cancer User Involvement representative who is attending this meeting as an observer.</p>	
<p><b>2. Minutes from the last meeting</b> Members agreed that the minutes were a true and accurate reflection of the last meeting.</p>	
<p><b>3. Matters Arising</b></p> <p><b>Level 2 refresher survey findings.</b> HN sent out a questionnaire to health professionals who had done level 2 training in the past, what their needs are, what they thought about it and what they want going forward. Unfortunately there was not a great response.</p> <p>69 surveys were received but only 27 could be analysed due to incomplete data. However there was some discrepancy with board members confirming they completed questionnaires but they are not showing in the results (ie. SRFT, UHSM &amp; Bolton). HN to investigate.</p> <p>The group felt that a further breakdown of the questionnaire results was needed. The group asked if it was possible to pull any data from the incomplete surveys received. HN shared the incomplete data and the breakdown by trust for information to all members of this group.</p> <p><b>Level 2 Training Specification</b> Different options have been considered and a draft paper written. The paper suggests that training is centralised with one provider providing the training and the admin support. It is not clear who would take the role and who would provide funding. The proposal is for a 2 day training course with 2 facilitators.</p> <p><b>Meeting with David Shackley – Medical Director Manchester Cancer</b> PM was hoping to meet with DS prior to this meeting however due to unforeseen circumstances this meeting is yet to be arranged.</p> <p><b>Annual plan and report</b> PM shared with the group the annual report is not a priority for completion however the members need to explore the draft annual plan and sign off the key priorities at this meeting.</p> <p><b>A) Improving Patient Experience</b></p> <ul style="list-style-type: none"> <li>- Review and develop referral pathways for each areas for CNS to support patients when distress is identified. (can only be addressed when level 2 training and adequate supervision is in place)</li> <li>- Patient discovery interviews to identify areas for improvement accessing emotional psychological support. ( work with the community of interest to collect case studies)</li> <li>- Develop tool for managing anxiety living beyond cancer with professionals and community</li> </ul>	

<p>of interest.</p> <p><b>B) Improving outcome and survival</b></p> <ul style="list-style-type: none"> <li>- Delivering equity across Manchester Cancer with a focus on workforce and training needs ( level 2 training and supervision has been mapped out, work with the professional network to explore funding and arrange meeting with the medical director for support)</li> <li>- Improving awareness in clinical pathways on the benefits of HNA with a focus on Psychological support. ( this piece of work is currently being supported by the living with and beyond board)</li> </ul> <p><b>C) Quality</b></p> <ul style="list-style-type: none"> <li>- Explore the implementation “Demonstrating quality outcomes in psycho-oncology” by British Psychological Society’s Faculty of Oncology and Palliative Care (SIGOPAC)</li> <li>- Improve Psychological practice skills hosting CPD education events</li> </ul> <p><b>D) Engage with research and innovation</b></p> <ul style="list-style-type: none"> <li>- Collaborative working with the SCN and Mental Health workforce to developing models of service delivery. (identify representative from Manchester Cancer to attend the North West Professional Network to engage in modelling care)</li> <li>- Explore specialist supervision for mental health workforce to support the care of cancer patients.</li> </ul> <p>All of the above has been agreed as the plan to move forward the work of</p>	
<p><b>4. Northwest West Psychological Professions Network- Clare Baguley</b></p> <p>CB works for the Northwest Professional network as part of a wider group called the Centre of Workforce Development.</p> <p>This is a strategic environment and has the capacity to influence the workforce capacity, educational needs and service modelling through a number of national organisations from NHS Health Education, NHS England and Public Health.</p> <p>Majority of the meeting was used to discuss the role of the professional network and the challenges faced by the group in bringing to fruition the work undertaken last year identifying gaps in level 2 training and gaps in current workforce.</p> <p>CB was interested in the work of MC and requested a representative to be identified who could attend the North West meeting. She also highlight opportunity to pilot iAPT programme (what does it stand for I forgot) HN proposed to explore which CCG would be interested in this opportunity. Furthermore, CB proposed to write to NHS Health Education and the force task group to explore funding opportunities to support level 2 training regionally. HN highlighted any support could be given to further develop a tool for the Living With and Beyond Cancer on managing anxiety of recurrence would greatly be appreciated.</p> <p>The members welcomed CB support and the proposed introductions and actions to take forward.</p>	<p>HN to email CB for formal support on (1)iAPT pilot (2) level 2 Training (3) workforce capacity issues.</p> <p>CB to take forward the request for support.</p>

<p><b>5. Manchester Cancer User Involvement Team</b></p> <p>JT introduce MT and the progress made in user involvement recruitment following from the progress report shared with members. More specific to this group JT shared around 8 people interested in the Psychological support aspects of cancer care and would like to create a community of interest to further support the groups challenges faced in progressing this work.</p> <p>The community of interest would then meet regularly and feed into the psychological support groups meeting agendas.</p> <p>JT proposed an initial meeting which PM could support as the chair to share current progress, opportunities and challenges.</p> <p>Members welcomed this engagement and MT as an observer was extremely please at the progress and the professionals group’s commitment to patient care. He proposed there is possible opportunity to share the role with Normal although this is yet to be explored.</p> <p>JT proposed to host the community interest workshop before Christmas and will share findings at the next meeting.</p>	
<p><b>6. Manchester Cancer update</b></p> <p><b>Manchester Devolution</b> 6 billion will be moved from central government to be managed by Greater Manchester in delivering the health and social care activity in the region.</p> <p>August of this year an outline plan has been presented to the chancellor and a request for further funding support to enable the transition to take plan next financial year. April 2016 the control of the budget will be transferred to Greater Manchester.</p> <p>December 2015 the strategy specific to Cancer will be developed to include e.g. 6,000 less cancer diagnosis by 2020 with strong emphasis on prevention and early detection.</p> <p>Manchester Devolution covers more than health and social care and has responsibility for all other aspects of council activity. Further information can be found on <a href="http://gmhealthandsocialcaredevo.org.uk/">http://gmhealthandsocialcaredevo.org.uk/</a></p> <p><b>The Cancer Vanguard</b> is an enabler used to encourage new models of care and accountability. The focus is on the national cancer strategy and capitated budgets.</p> <p>The cancer organisations have applied as vanguard sites and have been successful. The national team have encouraged Manchester Cancer, Royal Marsden and UCL to work together in delivering the cancer vanguard.</p> <p>The emphasis is to develop models of single system leader, to reduce variation, provide accountability in the system and develop governance structures to procure and monitor cancer outcomes.</p> <p>Christie is the nominated organisation leading this development on behalf of Manchester Cancer and will be working closely Trafford CCG and other partners to ensure the detail of the proposal is defined in more detail.</p> <p>Further information please watch the video link <a href="https://www.youtube.com/watch?v=2dYNtgmd6YI">https://www.youtube.com/watch?v=2dYNtgmd6YI</a></p>	
<p><b>7. A.O.B</b></p> <p>None identified</p>	
<p><b>8. Date of next meetings</b></p> <p>26<sup>th</sup> February – 2 to 4pm, Seminar Room 5, Mayo building, Salford Royal Foundation Trust.</p> <p>23rd May – 2 to 4pm The Christies NHS Foundation Trust , Department 2, level 3, room 6</p> <p>12<sup>th</sup> September – 2 to 4pm The Christies NHS Foundation Trust , Department 2, level 3, room 6</p>	

