

Psychological support group – Minutes of Meeting

11th June 2014

Christie NHS Foundation Trust, Trust meeting room 6

Time: 2 to 4pm

Attendance	Representation
Padraig McDonnell	UHSM
Claire Rehan	Bolton
Fay Mitchell	East Cheshire Hospice
Anna Dalton	Pennine Care North - Bury
Bill Bodell	St Ann's Hospice
Fay Mitchell	East Cheshire Hospice
Helen Tuzio	Bridgewater - Wigan and Leigh Hospice
Jane Younger	Christie
Michelle Eckersley	CMFT
Pauline West	Pennine Care - Trafford
Sam Parkin	Beechwood Cancer Care Centre
Colsom Bashir	Christie
Hodan Noor	Pathway Manager
Apologies	
Vanessa Hickson	
Norma Armston	
Margaret Parkman	
Ayse Gurpinar-Morgan	

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Agenda Item	Action
<p>1. Welcome and introductions PM welcomed everyone to the meeting and members were invited to introduce themselves and the locality and organisations they represent.</p> <p>Apologies were noted</p>	
<p>2. Apologies</p> <p>Apologies were noted</p>	
<p>3. Matters arising from the last meeting None highlighted</p>	
<p>4. Manchester Cancer Introduction and background</p> <p>PM introduced TP who gave a generic presentation on the background and its aims to increase cancer survival improve patient experience and achieve over and above all national standards for Cancer.</p> <p>This is a relatively new venture but the focus of Pathway Boards will be on all areas of the patient pathway and the five cross cutting themes (living with and Beyond, Palliative Care, Systematic anti-cancer therapies, radiotherapy , Preventing, Screening and Awareness) will inform and take forward clinical pathway board needs to support the overall objectives of Manchester Cancer.</p> <p>This is different to the former network objective working with Trust focusing on hospital care; Greater Manchester providers had 2 summits in 2012/13 which formed Manchester Cancer with the support of the former SHA. The provider board is made up of the 10 CEO's of the acute Trusts in Manchester along with representatives from the Strategic Clinical Network, patients and local commissioners.</p> <p>The objective of the provider board is to improve one year survival rates, improve patient experience and improve uptake of clinical trials and each have sub objectives which provides details.</p> <p>TP has explained that Manchester Cancer has been made aware of the existing work and development of Psychology support group and after the demise of the cancer network the lack of support the group is currently receiving.</p> <p>TP explained that there is the opportunity to be set up as a formal group under the umbrella of Manchester Cancer and the administrative and project manager support to be provided by HN. This includes the formation of work plans and links your group to provider board, clinical commissioners and the Manchester Cancer core team.</p>	
<p>5. Reflections/Questions from the group and consideration of the way forward for the group</p> <p>The difference between the cancer network and Manchester Cancer is the Trusts are engaged and equally finance Manchester Cancer clinical leaders and core team however the founding principles are still the same from the former network.</p> <p>Query on whether Psychology support group has a position within the new structure, TP confirmed this is a decision only the group can make however from Manchester Cancer perspective we would welcome you in the structure and provide you the support required.</p>	

<p>Query in relation to resources in relation to service development, as there are no measures no incentive e.g. level 2 training. Manchester Cancer does not have a resource for funding initiatives; TP explained the move away from peer reviews and working towards writing annual plans and report to monitor the objectives and findings of any work. There are other levers we can use, writing proposals to the provider boards any funders or targeting CCG. The proposals need to be evidence base, innovative and creative solutions to get attention.</p> <p>TP explain this group will be the regional expert resources, if pathway boards propose changes in the systems this group will be the sense checkers to ensure psychology support is included. TP also highlighted that the pathways are currently drafting their work plans for the next year and this will be published in August, the summary pages can be shared here but the approach of sharing work plans with cross cutting themes are under construction.</p> <p>All minutes, annual plans will all be on Manchester Cancer website.</p> <p>CR is a member of the Living with and Beyond Cancer and JY is a member of Palliative care board, HN is the Pathway Manager for both.</p> <p>PM asks the group to start thinking about potential ideas that could form a work plan, identify the vision of the group and this will inform the work programme.</p> <p>Ideas for good quality training for level 2 training to meet NICE guidance:</p> <ul style="list-style-type: none"> - Identify number of level 2 trainers - Identify level 2 training needs - Opportunity to centralise training and run a rolling programme - Potential dedicated trainers - Supervision support <p>Set and maintain standards for all training including supervision particularly in mental health nurses element.</p> <p>The members also raised the different pockets and organisations doing level 2 training and the duplications this create when developing a work plan. HN explained the Living with and Beyond Cancer pathway board are currently developing a proposal for mapping service provision, this is an opportunity to incorporate Psychological support services within the proposal to capture those services outside of the provider board framework.</p>	<p>HN to share membership list of Living with and Beyond Cancer and Palliative Care.</p>
<p>6. Level 2 training – request from a level 2 trainer re on-going demands to provide training and lack of co-trainers/quality control issues.</p> <p>Retired Psychology therapist sent an email regarding level 2 training, she current has been doing this freelance. The concerns raised by the email are as follows;</p> <ul style="list-style-type: none"> - Receiving regular request from trusts (WWL, MRI, Pennine, Salford) - lack of co-facilitator’s - No central control of the training requests or overview of quality control - Is there a central record - Is the group happy for her to continue to provide this training 	

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<ul style="list-style-type: none"> - seeking permission from the group to accept or monitor trust request <p>This identifies the lack of mechanism for managing training request and delivery this will be addressed further in the year once the programme is developed.</p> <p>In the interim it was agreed to support the trainer by providing quality assurance however insist on accreditation. PM will contact the trainer to discuss this further.</p> <p>TP explained Manchester Cancer will explore the administrative and facilitation support for the proposed education strategy including a plan.</p>	
<p>A.O.B</p> <ul style="list-style-type: none"> - Meetings <p>Ideas to rebuild membership, group propose to write a brief of who is Manchester Cancer this will encourage engagement and a role to be part of the group. Frequency of meeting is dependent on the group's needs, the group agreed unanimously to meeting four times a year with Christie being the base.</p> <ul style="list-style-type: none"> - Living with and Beyond <p>CR as a board member for the living with and beyond Cancer Pathway shared her action to collate Cancer glossary of terms for patients and professionals. The group provided her with list which will be developed further.</p>	<p>HN to send a brief to all members of the role of Manchester Cancer</p>
<p>7. Date of next meeting</p> <p>17th September 2-4pm, Christie NHS Foundation Trust, Administration Department 2 Level 3, Room 6</p>	