

**Psychological Health Sub-Group
1000 – 1200 on Wednesday 27 January 2016
at Evolve Business Centre, Houghton-le-Spring**

MINUTES

Present:	Peter Blackburn, Consultant Clinical Psychologist, Gateshead Health NHS FT Hilary Cave, CBT Therapist, Cumbria Partnership NHS FT Mary Douthwaite, Consultant Clinical Psychologist, South Tyneside Nick Hartley, Clinical Psychologist, Newcastle upon Tyne Hospitals NHS FT Sarah Howard, Macmillan Assistant Psychologist, Cumbria Partnership NHS FT Kate Kendell, Cancer Network Psychology Lead (Chair) Leonie Lalayiannis, Clinical Psychologist, Northumbria Healthcare NHS FT Angela Waind, Psychological Practitioner, Cumbria Partnership NHS FT Lyndall Wallace, Consultant Clinical Psychologist, County Durham and Darlington NHS FT Sonia Wilson, Clinical Psychologist, City Hospitals Sunderland NHS FT Michelle Wren, NESCN	PB HC MD NH SH KK LL AW LW SW MW
In Attendance	Naomi Tinnion, Network Administration and Support Officer, NHS England	NT
Apologies:	Jackie Bailey, Northumbria Healthcare NHS FT Donald Brechin, South Tees NHS FT Rebecca Clark-Dowd, Clinical Psychologist, Northumbria Healthcare Clare Davies, Consultant Clinical Psychologist, South Tees Elsbeth Desert, North Cumbria University Hospitals NHS Trust Sian Dogan, Northumbria Healthcare NHS FT Karen Ellis, Northumbria Healthcare NHS FT Kate Farnell, Patient Representative, Butterfly North East Alison Featherstone, Network Manager, Northern England SCN Geoff Gulston, Patient Representative, Cumbria Kirsty Kennedy, South Tees NHS FT Veronica Oliver-Jenkins, Newcastle Hospitals NHS FT Anne Pelham, Newcastle Hospitals NHS FT Rachel Morse, Newcastle Hospitals NHS FT Kate Reilly, Clinical Psychologist, Newcastle Hospitals Nancy Vanderpuye, North Tees & Hartlepool NHS FT Hannah Wade, North Tees & Hartlepool NHS FT Alison Woods, South Tees NHS FT	JB DB RCD CD ED SD KE KF AF GG KK VOJ AP RM KR NV HW AW

1. BUSINESS MEETING : 10am – 1045am

1.1 Welcome and Apologies

KK welcomed everyone to the meeting and introductions were made around the table. The above apologies were noted.

1.2 Declarations of interest

There were none.

1.3 Minutes of the previous meeting (13 October 2015)

MD ask for the first sentence of the third paragraph under item 1.6 (baseline mapping) to be amended to read “MD advised that there are about 20 South Tyneside volunteer counsellors, not all of whom are accredited, who mostly

NT

work on a part time basis.”

The remainder of the minutes were taken to be an accurate reflection of the meeting.

1.4 Matters Arising / Action from previous minutes

Advanced Communications Skills Training: MW confirmed that there are no plans for the Network to provide this training because of budget constraints.

Level 2 Psychological Supervision: NT to circulate a copy of PB's letter around the Group.

NT

Emotional Needs Project: MW confirmed that work on this is ongoing. Helen O'Kelly is gathering information from the other 11 SCNs and once this had been collated it would be circulated around the Group. MW also confirmed that Helen is happy for the information in the London commissioning document to be used as a basis for similar work by the Group.

Comprehensive Spending Review: MW confirmed that this is still under discussion and agreed to keep the Group updated on any progress.

MW

Levels of Psychological Support: KK advised that NICE90 and 91 Guidance contain different tiered systems to the Supportive and Palliative care IOG (NICE 2004). However as the four level model in our IOG has been in use since 2004 and is used nationally for training purposes, it would be confusing to change the terminology.. The Group agreed that it would be useful to:

- Clarify how the tiers in NICE mental health guidance correspond to the levels in the Supportive and Palliative care IOG
- Extend mapping of resources for psychological support in localities, including what can be accessed through IAPT and the voluntary sector.
- look at GP accessibility and scope for patient choice.

MW advised that she and AK are due to meet with IAPT services on 9 February to progress the Emotional Needs project. She agreed to discuss the above with AK and IAPT.

MW

CQC visit: LW advised that this visit had now taken place and that a meeting is being held with Lead Nurses to discuss the outcomes. She agreed to provide any feedback from this meeting to the Group.

Multi-disciplinary post: LW advised that a bid had been submitted for funding for this post but that the response had been a negative one. As lack of access to psychological support is an ongoing issue for County Durham and Darlington,, LW will now make contact with Commissioners to re-start the process of bidding for money. KK offered the support of the Group to help with this.

LW

Survey of IAPT services: MW advised that AK has expressed interest in getting involved in this piece of work which will begin with a survey monkey being circulated to help identify key issues to be addressed. She agreed to keep the Group updated on this.

1.5 Circulation List (Standing item)

The Group discussed the current version of the circulation list and agreed that:

Sarah Howard to be added
 Lucy Eastlake to be removed
 Kath Mannix contact email address to be amended
 Karen Roberts to be removed
 Lyndall Wallace to be added

1.6 Northern England Strategic Clinical Networks update

An update on Sage and Thyme: MW advised that currently we have facilitators trained in all areas of the network – all areas except Cumbria who are delivering workshops under the Macmillan license (Cumbria has their own license). Newcastle are looking to get their own license to roll out the workshops beyond cancer services. County Durham and Darlington – no workshops delivered over last year due to a shortage of facilitators. Julie Clennell is now trained and several facilitators from the region have offered to support her to deliver workshops and Macmillan will fund additional facilitator training for County Durham and Darlington over the next year. North of Tyne will also get funding for additional facilitators.

Quality Assurance: just about to embark on a QA process with each area to assure quality of workshop delivery. This will be a peer review process using an experienced facilitator from another area in the network.

Evaluation: participants are asked to complete an evaluation at the end of the workshop (currently these are positive), but there is little information on whether attendance at a workshop impacts on behaviour in the longer term. The Network is about to pilot a 6 month post workshop evaluation with two groups of participants, probably via survey monkey.

MacMillan National Scoping Project: Macmillan are collating data on the provision of level 2 supervision and level 3 and 4 psychological services for oncology. This is part of a National initiative, and is in its first stages of estimating the how well needs are met for psychological services in oncology. The Network has approached the Group who regularly update this data to complete a template. The information was required by the end of November 2015. It was agreed that KK would complete the template on behalf of the group and forward the findings from the baseline mapping exercise, which is just completed.

Peer Review Measures – Level 2 training: due to the uncertainty about the future of Peer Review, KK had sought clarity from Alison Featherstone on whether or not each cancer MDT is still required to have a Level 2 practitioner. MW's review of the site specific measures findings as follows:

- Breast, Colorectal, Gynaecology, Haemato-oncology, Head, Neck and Thyroid, HPB, Lung, Sarcoma, Skin, Upper GI, Urology - all report requirement for at least one Level 2 practitioner to complete training and receive a minimum of 1 hours clinical supervision by a Level 3 or 4 practitioner per month.

- Acute Oncology, Brain and CNS and Radiotherapy don't have any measures but mention psychological and social support.

Organisational review of NESCN: MW advised that this is ongoing although it is likely that substantial cuts to funding will be made. She agreed to keep the Group updated on this.

MW

KK advised that the Network is to receive funding for Mental Health with up to three Network clinical lead posts for Liaison Psychiatry. NT agreed to include information on these posts with the minutes of this meeting.

NT

1.7 Baseline Mapping

The Group discussed the document and agreed that:

Level 3 provision

Gateshead: details for Karen Roberts to be removed as she has now left.

Sunderland: details for St Benedict's to be added

CDDFT: to be left blank as there is currently no level 3 provision

Level 4 provision: KK asked those around the table to let her know of any final updates to be included.

ALL

LW suggested including CCG areas too and agreed to update her information accordingly.

LW

KK suggested including a caveat in the document that supervision is not always taken up.

KK agreed to make the suggested amendments and circulate an updated version around the Group.

KK

1.8 Any Other Business

Patient Representation: MW asked the group if they would like another patient representative to join the Group. KK reported that the group currently has representation from Geoff Gulston and Kate Farnell. It was agreed that KK would speak with Kate to determine if she still wanted continue as the patient representative. Next steps would depend on the outcome of this conversation. The Group agreed that it would be important for any new representative to have accessed psychological services.

KK

KK advised that she had shared the generic level 2 training plan with AK who is looking to roll out something similar for diabetes and CVD. She had also received a similar request from Kate Reilly from the HIV national network. The Group agreed that the training plan could be shared, providing that the work of the Group is acknowledged by any other group using or referring to it..

KK

KK advised that the NICE 2004 guidance is due to be updated and that a scoping document is currently out for comment. **She asked for any feedback or comments on this document to be with her ASAP as the deadline for submitting feedback is 5pm on Friday 29 January.** It is anticipated that new guidance will be published in January 2018.

ALL

As the NICE guidance does not cover pharmacological intervention, PB suggested that it should define the role of liaison psychiatry, which is different to the role of clinical psychology and other psychological support professions. It should also mirror the new Cancer Strategy.

Kath Mannix will be running a new Macmillan funded Introduction to CBT skills course in Newcastle in March and will run the last of the Intermediate CBT skills courses for the Network later in the year.

1.9 Date and time of next meeting

The following dates were agreed by the Group:

10am – 12noon on 21 April 2016
10am – 12noon on 18 July 2016
10am – 12noon on 18 October 2016

NT agreed to check room availability at Evolve and confirm these dates with the Group.

NT

2. LEVEL 2 TRAINING REVIEW

1. South of Tyne : Peter Blackburn, Mary Douthwaite and Sonia Wilson

Since 2012 the team had trained 40 nurses, although none had been trained in 2015, whilst the team used the time to develop new ACT guided training, which they are planning to roll out during 2016.

In Sunderland there were two supervision groups being run per month, involving 8 palliative care practitioners. The intention is to also train and supervise Head and Neck nurses. Four Groups were being run in South Tyneside involving a mixture of 18 palliative care and site specific practitioners. In Gateshead one group is being run per month involving four palliative care practitioners. The team had found these groups are now tending to seek case consultation rather than further development of level 2 skills

The team were also running some 'Leave Work at Work' training sessions which were proving to be a success. PB agreed that, if there was sufficient demand, he would be happy to run a half day course for this Group.

2. Newcastle : Nick Hartley and Kate Kendell

NH advised that feedback received in 2014 helped tailor modifications to the training in 2015. Various elements had been cut from the training, including the ice breaker exercise and much less time was devoted to communication skills. This had allowed more time on day two to focus on interventions and skills practice, including role play. In addition, a mindfulness exercise was introduced. Some of those attending had brought cases with them for discussion, which was useful. Evaluation of the 2015 training is being carried out by a trainee psychologist, and is positive. This year's delegates expressed a preference for future training to be delivered over two consecutive days rather than in separate weeks.

Since 2012 46 practitioners have completed training, the majority of whom are nursing staff and now all site specific cancer MDTs have at least one member trained.

Levels of attendance at supervision vary greatly but this is usually because of a combination of time and work pressures. Consideration is being given to running a course in late 2016 which will be opened up to ward staff, chemotherapy day unit staff and radiographers.

3. **Cumbria: Hilary Cave**

HC advised that the taster day introduction training – usually held 3-4 times a year – is open to all staff above band 4 working with patients with long term conditions. More bespoke training is also available and held 2-3 times per year. The Kath Mannix training programme has been tweaked to suit Cumbria. The team try to keep numbers small on these courses as this has proved more beneficial for those taking part. There are also two 6 day training courses per year which are held in spring and autumn. However there is now a £100 fee to join this course which has prevented some from attending.

Moving forward, the team will be looking at managing supervision because of the growing numbers involved. They are also looking at how to overcome the issue of staff feeling nervous about recording role play. PB suggested showing them a video beforehand of a person talking about the recording and what to expect which may put them at ease. LL suggested offering staff the opportunity to observe recordings, with the permission of patients, to help ease their concerns.

HC advised that the Trust now runs a consultation hour. A staff rota is in place to cover this and the purpose is to discuss patients before potential referral.

4. **Northumbria**

LL explained that two courses had taken place since the last update, bringing the total to six. There had also been two advanced communications courses since the last update, although holding future courses will be dependent on finding a sustainable funding source. A review of supervision was undertaken by a trainee clinical psychologist in 2015. There had been a 44% response rate to this and overall most of those who responded had found the training to be of value.

The Trust hopes to continue to run two Level 2 courses per year. LL will be running a pilot ACT Group in early 2016.

5. **CBT Intermediate Skills**

This Macmillan funded training has been running since 2012. Recruitment had been poor in 2014 mainly due to a freeze on training by some Trusts. The sixth and final course will take place during 2016 - KK asked those around the table to make contact with Elaine Glenister at Marie Curie if they wanted to nominate staff to join this course.

6. **South Tees**

Three training programmes were delivered in 2011, 2012 and 2014 and two courses are planned for 2016. In total 28 South Tees clinicians have completed the training although six of these have now left or retired from the Trust.

KK thanked everyone for today's presentations. She continues to be impressed at the level of activity across localities and is keen for level 2 training to continue, especially as it remains a requirement of peer review.

NH asked if the Group could look at doing a compare and contrast exercise across the localities to compare core skills, language of referrals, difference in patient presentations etc, especially as each locality has now adapted the training to suit their own needs. MD suggested that, as the 12 question pre and post evaluation questionnaires are used by all localities, that this would be a good starting point. The Group agreed to discuss this at a future meeting.

3. MEETING CLOSE