

Greater Manchester **Cancer**

Psychological Support &  
Mental Health Pathway Board

**Psychological Support & Mental Health Pathway Board**

Minutes of the meeting held on Wednesday 13<sup>th</sup> December, 2017

Meeting Room 6, THQ, The Christie

**Members in attendance**

<b>Name</b>	<b>Trust</b>
Padraig McDonnell (PMc)	Pathway Director
Anne Crook (AC)	Counsellor/ Cognitive Behavioural Therapist The Christie
Bev Meenan (BM)	Lead Cancer Nurse, Stockport
Claire Rehan (CR)	Bolton FT
Coleen Quinn (CQ)	Patient Representative
Robin Muir (RM)	Clinical Psychologist, Maggie's Cancer Care Centre, Manchester
Claire McDonald (CMc)	Clinical Psychologist, Maggie's Cancer Care Centre, Oldham
Sarah Kelly (SK)	Clinical Psychologist, Pennine Care
Lisa Evans (LE)	Macmillan Info Centre Manager, PAT
Michelle Eckersley (ME)	CNS, MFT
Anna Mackland (AM)	TYA Services, The Christie
Sam Parkin (SPar)	Beechwood Cancer Care Centre
Sonia Patel (SP)	Clinical Psychologist, MFT
Ric Taylor (RT)	Trafford CCG
<b>In attendance</b>	
Michelle Leach (ML)	GMC Pathway Manager
Natasha Smith (NS)	GMC Macmillan User Involvement Manager
<b>Apologies</b>	
Pat Jones (PJ)	Lead Cancer Nurse, MFT
Tania Hawthorn (TH)	The Christie
Vanessa Hickson (VH)	CNS, Tameside
Victoria Wilmot (VW)	Service Lead - Palliative Care Counselling Service, SRFT
Julie Wisely (JW)	Clinical Psychologist, GMMH
Laura Cramond (LC)	Bolton FT
Helen Tuzio (HT)	Bridgewater NHS
Tracy Acton (TA)	Service Lead, Macmillan 1:1 Team Oldham
Colsom Bashir (CB)	Clinical Psychologist, The Christie
Tania Hawthorn	The Christie

## 1. Welcome and introductions

PM welcomed all to the meeting and noted the apologies received.

### Matters Arising

David Wright asked for cross cutting work with TYA services at the last meeting, AM is in attendance to enable this. PM will follow up with AM in the coming months to see how well this is working. Salford Royal did not have attendance at the board today but is working towards getting an improved representation at future meetings; they are the regional centre for Neuro Psychology so there input will be valuable.

ML explained a GP is still not available for this board but we have Primary Care representation from Pennine Care. PM welcomed Sarah Kelly a Psychologist from Pennine Care and she explained to the group about the service they provide which is a cost per case model at present and the area they cover.

PM informed the board that Norma Armston had now resigned from her position on the board as a UI representative and he had thanked her for all her input and the board noted their thanks. NS said that a thank you note had also been sent from the UI Team.

## 2. GM Cancer Psychological Support & mental Health Pathway Board Deliverables:

### I. Mapping & gap analysis of psychological support services across the GM system by Nov 2017

<b>Discussion summary</b>	<p>PM explained the difficulties of gaining the data to produce the Gap Analysis. He explained to the group that he would be approaching this more from a Macro rather than Micro level. He had also consulted with RT about the commissioning side of this process. RT said he found that the Macmillan documents relating to IAPT had been useful and explained to the group that there was money being put into IAPT services. PM said he felt that although IAPT could be a valuable part of psychological services it couldn't replace psycho-oncological professionals. To summarise PM explained that the Gap Analysis was nearly complete but needed further work.</p> <p>PM explained to the board that although the data he received was new diagnosis data there were a large number of patients living with and beyond cancer, a discussion ensued about the inclusion criteria and if this should be 18 months post diagnosis for access to dedicated psycho-oncology services? BM said that the work being done around the recovery package by GM Cancer with the eHNA would help sign post people towards the correct interventions which could be mainstream services not necessarily psycho-oncological. ML explained the process that the Living With and Beyond Cancer work stream is going through to implement the recovery package and that this was being pump primed but it would be a number of years before the benefits of this were realised in the system.</p> <p>RT said there was money being put into IAPT to increase the access rates to 25% from 16.8%. RT acknowledged that the service wasn't yet developed but work was being done to imbed IAPT within primary care and money had been put into that.</p>
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	ML asked RT if he had a document that outlined the new service and how the model would work RT said this wasn't yet available, RT also acknowledged that there wasn't yet the workforce to implement the new IAPT programme but plans were underway to facilitate this.
<b>Conclusion</b>	The board remain concerned about the IAPT service and how the staff was going to convert from just psychological first aid to working with the psychological effects of physical health.
<b>Actions &amp; responsibility</b>	<b>RT to continue to update the board on the new IAPT service</b> <b>PM to complete the GAP analysis and present at the next board</b>

## II. Develop directory of psychological support services in GM by Nov 2017

<b>Discussion summary</b>	PM is working on this and it should be ready in the near future. The group will need to feed into this and it will be an organic document.
<b>Conclusion</b>	The Board agreed to feed into this document
<b>Actions &amp; responsibility</b>	<b>PM to distribute the document for input from ALL</b>

## III. Proposal for improving psychological support services for GM cancer patients to be presented at the Nov 2017 GM Board which describes:

1. Improved access to psychological support
2. Improving training opportunities for professionals

<b>Discussion summary</b>	<p>ML explained that the board were due to present last November but it was pushed back to January. CQ asked why it had been postponed and ML explained the cancer agenda is so full and that funding for the programme was a priority at the moment.</p> <p>PM asked AM about the psychological support services in TYA, AC said she believed there was a business case in to improve this at the moment. AM said she was level 2 trained at the moment but was aspiring to level 3 and that TH was trying to get her external supervision from someone specialised in TYA services.</p> <p>PM asked SP to explain about her service at Manchester Foundation Trust. She explained that she has two 0.5 WTE roles. The first is a dedicated service for patients with haematological cancers. She inputs into the wards and the whole of the MDT. She believes that the service is becoming much more embedded but there is still a way to go. SP also supports other colleagues with supervision. The other role is a dedicated children's life span service in sickle cell and thalassaemia. PM asked how this board supports children's services; ML said she would find out more about the Children's Pathway Board and feedback. PM said he had a meeting with Ruth Orrell to see how paediatric services could feed into this board. PM queried if the children's service was already adequately supported and funded and how this may feed into the Gap Analysis. AC said she felt there was a gap in the service available at the Christie for the 16-18 age groups. A discussion ensued about CAMHS services and the fact that they were under resourced and under pressure. RM said that he had patients at the Maggie's centre who were treated 20 years previously as a child but are suffering with physical and mental health problem as an adult. The group agreed that it would be useful to understand the</p>
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	work carried out by paediatric colleagues. SM explained about the service at Beechwood Cancer Centre and that they have a dedicated family team which also supports the whole family including under 16's.
<b>Conclusion</b>	PM concluded that the GAP analysis would concentrate on adult services in the first instance. However with input from colleagues in TYA and children's services this could be approached in the future.
<b>Actions &amp; responsibility</b>	<b>PM to feedback and update the board on the outcomes of presenting at the GM Cancer Board</b>

#### **IV. Work with other pathway boards to ensure psychological support is embedded as an integral part of their delivery programme**

<b>Discussion summary</b>	See above regarding Children's and TYA.
<b>Conclusion</b>	NA
<b>Actions &amp; responsibility</b>	<b>NA</b>

#### **3. Terms of Reference**

<b>Discussion summary</b>	PM explained the need for terms of reference document for the group and asked for volunteers to produce this.
<b>Conclusion</b>	ML agreed to draft a Terms of Reference Document and distribute to the group prior to the next meeting for input.
<b>Actions &amp; responsibility</b>	<b>ML to draft ToR and distribute with papers for the next meeting</b>

#### **4. User Involvement Update**

<b>Discussion summary</b>	NS explained that she had facilitated a focus group about the patient experience questionnaire to find out if our patients feel emotionally supported then fed it back to PM. The group discussed the survey and suggested some changes which will then be fed back to a group of PAbC and the questionnaire will be returned to the board moving forward. PM said that we can include other demographics i.e. protected characteristics to see if there are any emerging themes.
<b>Conclusion</b>	ML explained to the group that currently there was no dedicated resource to input or analyse data. The board agreed to continue work to produce the survey then discuss how this could be implemented at a future meeting.
<b>Actions &amp; responsibility</b>	NS to make agreed changes and have reviewed by a group of PAbC and then return to survey for ratification at the next board

#### **6. Any other business**

<b>Discussion summary</b>	BM brought a question from the lead nurses group. Due to the lack of funds for the advanced communications were there any plans to provide anything else?  CR gave apologies for the next meeting.
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<b>Conclusion</b>	PM said the Gold Standard was the Advanced Communication Course but the Enhanced Communication Course plus supervision after qualified was adequate, the board discussed and agreed this.
<b>Actions &amp; responsibility</b>	BM to take the board decision back to the lead nurses meeting

**Future meetings for 2018 (all 14:00 – 16:00hrs):**

Wednesday 7<sup>th</sup> March, Meeting Rooms 4/5, Trust Admin, The Christie

Wednesday 13<sup>th</sup> June, Meeting Room 6, Trust Admin, The Christie

Wednesday 19<sup>th</sup> September, Gaskell House, Swinton Grove, M13 0EU (\*note change from 12<sup>th</sup> September)

Wednesday 12<sup>th</sup> December, Meeting Room 6, Trust Admin, The Christie