



Supporting the psychological needs of patients
living with and beyond cancer in Wessex

Report to the Wessex Cancer Alliance Board

Title:	Supporting the psychological needs of patients living with and beyond cancer in Wessex			
Sponsor	Jane Winter			
Author	Maria Noblet/Kate Lippiett			
Date:	22/09/2021			
Purpose	Assurance or reassurance	<u>Approval</u>	Ratification	Information
Summary of paper:	<p>This briefing sets out an overview of the Health Education England funded project scoping psychological services for patients living with and beyond cancer, specifically focusing on</p> <p>What have we done:</p> <ul style="list-style-type: none"> - Listened to cancer patients and cancer professionals in relation to the provision of psychological support - Identified available psychological support for patients (level 1-4 of NICE guidelines) - Identified the lack of preparedness of the CNS workforce to provide psychological support and their limited access to robust clinical supervision - Established stakeholder groups to inform and plan the direction of the project <p>What next?</p> <ul style="list-style-type: none"> - Continue to work with educational providers to ensure the availability of Level 2 education - Continue ongoing strategic engagement with acute Trusts to highlight inequities in current provision and work towards parity of psychological health with physical health 			
Implications: (Clinical, Organisational, Governance, Legal?)	This briefing has clinical implications for the quality of care for cancer patients with psychological needs			
Key risks and mitigations:	Currently, patients may be at potential risk of harm from lack of available appropriate psychological screening, assessment and support.			
Summary: Conclusion and/or recommendation	<p>To work towards parity of psychological provision in Wessex for patients who require it with other treatments (e.g. systemic anti cancer treatment)</p> <p>To ensure that the Wessex CNS and AHP workforce have been trained in advanced communication and level 2 psychological screening and assessment</p> <p>To ensure that the Wessex CNS and AHP workforce have access to and attend regular clinical supervision (provided by level 3 or level 4)</p> <p>To continue to explore the requirements for and provision of level 3 and 4 provision of psychological care in Wessex</p> <p>To continue to develop strategic organisational relationships to embed psychological care in future planning arrangements</p>			



Background:

- **58%** of people diagnosed with cancer feel their emotional needs are not looked after as much as their physical needs

(Macmillan Cancer Support (2006) *Worried sick: the emotional impact of cancer* (2006).

https://www.macmillan.org.uk/documents/getinvolved/campaigns/campaigns/impact_of_cancer_english.pdf)

- Cancer patients have a **55%** higher risk of suicide than those without cancer

(Calati, R et al (2017) *Risk of suicide mortality among cancer patients: A meta-analysis of observational studies*. (2017) *European Psychiatry*, 41, pp.S290-S291. <http://www.europsy.net/wp-content/uploads/2017/03/cancersuicide.pdf>)

- Even 10 years after treatment, **54%** of cancer survivors still suffer from at least one significant psychological issue

(Healthy London Partnership (2016) *Cancer Rehabilitation: a scoping report for London* <https://www.healthylondon.org/wp-content/uploads/2017/11/Cancer-rehabilitation-a-scoping-report-for-london.pdf>)

- **67%** of informal carers of patients living with and beyond cancer experience anxiety and **42%** experience depression. Of these, over **75%** do not receive any support (Macmillan, 2006)

- Extended delays and disruptions to treatment for people with cancer because of COVID-19 means that access to timely mental health support has become even more important

(Macmillan, *Caught in the Maze*, 2021, p. 27 <https://www.macmillan.org.uk/about-us/what-we-do/we-make-change-happen/we-shape-policy/caught-in-the-maze-report.html>).



National policy imperatives:

- NICE sets out an expectation that every cancer service will have access to clinical psychology expertise
- NICE recommends a stratified model of cancer psychosocial support ranging from universal support delivered by all health and care professionals (Level 1), to enhanced support provided by Clinical Nurse Specialists (Level 2), to lower-intensity psychosocial support such as counselling or brief cognitive-behavioural therapy (Level 3), through to highly specialist interventions delivered by trained mental health professionals such as Clinical Psychologists and Psychiatrists (Level 4)
- NHS long term plan “By 2021 where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and well being information and support”



Approach:

- Focus on patients
- Focus on level 1 and 2 education (NICE) and supervision rather than level 3 and 4
- Co-design a model to provide this education
- Qualitative feedback:

Cancer professionals:

“Passionate but frustrated”, “organisations pay lip service to providing psychological support”, “it’s time patients were listened to”

Patients living with and beyond cancer:

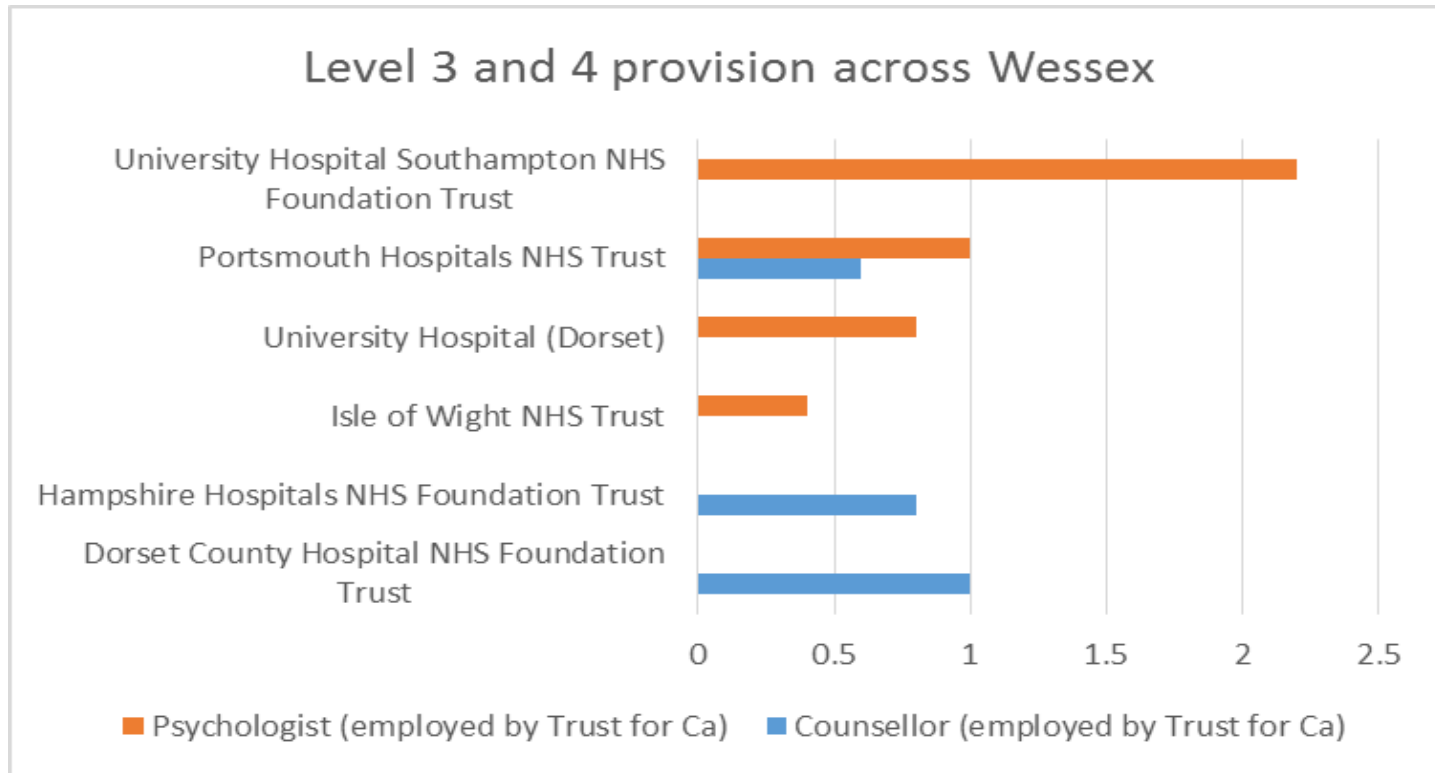
“Physical care and psychological care should be of equal importance”, “Feel like we fall off a log at the end of treatment”, “CNS’s not trained to deliver psychological care”.

Organisational feedback:

Shows provision of services patchy and inequitable

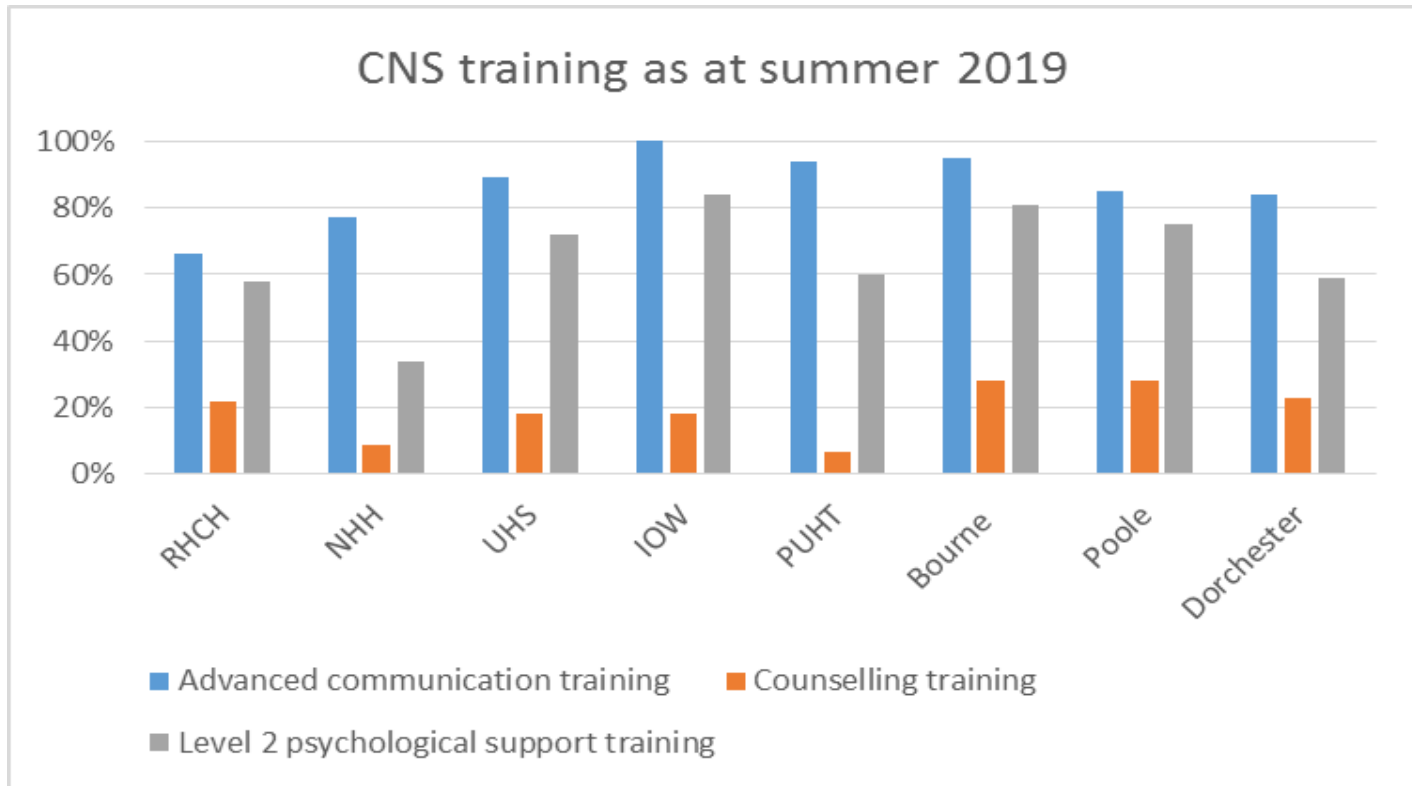


Level 3 and 4 provision across Wessex:





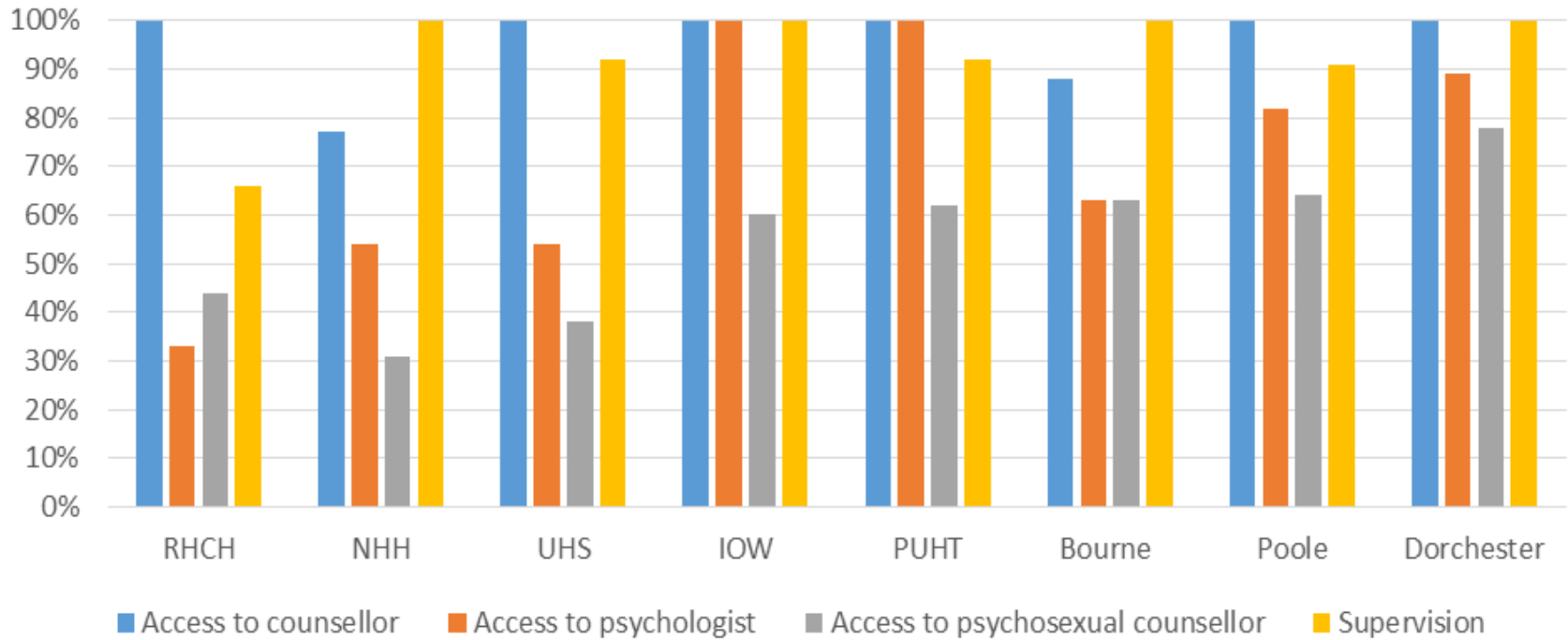
CNS training as at summer 2019 (self reported):





Access to psychological services for CNS teams as at summer 2019

Access to psychological services for CNS teams





Recommendations:

- To work towards parity of psychological provision in Wessex for patients who require it with other treatments (e.g. systemic anti cancer treatment)
- To ensure that the Wessex CNS and AHP workforce have been trained in advanced communication and level 2 psychological screening and assessment
- To ensure that the Wessex CNS and AHP workforce have access to and attend regular clinical supervision (provided by level 3 or level 4)
- To continue to explore the requirements for and provision of level 3 and 4 provision of psychological care in Wessex
- To continue to develop strategic organisational relationships to embed psychological care in future planning arrangements



What does it mean if we do nothing?

- Continue to have an ill-equipped workforce (at levels 1 and 2) to screen and assess
- Continuing gaps and inequity in mental health/psychology/counselling services
- Patients in Wessex remain psychologically vulnerable after a cancer diagnosis in the short, medium and longer term (exacerbated by COVID-19)



What next?

- 2021-2022 HEE funded projects for level 2 education of CNS/AHPs to better equip workforce to screen and assess cancer patients' psychological needs
- Ongoing strategic engagement with acute Trusts to highlight inequities in current provision and work towards parity of psychological health with physical health

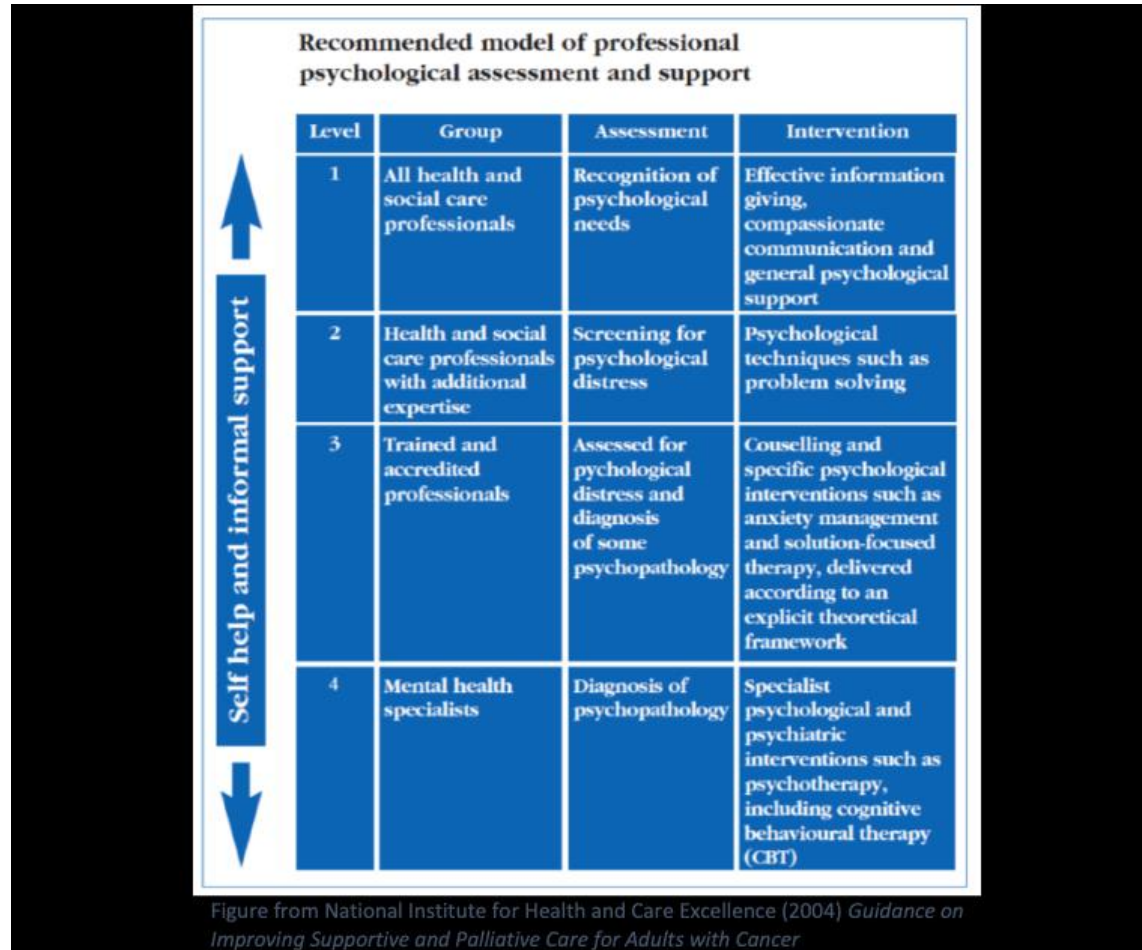
Questions to Board:

- **Where do we go next with level 3/4s and how will this work across Wessex?**
- **How can the Board support this work and future plans?**



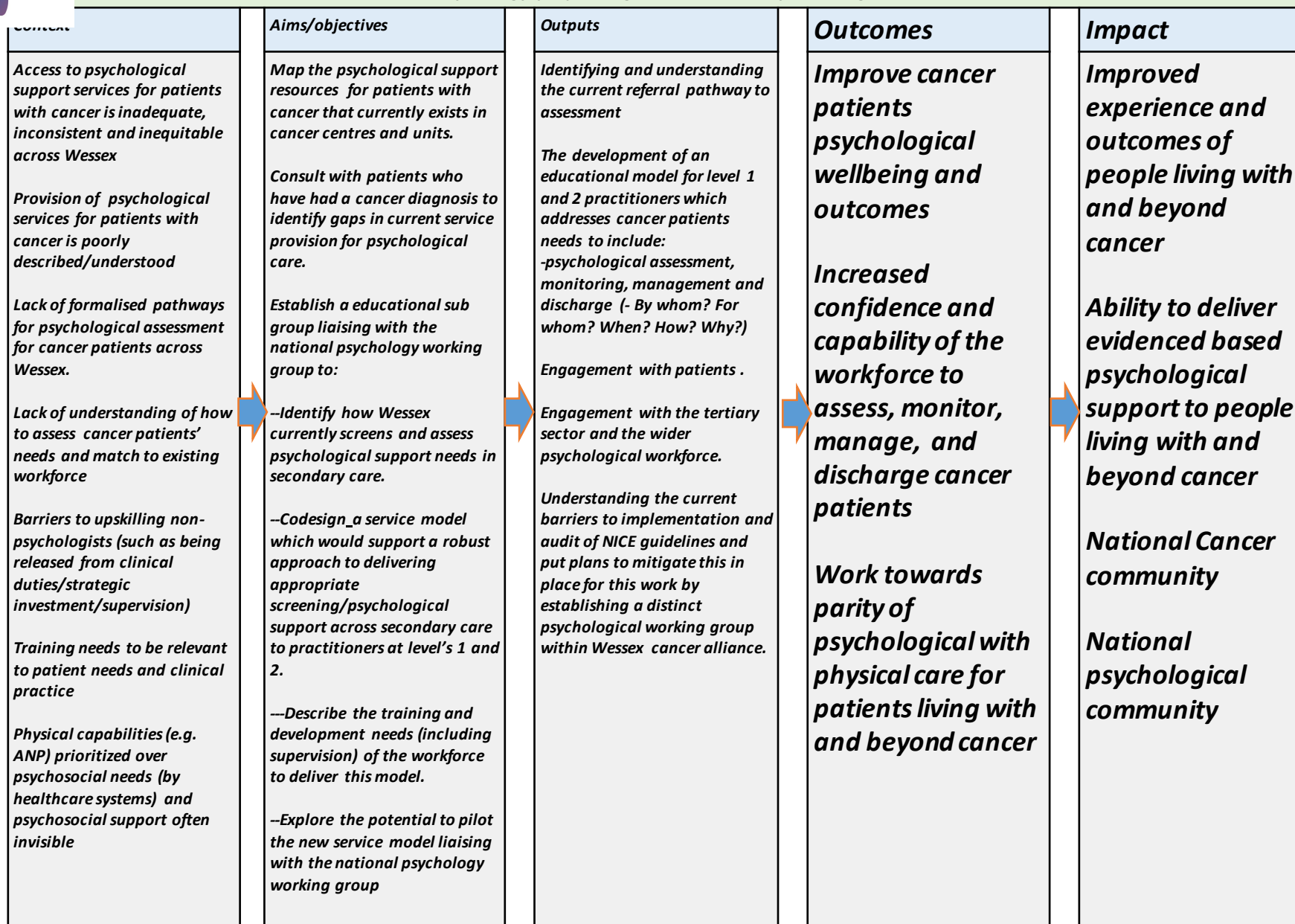
Appendices:

- NICE stratified model of care
- Logic model defining project benefits
- Table of level 3&4 provision
- Table of CNS training and access





Psychology project Logic Model / Theory of Change





Access to Level 3&4 psychological support in Wessex



Trust	Population based on patient flow	Counsellor (employed by Trust for Ca)	Psychologist (employed by Trust for Ca)
Dorset County Hospital NHS Foundation Trust	195,379	1	0
Hampshire Hospitals NHS Foundation Trust	478,191	0.8	0
Isle of Wight NHS Trust	78,603	0	0.4
University Hospital (Dorset)	234,454	0	0.8
Portsmouth Hospitals NHS Trust	674,758	0.6	1
University Hospital Southampton NHS Foundation Trust	903,157	0	2.2



CNS perspective (data from Wessex Cancer Alliance CNS questionnaire, July 2019)



	RHCH	NHH	UHS	IOW	PUHT	Bourne	Poole	Dorchester
CNS WTE	12.76	22.9	49.78	12.2	30.5	17.2	19.4	15.6
Advanced communication training	66%	77%	89%	100%	94%	95%	85%	84%
Counselling training	22%	9%	18%	18%	7%	28%	28%	23%
Level 2 psychological support training	58%	34%	72%	84%	60%	81%	75%	59%
Access to counsellor	100%	77%	100%	100%	100%	88%	100%	100%
Access to psychologist	33%	54%	54%	100%	100%	63%	82%	89%
Access to psychosexual counsellor	44%	31%	38%	60%	62%	63%	64%	78%
Supervision	66%	100%	92%	100%	92%	100%	91%	100%