# Psycho Oncology
# Mapping Report 2023

Thames Valley Alliance
& Macmillan Cancer Support

# Appendices

# Appendix 1: Training and supervision

| Level | Staff groups | Training | Evaluation |
|---|---|---|---|
| **1** | All health and social care staff who deal with people with cancer across primary and secondary care – from administrators to consultant oncologists | 1. Communication skills<br>2. Knowledge of referral pathways to signpost patients needing support | Local and national patient experience feedback (PROMS including NCPES) |
| **2** | • Cancer Nurse Specialists<br>• Allied Health Professionals – Radiographers, Pharmacists, OTs, Physios<br>• Pathway coordinators/ healthcare assistants<br>• Practice Nurses<br>• GPs<br>• IAPT workers | 3. Listening skills, open questions, distress screening<br>4. Empathy, reflection, summarising<br>5. Common psychological comorbidities (see section 2.3)<br>6. Basic CBT models, anxiety management, problem solving, motivational interviewing<br>7. Open discussions about pathways and the 4 tier model<br>Training delivered by didactic teaching with aids such as videos, small group discussions and large group discussions | • Pre and post- training questionnaires<br>• Attendance registers for training sessions<br>• Qualitative feedback |

Topics covered include –

- Distress detection, including the use of screening instruments
- Managing conversations about distress.
- Psychological problem identification and prioritisation
- Brief psychological interventions (e.g. such as problem solving, relaxation, activity scheduling)
- Identification of complex cases and onward referral
- Self-care

Evaluation – pre and post-course questionnaires, familiarity with use of screening tools.

## a) Attendance of training sessions

| Level | Staff groups | Supervision | Evaluation |
|---|---|---|---|
| **2** | • Cancer Nurse Specialists<br>• Allied Health Professionals – Radiographers, Pharmacists, OTs, Physios<br>• Pathway coordinators/ healthcare assistants<br>• Practice Nurses<br>• GPs<br>• IAPT workers | • **Ideally, monthly supervision**<br>• Develop & validate - good practice<br>• Reflection based on cases<br>• Understanding barriers to communication with patients<br>• Discuss difficulties/ concerns<br>• Reflect on the impact of the clinical on self<br>• Maintain Level 2 psychological support skills | • Attendance registers<br>• Feedback |

| Level | Staff groups | Training | Evaluation |
|---|---|---|---|
| **3** | CBT therapists<br>Accredited counsellors/ psychotherapists | Cancer specific training<br>• Intro to oncology, haematology, chemotherapy, radiotherapy, surgery including shadowing and visits to understand treatments and their impact<br>• Psychological Issues in Cancer<br>• Psychological Adjustment in Cancer Care and Haematology<br>• Psychological care pathways - understanding the stepped care model<br>• Cross professional supervision model - Process Framework. | |
| **4** | Clinical/ Counselling psychologist<br>Liaison Psychiatrists | Cancer specific training<br>• Intro to oncology, haematology, chemotherapy, radiotherapy, surgery including shadowing and visits to understand treatments and their impact<br>• Psychological Issues in Cancer<br>• Psychological Adjustment in Cancer Care and Haematology<br>• Psychological care pathways - understanding the stepped care model<br>Cross professional supervision model - Process Framework. | |

# Appendix 2: Model psychosocial service in a cancer centre

*(based on the Stepped Care Model - 4 levels of support, NICE 2004)*

Based on a small cancer centre with approx. 2500 new cancer diagnoses/ year *

- Level 2 professionals 25 WTE (Cancer Nurse Specialists)
- Level 3 professionals 3.5 WTE (trained/ accredited psychotherapists/ counsellors/specialist nurses)
- Level 4 professionals 3.5 WTE (mix of psychology and liaison psychiatry)
- Level 4 professionals 0.3 WTE (liaison psychiatry for cancer inpatients)

(Also factor in 20% extra workforce capacity to delivery training, supervision and primary care liaison)

| Level of support | Staff groups | Numbers | Competence | Facility/ time needed for training |
|---|---|---|---|---|
| **1** | All staff in cancer centre | ALL | Mandatory training in communication skills training and awareness of psychosocial comorbidity and signposting | • 1 hr every month for induction of<br>• New starters<br>• TVCA video tutorial |
| **2** | Cancer centre - Cancer Nurse Specialists/ AHPs<br>Primary care – GPs/ Practice Nurses | Approx. 25 WTE | • listening for symptoms of psychological problems<br>• provide interventions to enhance self-help skills<br>• identify those patients who require referral to Tier 3 or 4 | • Annual training – over 2 days (provided by level 3 & 4 staff – Psychologists, liaison psychiatrists)<br>• Monthly supervision – staff time protected, provided by level 3/4) |
| **3** | Professionals with training specific to cancer and therapy/ counselling | 3.5 (assuming a caseload of 120) | Knowledge of comorbidities specific to cancer | |
| **4** | Clinical Psychologists/ Liaison Psychiatrists for outpatients | 3.5 (assuming a caseload of 80) | Knowledge of comorbidities specific to cancer | |
| **4** | Liaison psychiatrists for oncology inpatients | 0.3 | Adult/ Older adult competencies to manage complex comorbidity - delirium/ steroid induced psychosis/ assess suicide risk | |

**based on 15% needing level 3 and 10% needing level 4 support, does not factor in 15% of patients with advanced disease requiring level 3 or 4 intervention or work with families*

Also

1. Access to high quality information – Lead Cancer Nurse (or designated lead) reviews available literature – online and at information centre on an annual basis.
2. Annual review of local cancer charities and voluntary sector providers, what groups/ services are being offered, current capacity and waiting lists. Update Cancer Care Map and Macmillan's 'In Your Area' databases.
3. Primary care liaison – link up between lead cancer nurse, psychological care lead and Macmillan GPs for the ICS areas covered by TVCA at least once/ year. Review HNA completion, end of treatment reports and cancer care review data.
4. Desk/ clinic space within cancer centre for staff to provide integrated care

# Appendix 3: Template - Business Case Initiation Proposal

Meeting demand for psychological care for patients with cancer at the XXX cancer centre

April 2023

Lead Clinicians

Clinical Directors (Cancer as well as adult mental health, if separate trust provider)

Lead Cancer Nurse

Psychological Care Lead for Cancer Centre

Authors

Lead Cancer Nurse

Psychological Care Lead for Cancer Centre

Other contributors (Name/Title)

Matron – Cancer centre

Operational Service Manager

Finance business partner

Clinical Lead Oncology

Clinical Lead Haematology

GP lead for cancer for local ICS

**1. Summary of Proposal (including a clear statement of what you are asking for agreement to)**

- 
- 
-

**2. What issues is this proposal addressing?**

Include

1. Population and demographics (see section xx)
2. Need (see section xx)
3. Workforce needed (see section xx)
4. Financial benefits (see section xx)

**3. What other options have been considered?**

**Option 1**: do nothing

**Option 2**: reliance on piecemeal and fragmented support from psychological services

**Option 3**: strategic whole system incremental support for year on year growth

**Consider - advocate support for Option 3.**

Mitigation will avoid immediate challenges:

The mitigation with plan for strategic expansion of capacity in line with demand:

### 4. How will this proposal support delivery of the Trust’s strategic objectives and themes? (Please reference Appendix A)

| | |
|---|---|
| **Our Patients –** | |
| **Our Staff –** | |
| **Our Populations –** | |

### 5. Assessment of Estimated Financial and Commissioning Implications

### 5a+b) Current Service and Business Case Proposal – Financial Overview

*This section should include a summary of the current service financials and the financial implication of the proposal, including (and not limited to):*

- ***Impact on Income and Expenditure** (Pay and Non-pay), including the phasing the income and costs and the phasing of Income*
- ***Capital Investment** (Capital costs) and **Capital Charges** (e.g. depreciation)*
- *Financial assumptions*
-

Please contact Finance in order to complete this section

### 5c) Business Case Proposal - Summary Tables of Financial Implication

*Please complete the Financial Proforma Template’ and insert a copy of ‘Section 5c - High Level Summary Table’ below.*

*Please also insert ‘Section 5c - Summary by Subjective’ to Appendix B within this paper.*

### 5d) Funding Requirements

**Does the business case proposal involve COMMISSIONING INCOME?**

***Yes*** *– please go to **Section 5d (1)***

***No*** *– Please go to **Section 5d (2)***

## 5d (1) - Commissioning Income

*For Commissioning income please describe the implications by commissioner (OCCG, associates, Wessex)) and please confirm the status of discussions with Commissioners.*

*Please evidence any confirmed funding support.*

## 5d (2) – Capital Investment

**Does the business case proposal require CAPITAL INVESTMENT?**

***No*** *– please go to* ***Section 5e (Efficiency and Productivity Impact)***

***Yes*** *– Please fill in the section below*

- *Please explain how funding will be provided for the capital investment.*
- *Please confirm whether funding provision is included in the approved Capital Programme and attach any supporting evidence.*
- *Please complete the 'Financial Proforma Template' and insert a copy of 'Section 5d - Funding' table 5d below*

- *Example for Capital Cases:*

## 5e) Efficiency and Productivity Impact

*Please explain how this proposal improves service efficiency/productivity. Please make reference to benchmarking information for comparative services such as GIRFT, Model Hospital and National Cost Collection data (previously Reference Costs).*

Please complete the 'Financial Proforma Template' and insert a copy of 'Section 5e - Efficiency and Productivity Impact' table below

## 5f) Material Uncertainties

*Please provide a summary of any financial uncertainties or any financial element of the yet to be confirmed*

## 6) Space requirements and proposed solution

**7. What will the quantifiable benefits of this proposal be?**

| **Benefit** | **Performance Measure** | **Current Value** | **Target Value** | **Target Date** |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**8. Delivery**

a) Senior Responsible Officer for delivery of proposal if agreed

Clinical Director/ Divisional directors – for cancer services and psychological medicine services

b) Timelines for delivery

| **Action** | **Timeline** |
|---|---|
| Business Planning Group sign-off of initiation proposal | |
| Development of Business Case | |
| Divisional approval | |
| Trust board approval | |
| Proposed start date | |

c) Risks to implementation - Please list the main risks and provide an overall assessment of your confidence in delivering your proposal to quality, time and budget.

| **Risk** | **Assessment (RAG rate)** | **Mitigation** |
|---|---|---|
| e.g. recruitment of band 8a psychologist | | |
| | | |
| | | |

d) Please identify any additional resource/support required for delivery.

| |
|---|
| **Business Planning Group Feedback** |
| **What decision has the Business Planning Group made about this proposal (What are the next steps and proposed timelines?)** |
| |
| **Is a Quality Impact Assessment required for this proposal (Y/N)?** |
| |
| **What resource (Estates, Finance, Procurement and Planning) will support the further development of this case?** |
| |
| **What is needed for this case to be supported?** |
| |

# Appendix 4: Financial considerations for commissioners

Early psychosocial intervention not only improves quality of life and patient outcomes, it also makes cost savings. In a budget constrained health system, delivery of high-quality integrated care for psychological comorbidity has been shown to be of benefit.

Co-morbid mental health problems raise total health care costs by at least 45 per cent for each person with a long-term condition. It is estimated that between 12 - 18 % of all NHS expenditure on long-term conditions is linked to poor mental health and wellbeing (£8 - £13 billion in England/ year). A 2012 report by the Kings Fund think tank suggested that clinical commissioning groups should prioritise integrating mental and physical health care as a key part of their strategies to improve quality and productivity in health care.[1]

The savings estimated include:

1. Savings in healthcare utilisation – adherence to treatment (chemo and radiotherapy for example) regimes, reduced use of oncology triage and emergency departments, reduction in DNAs in outpatients and for scans.
2. Savings related to cancer service staff – patients with comorbidities can be more demanding and time consuming, reduction in staff stress reduces absenteeism and can improve productivity.
3. Cost to society – improved patient self-care and return to baseline occupational functioning can reduce reliance on state benefits.

Quality Adjusted Life Years (QALYs) are a widely used generic measure of outcome in health care -one QALY is equal to a year of healthy life. QALYs combine any effect of interventions on both life expectancy and health-related quality of life.[2] According to NICE, to be deemed cost effective, new treatments should represent value for money for the additional QALYs gained because of the treatment compared to existing treatments used in the NHS. A treatment should normally cost no more than £20,000-£30,000 per QALY gained to be considered cost effective.

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[1] Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A. Long-term conditions and mental health: the cost of co-morbidities.

[2] Drummond MF, Sculpher MJ, Claxton K, Stoddart GL, Torrance GW. Methods for the economic evaluation of health care programmes. Oxford university press; 2015 Sep 25.

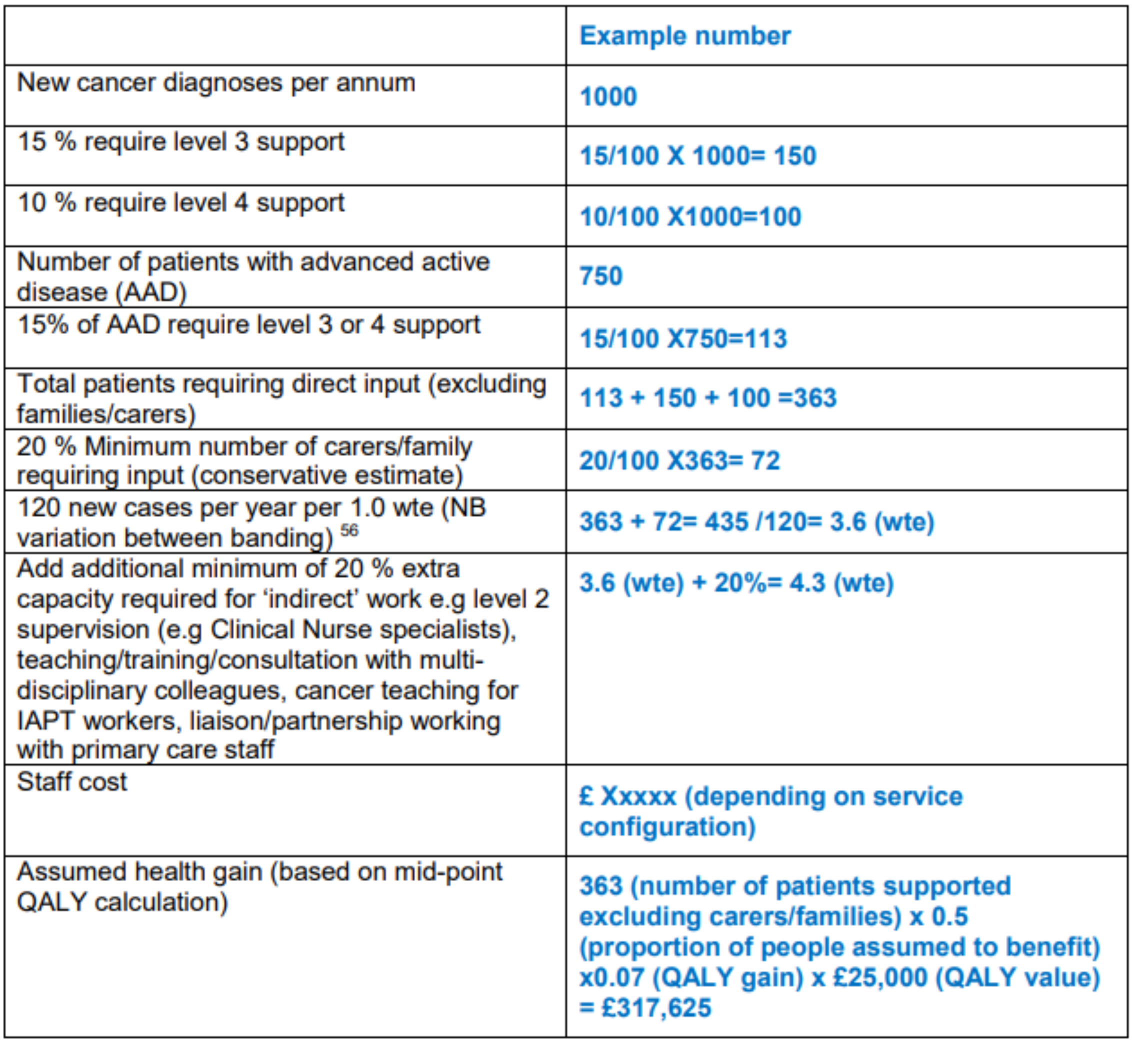
## a) Cost effectiveness based on level 3/4 model

The London Integrated Cancer Psychosocial Care Pathway and the development of psycho-oncology services: business case contains this example of workforce calculation which estimates a QALY gain of 0.07 with an improvement in moderate depression or anxiety following level 3 or 4 intervention.[3] [4]

Table adapted from *Improving psychologically informed cancer care: implementing the London Integrated Cancer Psychosocial Care Pathway and the development of psycho-oncology services. A business case* (Feb 2020) with permission from report authors.

### Workforce calculations

The tool outlined can be used by ICSs to consider what the potential demand for services and associated costs of services to meet demand based on provision of minimum service at level 3 and 4.



| | **Example number** |
|---|---|
| New cancer diagnoses per annum | **1000** |
| 15 % require level 3 support | **15/100 X 1000= 150** |
| 10 % require level 4 support | **10/100 X1000=100** |
| Number of patients with advanced active disease (AAD) | **750** |
| 15% of AAD require level 3 or 4 support | **15/100 X750=113** |
| Total patients requiring direct input (excluding families/carers) | **113 + 150 + 100 =363** |
| 20 % Minimum number of carers/family requiring input (conservative estimate) | **20/100 X363= 72** |
| 120 new cases per year per 1.0 wte (NB variation between banding) [56] | **363 + 72= 435 /120= 3.6 (wte)** |
| Add additional minimum of 20 % extra capacity required for 'indirect' work e.g level 2 supervision (e.g Clinical Nurse specialists), teaching/training/consultation with multi-disciplinary colleagues, cancer teaching for IAPT workers, liaison/partnership working with primary care staff | **3.6 (wte) + 20%= 4.3 (wte)** |
| Staff cost | **£ Xxxxx (depending on service configuration)** |
| Assumed health gain (based on mid-point QALY calculation) | **363 (number of patients supported excluding carers/families) x 0.5 (proportion of people assumed to benefit) x0.07 (QALY gain) x £25,000 (QALY value) = £317,625** |

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[3] Improving psychologically informed cancer care: implementing the London Integrated Cancer Psychosocial Care Pathway and the development of psycho-oncology services: business case. Healthy London Partnership, London, UK (2020)

[4] Laynard R, Clark D, Knapp M, Mayraz G. Cost-benefit analysis of psychological therapy. National Institute Economic Review. 2007 Oct;202(1):90-8.

## b) Cost effectiveness of collaborative care model being used in Oxford

Cost-effectiveness of systematic identification and treatment of co-morbid major depression in cancer:

A cost-effectiveness analysis with a decision analytic model structured considering systematic identification and treatment processes for depression in cancer found that systematic integrated depression management generated more costs than usual practice, but also more QALYs. The incremental cost-effectiveness ratio (ICER) was £11 765 per QALY (current range of the UK NICE cost-effectiveness threshold is £20,000 – £30,000 per QALY).[5]

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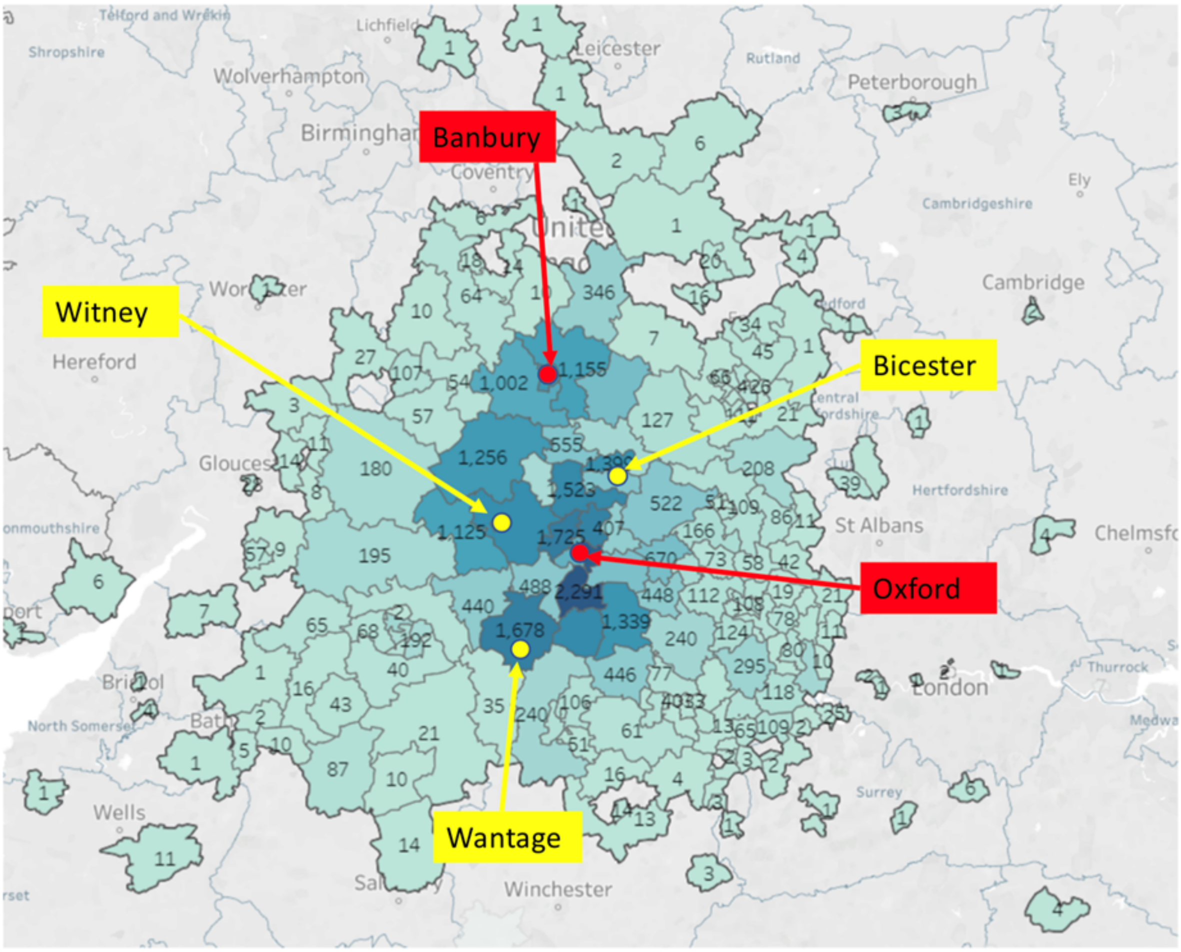
[5] Walker S, Walker J, Richardson G, Palmer S, Wu Q, Gilbody S, Martin P, Hansen CH, Sawhney A, Murray G, Sculpher M. Cost-effectiveness of combining systematic identification and treatment of co-morbid major depression for people with chronic diseases: the example of cancer. Psychological medicine. 2014 May;44(7):1451-60.

# Appendix 5: Patients on regional cancer pathways

Patients with oesophagogastric, hepatobiliary, head and neck, neuroendocrine, lower GI (anal), brain and central nervous system cancers, sarcoma, some skin cancers, gynae-oncology, some urological cancers, lung cancer requiring surgery, breast cancer requiring plastic surgery intervention are referred to the Oxford Cancer Centre for specialist treatment.

These patients and their families can travel long distances for surgery, chemo and radiotherapy. A systematic review[6] suggested that travelling further could be linked to worse health outcomes, though there were large variations in data. Patients with rare cancers often have complex problems and treatments and report more unmet needs compared to other cancer groups.[7]

The following map illustrates the geographical area around Oxford where chemotherapy was delivered to patients between 2018 and 2021 – extending well beyond Oxfordshire.



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[6] Kelly C, Hulme C, Farragher T, Clarke G. Are differences in travel time or distance to healthcare for adults in global north countries associated with an impact on health outcomes? A systematic review. BMJ open. 2016 Nov 1;6(11):e013059.

[7] de Heus E, van der Zwan JM, Husson O, Frissen AR, van Herpen CM, Merkx MA, Duijts SF. Unmet supportive care needs of patients with rare cancer: a systematic review. European Journal of Cancer Care. 2021 Nov;30(6):e13502.

In addition to the difficulties associated with travel (several times a week at times) and associated stresses, patients on regional cancer pathways are also disadvantaged as they are:

1. Not offered screening for distress.
2. While they can have a review in the liaison psychiatry clinic, they are often unable to access psychological support in Oxford (except through charity organisations such as Maggie's) or the area where they live.

Suggested service provision:

1. As there exists no pathway of care for this group, there is an urgent need to develop an overarching psychological care pathway that links up with other specialists within the MDT such as:

- neuropsychologists who provide a service for patients with brain tumours
- speech and language therapists as well as dietitians who work with patients with head and neck cancers
- gastroenterologists and endocrinologists who care for patients with neuroendocrine tumours
- orthopaedic surgeons, physiotherapists and OTs for sarcoma patients
- cardiothoracic and hepatobiliary surgeons, urologists

2. Expansion of the current liaison psychiatry outpatient clinic provision for the consultant to liaise with MDTs, expansion of distress screening to all patients and provision of depression care for people with cancer (DCPC) as well as specialist psychology for patients with issues such as comorbid cognitive impairment will require funding.

3. NHS Attend Anywhere videoconsultation - The rapid growth of videoconsultation and telemed reviews during the COVID – 19 pandemic has been useful for some patients who are able to attend reviews without needing to travel long distances.

4. Negotiation with local services – TVCA links between psychological care services might help negotiate local contracts for some regional cancer pathway patients to be reviewed in the local area if suitable expertise is available.

# Appendix 6: Local cancer support groups

## Brain & CNS

### Headway Oxfordshire

Website: headwayoxfordshire.org.uk
Phone: 01865 326263
Email: admin@headway-oxford.org.uk

Headway Oxfordshire offers support and information to carers and families, from early diagnosis onwards. In addition to a range of practical services on offer they also help to facilitate peer support groups and breaks for carers.

## Breast

### Breast Cancer Support Group, Oxford

Phone: 01865 751882
Email: oxford@maggiescentres.org

A friendly and informal breast cancer support group meeting monthly on the first Monday of each month. Now meeting face to face in Maggie's Oxford. Please contact the centre to find out more and register your interest.

### Banbury Breast Cancer Support Group

Brenda Carter 01295 250249 or 07719455669

Small self-help group offering practical and emotional support, help and advice with clothing, prostheses and diet. Informal monthly meetings; occasional guest speakers; telephone enquiries welcome. Meet on the first Tuesday of the month, 7.30pm at Orchard Health Centre, Banbury.

### Oxford Breast Buddy Group

Website: oxfordbreastbuddygroup.co.uk

Please make contact through the form on the website

An Oxford based group supporting anyone affected by breast cancer. Group members have personal experience of breast cancer. Meetings are held virtually and in person, although check with the group for more information. Focuses include Mindfulness, Yoga and a range of guest speakers.

### Breast Cancer Now
### Living with Secondary Breast Cancer Group - Oxford

Phone: 0808 800 6000

Email: secondaryservices@breastcancercare.org.uk

A group designed to give people the opportunity to meet other people living with secondary diagnosis and get relevant information and support. Meeting in person on third Thursday of every month. Email to register if you would like to attend and know more.

### Positively Pink, Oxford

Website: positivelypinkoxford.org.uk
Phone: Jean: 07927 236961
Email: positivelypinkoxford@gmail.com

Positively Pink Oxford is a breast cancer support and activities group based in Cumnor, run by people who have ‘been there, done that, got the T-shirt!’. The group is especially for those who have had breast cancer, whether recently or some while ago. NB: At the moment the group isn’t meeting but please contact Jean who will let you know when the group will restart.

## Haematology

### Oxford Leukaemia CARE Support Group- CML

Website: leukaemiacare.org.uk
Phone: 08088 010 444 or
Email: support@leukaemiacare.org.uk

This group is meeting virtually and provides support, help and advice to patients, carers and their families.

### Oxford Myeloma Support Group

Phone: Ian Blelloch, 07768 128654
Email: ian.blelloch@chaco.org.uk

Meeting monthly alternating between virtual and in person at Maggie’s Oxford. A great opportunity to meet other patients, family members and carers and learn more about living with myeloma.

### MDS Oxford Region Support Group

Website: mdspatientsupport.org.uk
Phone: 020 7733 7558

Patient-to-patient support for those affected by the Myelodysplastic Syndromes. An opportunity to get to know one another, share experiences, support each other and gain more information. Now meeting online. To find out more and get the link for the meetings visit the MDS UK Patient Support group website.

## Head and Neck

### Heads2gether Support Group – Oxford

Website: heads2gether.net
Phone: 0800 0234 550
Email: contact@heads2gether.net

A support group offering a place to meet other people diagnosed with Head and Neck cancer. Family members are welcome. Meetings are held virtually and in person in Maggie's Oxford.

### Oxford Laryngectomy Club

Email: rbobwin@gmail.com, Bob Wingrove

Offers a range of services to laryngectomees and their families and carers. Provide non-medical help and information from people who have experienced living with a laryngectomy. Meetings are every two months on the 2nd Saturday at 2pm at The Littlebury Hotel, Kings End, Bicester, OX26 6DR.

## Kidney and Bladder

### Friends of Renal Oncology (FROG) Group

Website: frogdotukdotnet.wordpress.com/
Phone: Steve: 0777 441 4353

Meet informally, usually on the first Monday evening of each month, either at Maggie's Oxford or online. In addition to regular meetings they host occasional social events.

### Oxford Bladder Cancer Support Group (OBCSG)

Email: oxford.bcsg@gmail.com

Oxford Bladder Cancer Support Group (OBCSG) is a mutual support group open to people in the Oxford area and further afield who are affected by bladder cancer, as well as their carers, partners and friends. While we have guidance from clinical staff, we are run and focused on patients. Currently meeting via Zoom (April 2022).

## Neuroendocrine

### NET Natter

Website: neuroendocrinecancer.org.uk
Phone Mike: 01865 572348 (Monday -Thursday 9 am to 5pm)
Email: mike.tadman@nhs.net

Anyone affected by neuroendocrine tumours is welcome to join this friendly group, which is now running online via Zoom. Sometimes they have talks by health professionals, other times they meet for a chat to help support each other.

## Prostate

### Oxfordshire Prostate Cancer Support Group (OxMen)

Website: opcsg.org
Phone: 01865 595109
Email: support@oxmen.org

Meetings are held six to seven times per year at the Oxford Golf Club, Hill Top Road, Oxford, usually with a guest speaker or an opportunity to meet together socially.

Now includes regular partner support meetings. Offering support online but also telephone and face to face support. Email: partners@oxmen.org.

## Upper Gastrointestinal

### Oesophageal and Stomach Cancer Support (OOSO)

Website: ooso.org.uk
Phone: 0775 999 6969- telephone support line available 7 days a week from 10am-4pm, staffed by past patients.
Email: info@ooso.org.uk

Friendly advice and support with a comprehensive website run by former patients and carers. Groups are currently meeting via Zoom but is hoping to meet face to face later in 2022.

## General Cancer Support Groups

### The Hummingbird Cancer Support and Therapy Centre, Bicester

Website: thehummingbirdcentre.org.uk
Phone: 01869 244244
Email: info@thehummingbirdcentre.org.uk

The Hummingbird Centre is a place to meet people, get information, talk to our team, be pampered and have fun. The Centre offers a range of free activities such as counselling, holistic treatments, equine therapy and beauty and hair treatments to support and improve the wellbeing of people affected by cancer.

### Shine Cancer Support Group, Oxford

Website: shinecancersupport.org/programmes/join-shine/shine-oxford
Email: oxford@shinecancersupport.org

Shine is a national charity that exists to support adults in their 20s, 30s and 40s with a cancer diagnosis.

Shine Oxford Support Group are a small but friendly bunch run by Michelle and Sam. The group meet on the first Saturday of every month. The group have been meeting online via Zoom but are restarting face to face meetings (outdoors) in March 2022.

### Oxford Paddlers for Life

Website: oxfordpfl.org
Email: info@oxfordpfl.org

Oxford Paddlers For Life was created to promote and support the good physical and mental health of people who have been affected by cancer, in particular but not exclusively breast cancer, and their friends and family by providing facilities and training in dragon boating in Oxfordshire. The aim is to keep things fun, full of camaraderie and mutual support.

# Appendix 7: Steering Group - terms of reference

| **Date** | **Document Version** | **Document Revision History** | **Document Author/Reviser** |
|---|---|---|---|
| Version completion date | Version number | Work completed to create the version | Name of Author / Revisor. |
| Jan 11th 2022 | 1.0 | Terms of Reference-Draft | Dr Susan Kurien |
| Feb 8th 2022 | 1.2 | Terms of Reference-Revision & Update | Dr Susan Kurien |
| Feb 17 2022 | 1.3 | Terms of Reference-Revision & Update. | Dr Susan Kurien |
| Mar 6th | 1.4 | " " " " | Dr Susan Kurien |

## a) Approvals

| **Date** | **Document Version** | **Approver Name and Title** | **Approver Signature** |
|---|---|---|---|
| <Insert approval date> | <Insert version approved> | <Provide name and title of approver> | |
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| | | | |
| | | | |

## b) Background

### Purpose

Psychological distress is a significant and ongoing problem for cancer patients, those living with cancer are affected from the time of diagnosis, during their treatment and most commonly in the first year after diagnosis. These mental health needs are often neglected as they are not always recognized and properly understood (Macmillan, 2015). A certain amount of emotional distress is common, particularly around the time of a diagnosis, with psychological issues more common in the first year after treatment, however even 10 years on 54% of cancer survivors (over one million people alive in the UK today) still suffer from at least one psychological issue. (Macmillan, 2009).

This project is to undertake a mapping exercise of psych-oncology services within the Thames Valley Cancer Alliance (TVCA) to understand current provision of services, education and training needs of staff, workforce requirements and to make recommendations to TVCA on psycho-oncology services meeting national guidance and meeting patient need.

### TVCA Mapping Steering Group Main Function

The Steering Group's main function is to support the delivery of this Mapping Project, which is a detailed survey of the Primary, Secondary & VCSE Care provisions, in the TVCA region – including Oxford University Hospitals, Royal Berkshire Hospital, Buckingham Healthcare Trust, Wexham Park Hospital, Frimley Health, & Great Western Hospital, to establish:

- Existing methods of screening/identification of people with psychological comorbidity Available supportive care services (including palliative care and the VCSE provision) Services which offer specific care pathways for patients with cancer
- Services with mental health professionals with expertise in cancer. How these services are integrated with oncology teams
- Education, supervision, and training requirements of staff to deliver psychological services
- How Primary Care will be integrated with Secondary Care, in the provision of Psychological Care Services. The involvement of Patient Partnership Groups that represent the cultural diversity of the Thames Valley
- Cancer Alliance Stakeholders & who will ensure equity of service.
- The results will be communicated in a report that will include gap analysis, recommendations and timelines for an action plan that will include the roll out of screening and support services tailored to local needs. This information will aim to provide valuable insight into provision and solutions for patients and their clinicians across primary and secondary care and commissioners.
- The aim would be for an improved quality and consistency of psychological care services provided, in the TVCA region, because of the improved collaboration, between people who are living or who have lived with a cancer diagnosis.

**Expected Outcome**

The expected outcomes from the project overseen by the Thames Valley Cancer Alliance Psycho-oncology Steering Group working alongside MacMillan Cancer Support, covering Oxfordshire, Swindon, Berkshire, Buckinghamshire & Frimley Health, is to:

- Map the service provision at each Trust in the Thames Valley Cancer Alliance and to highlight the areas of need. This will involve sending semi-structured questionnaires, highlighting psychological care, in each Trust. This includes looking at the patient experience & involvement, the staffing models on how services are planning to meet the future demand, the education training & continuous professional development of staff, clinical supervision, Information & technology requirements, including digital services, covering all aspects of patient care & how risk management is being addressed.
- Map current voluntary & community services and mental health services in primary care, available to cancer patient.
- Highlight service requirements needed to deliver psycho-oncology services in the short term, over the next 1-2 years & longer term over the next 5 years. Streamlining services where possible to improve efficiency and efficacy of services meeting national guidance.
- A steering group has been formed that will be accountable for current & future discussions on Psychological Care Provisions.
- A comprehensive overview of the provisions of the psychological care services in the Thames Valley Region will be provided in a report with recommendations.

## c) Role of the TVCA strategic networking steering committee

The role of the TVCA Steering Group Mapping Project Steering Committee is as follows: Each Trust site will ensure:

- even representation from each Trust site.
- that the Report represents an accurate map of the current provisions within the TVCA region.
    - will assist in highlighting specific areas of need, within their locality based on the Clinical Governance Framework.
- the necessary accurate data is made available, for the purposes of this Report.
- the Steering Group maintains engagement with the various stakeholders necessary, to maintain improvement in all areas of the psychological care services.
- the project is aligned with NHS organizational strategy.
- ensures that the project makes good use of assets.
- they assist with resolving strategic-level issues and risks.
- that they approve or reject changes to the project with a high impact on timelines and budget.
- that they assess the project progress and report on project to senior management and higher authorities.
- that they provide advice and guidance on business issues facing the project.
- that they use influence and authority to assist the project in achieving its outcomes.
- they review and approve final project deliverables.

## d) Responsibilities of the Steering Committee Chair

The Steering Committee Chair is the Project Sponsor, Dr Luke Solomons. Should the Project Sponsor be unable to attend a meeting, Dr Susan Kurien will serve as Committee Chair. Note that the Project Manager should not serve as Committee Chair in the absence of the Project Sponsor.

The responsibilities of the Steering Committee Chair are as follows:

- Sets the agenda for each meeting.
- Ensures that agendas and supporting materials are delivered to members in advance of meetings.
- Makes the purpose of each meeting clear to members and explains the agenda at the beginning of each meeting.
- Clarifies and summarizes what is happening throughout each meeting.
- Keeps the meeting moving by putting time limits on each agenda item and keeping all meetings to two hours or less.
- Encourages broad participation from members in discussion by calling on different people.
- Ends each meeting with a summary of decisions and assignments.

## e) Responsibilities of Steering Committee members

Individual Steering Committee members have the following responsibilities:

- Understand the goals, objectives, and desired outcomes of the project.
- Understand and represent the interests of project stakeholders.
- Take a genuine interest in the project’s outcomes and overall success.
- Act on opportunities to communicate positively about the project.
- Check that the project is making sensible financial decisions – especially in procurement and in responding to issues, risks and proposed project changes.
- Check that the project is aligned with the organizational strategy as well as policies and directions across the NHS.
- Actively participate in meetings through attendance, discussion, and review of minutes, papers and other Steering Committee documents.
- Support open discussion and debate and encourage fellow Steering Committee members to voice their insights.

## f) General

### Membership (TBC)

The table below lists the membership of the Steering Committee. Members will need to:

- Attend all meetings where possible (or nominate a deputy)

- Read documents and comment upon them, as requested, in a timely manner
- Ensure actions are acted upon in a timely manner
- Bring engagement and expertise to the group
- Engage with their constituent bodies and colleagues to ensure appropriate buy-in to recommendations and decisions

With direction by the Chair, each member of the TVCA Psycho Oncology Mapping Group, will act as a communications link, into their respective networks, to share information and demonstrate the approach and behaviours consummate with the integration of public involvement.

Other team members may attend as well if they are presenting a report, taking minutes, or providing other administrative or logistical support to the Steering Committee.

**Quorum and Decision-making**

Quorum. The TVCA Psycho Oncology Mapping Group is not a decision-making body, although will provide recommendations for consideration. No specific quorum is required for its meeting

Decision-making process / majority. A course of action (if required) requires support from more than 50% of members who attend the meeting, if there is a Quorum.

Frequency of meetings. We will be meeting every three months per Annum- Mid-Jan, Mid-April, Mid-June, Mid-Oct. 2022. Dates TBC

- Meeting for 12th January 2022 9.30-11.00
- Meeting for 6th April 2022 9.30-11.00
- Meeting for 8th June 2022 9.30-11.00
- Meeting for 14th Sept 2022 9.30-11.00

Agenda, minutes, and decision papers. A Notice will be sent to members three to five business days in advance of a Steering Committee meeting. This package will include the following:

- Agenda for upcoming meeting (Steering Committee Meeting Agenda Template).
- Minutes of previous meeting (Meeting Minutes template).
- A progress report for the project for TVCA
- Any other documents/information to be considered at the meeting.

Proxies. Members of the Steering Committee cannot send proxies to meetings.

Author. This document was prepared by Dr Susan Kurien MRC Psych, MPH. Clinical Fellow in Psycho Oncology. Churchill Hospital. March 2022

# Appendix 8: Steering Group - mapping questions (Jan 2022)

### a) GROUP A Service Information

a) Name of service:

b) STP area:

c) Name and contact details for lead contact:

### b) GROUP B Commissioning, staffing and session details

Please provide details.

| Level | Position | Band | How many sessions of psychological support dedicated to cancer care? | How is this post commissioned? E.g. CCG/Trust/ Macmillan Cancer Support | Is it a Permanent or fixed Term position? | If fixed term, when did the post start and when is it due to end? | If position is fixed term. Is there an agreement to continue the post / discussions taken place about renewing funding? | How many patients have been seen by each level, in the past year? |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

1) Please include above, where possible.

How the service is commissioned

The makeup of the psycho-oncology service (including position titles, bands, posts at NICE guidance level 3 or 4, Whole Time Equivalent (WTE), how each position is commissioned and whether it is fixed term or substantive

Whether those in the service work exclusively in oncology or palliative care, or a combination

2) Please provide the below detail about the number of staff and sessions provided by your trust for cancer and palliative psychological care blow.

| | **Oncology** | | | | **Oncology-Palliative Care** | | **Palliative Care** | |
|---|---|---|---|---|---|---|---|---|
| | **Staff who work exclusively with cancer patients and not palliative patients** | | **Staff who work exclusively with cancer patients and palliative cancer patients** | | **Staff who work exclusively within cancer palliative care** | | **Staff who work with palliative patients including palliative cancer patients** | |
| **Level** | Total Staff | Total Sessions | Total Staff | Total Sessions | Total Staff | Total Sessions | Total Staff | Total Sessions |
| **3** | | | | | | | | |
| **4** | | | | | | | | |

What types of Psych Social interventions are being used in your Trust. Eg CBT. CAT, Problem solving Therapy.

## c) GROUP C Psychiatry

- Is there access to psychiatry available to cancer patients in your trust?
- How many Psychiatrists are available?
- Are they part of the Psycho-oncology team, or is it separate?
- Is there access to liaison psychiatry for cancer patients in your trust?

## d) GROUP D. Other professional groups

Are there any other professionals who make up psycho-oncology cancer support team who have not already been identified above? (e.g. Assistant Psychologist, Psychotherapists, Art Therapists, Occupational Therapists)

How many of these professionals are available?

## e) GROUP E Training & Supervision.

How many CNSs are there in your trust?

Do you offer level 2 group training and supervision to CNSs?

If not, do you plan to in the future? What are the barriers to doing so?

If so, approximately how many hours of training and supervision by level 3/4 practitioners were delivered in the last year (2020/2021)?

How many level 2 staff members participated in training and supervision delivered by level 3/4 practitioners in the last year (2020/21)?

Please provide brief details of types of level 2 training and supervision delivered by level 3/4 practitioners in your service in the last year (2020/21)?

Please provide brief details of any additional activities your service provides (e.g. training to other groups - AHPs, Junior Doctors, IAPT, primary care etc, and/or Health and Wellbeing Events, Schwartz Rounds, support groups etc).

Are the Digital services/ Telemed being used in Training? Please give details.

## f) GROUP F Patient Engagement & Patient Feedback

Which tools are being used by your Trust – to access & engage patients?

Please provide details.

- Pt Screening Tools to help identify patients with mental health needs, amongst our oncology patients.
- Pt Monitoring Tools: How are the Psycho-Social Needs being monitored? If used, were any guidelines being used to implement them? Which guidelines?
- Pt Feedback Tools: On any interventions administered, to ensure that patients' viewpoints are heard, both positive & negative.

Are Telemedicine / Digital services/ websites being used to engage with patients at any other stage of the pathway?

| **TOOL** | **Where it can be used- TeleMed Telephone, Face to Face, Website.** | **When used (How soon after 1st contact with Oncology Dept)** | **Who implements it?** | **Is training Required to use this Tool** | **How many patients have been assessed this past year** | **How soon after the initial diagnosis is this completed. ?** |
|---|---|---|---|---|---|---|
| Screening for Psycho Social Needs. Eg Symptom Monitoring Screen, (SMS), PHQ9 | | | | | | |
| Monitoring. Eg Holistic needs assessments | | | | | | |
| Feedback from Patients. eg Paper or online | | | | | | |

## g) GROUP G- Voluntary Services & Community Engagement

- Any VCSEs your trust is in collaboration with. (Support groups, Health and Wellbeing events, etc.)
- Were patient user representatives involved? Were they representing different communities?
- Patient information services used. Which?
- Digital Services/Websites used to help service users. Which?
- Were health & wellbeing boards involved?

## h) GROUP H- Challenges Faced

- Do the psycho-oncology teams have regular interface meetings with senior clinicians/ management within oncology? If so, how often and in what forum?
- What health improvement goals have not been implemented adequately, this past year 2020-2021?
- What is not working overall with your service?
- How was this dealt with? What support was received to deal with this?

Are there any other comments (e.g. about your service, staffing and retention, commissioning etc) that you would like to raise?

How can we engage better with the Oncology MDT?

# Appendix 9: Third quarter questions to Steering Group (July 2022)

TRUST NAME =

a. The Psychological interventions carried out.

What is the description, duration of each of the psychological intervention and who is it be done by?

| **Psychological Intervention name** | **Description-length of session, interval between sessions.** | **Total Duration of treatment/therapy (on average)** | **Level/ Band of Staff, who can provide it?** |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

b. Case Studies – demonstrating varieties of psychological care support provided. Can you provide at least TWO representative cases, please?

c. What do you identify as your trust's good areas of practice, that are compliant with NICE guidelines? (In line with the national trends and strategic developments in psychosocial care.)

d. What specific recommendations should be made for your trust?

e. Case study of carers/ families- one example if possible - demonstrating those who are struggling with lack of psychosocial support, who need support & are not receiving it.

f. Workspace Challenges
- Do you have a designated area office space within oncology? how do you manage workspace challenges?
- Have you been conducting Video consultations? Have there been challenges with this?

# Appendix 10: Patient Engagement Survey & Results

August 17th till Oct 6th

TVCA Psychological Support Survey

MacMillan Cancer Support and Thames Valley Cancer Alliance are carrying out a mapping exercise of available psychological support within cancer centres, in primary care (General Practice) and the voluntary sector (charities like Maggie's Centre in Oxford and the Hummingbird Centre in Bicester). Your responses will help us to understand the need and plan services that are accessible and acceptable.

Taking part in this survey is voluntary. The final report will not contain any of your personal details. You are being contacted through Macmillan Cancer Support and local charities in the Thames Valley. Your personal details will be handled securely, and the results will be presented in a form that does not allow your answers to be identified. You can withdraw the information you have given on request up to the point where the data has been analysed (October 2022).

In order to make services as accessible as possible, we would be grateful if you could provide us with demographic details.

**Instructions on how to complete the survey:**

There are 28 questions to complete. For most of the questions, options are given to choose from. It will take approximately 5 minutes to complete.

You can fill out this survey online at (LINK) or if you prefer you can contact Dr Kurien on Tues - Fri 9.30- 4pm to complete this survey.

CONSENT Section – please complete this before going onto the survey

I confirm that I have read and understand the participant information sheet. I understand that my participation is voluntary. I understand that all the study documentation whether hardcopies or electronic will be kept for up to 10 years and will be disposed of securely if it is confirmed that they are no longer required. Data may be accessed by staff at Oxford University Hospitals and TVCA for audit and monitoring purposes.

Required
1.I agree to take part in this Survey

○ Yes

○ No

2.Date that you answered this survey?

☐

2022 ▾

3.What type of cancer do you/did you have?

○ Breast
○ Bowel
○ Prostate
○ Lung
○ Gynae
○ Skin
○ Head/neck
○ Blood
○ Other

4.In which Hospital was your cancer diagnosed?

○ Churchill Hospital
○ Stoke Mandeville Hospital
○ Royal Berkshire Hospital
○ Great Western Hospital
○ Frimley / Wexham Park Hospital

5.Where did you have treatment?

○ Churchill Hospital
○ Stoke Mandeville/ High Wycombe Hospitals
○ Royal Berkshire NHS Trust
○ Great Western Hospital
○ Frimley/ Wexham Park Hospital
○ Other

6.After your diagnosis-did you feel distressed /worried ?

○ Strongly disagree
○ disagree
○ Neither agree or disagree
○ agree
○ Strongly agree

7.Whom were you able to talk to, about this?

○ Oncologist
○ Other specialist
○ Specialist Nurse
○ Family/friend
○ Charity
○ Other

8.Were you informed about available psychological support?

○ Yes

○ No

9.Did you accept psychological support

○ yes

○ No

10.Where did you accept psychological support ?

☐ In cancer centre

☐ Through GP surgery

☐ A charity

☐ Telephone support

☐ Did not accept support

☐ Other

11. After your treatment-did you feel distressed /worried?

○ Strongly disagree

○ Disagree

○ Neither agree nor disagree

○ Agree

○ Strongly agree

12. If you received psychological support- how would you rate it?

- Unhelpful
- Excellent

13. Psychological support for cancer:

- was not offered near where I live
- did not have the transport to access it.
- I was not clear what this support would involve
- I do not like talking about what upsets me
- I am not confident speaking in English
- I do not remember being asked.
- not relevant to me
- I do not have time for it
- I am scared to talk about what is upsetting me

○ Strongly disagree

○ Disagree

○ Neutral

○ Agree

○ Strongly agree

○ was not offered

14. What would make you more comfortable receiving psychological support

☐ psychological support at the same site as cancer care
☐ having transport to make it more accessible
☐ having it close to home
☐ talking to another person with cancer, who has received psychological support
☐ talking to a charity
☐ talking over the phone
☐ nothing would make me more comfortable

15. If you do not like talking about your thoughts and feelings, what might help?

16. How do you think psychological support helps a person?

○ Helps to process my emotional life with a peer group with cancer
○ Helps to focus on the positive aspects of my health and care
○ Helps me to understand why my emotional well-being is important to my physical wellbeing
○ All the above
○ None of the above

17. Where did you obtain information regarding psychological support?

○ Cancer centre
○ Charity
○ Face to face
○ National website
○ Online
○ I did not receive information about psychological support
○ Other

18. Did you feel this information was sufficient and trustworthy?

○ Yes
○ No

19. Age range
Select your answer

20. Gender?

○ Man
○ Woman
○ Non-binary

○ Prefer not to say

21. Ethnicity you identify with?

○ White/English/Scottish/ Irish/ N .Ireland

○ Mixed/White and black Caribbean/White and Black African/White and Asian/Any other mixed/ Multiethnic Background

○ Asian/Indian/Pakistani/Bangladeshi/Chinese/Any other Asian Background

○ African /African/Caribbean/Any other Black/Caribbean/African/ Caribbean background

○ Arab

○ Any other

22. If you work, what is your occupation?

☐

23. Primary Language Spoken?

☐

24. Is language a barrier for you?

○ Yes

○ No

25. If you answered Yes to Qs 23, please tell us why?

☐

26. Are you registered Disabled

○ Yes

○ No

27. Have you been treated for psychological distress, prior to your cancer diagnosis

○ Yes

○ No

28. If you would like to tell us about your experiences, any other thoughts or information please use this space.

# Appendix 11: GP semi-Structured questionnaire over the telephone

1. Cancer Care reviews- has this been helpful/ any concerns?
2. End of Treatment discharge Summary-has this been useful/any concerns?
3. Any difference with patients who already receive support in secondary Care?
4. Information in regards of resources/ available services of Psychologists in the Community?
5. Feedback/ Recommendations from Psychological support services, IAPT/ Talking Therapies?
6. Challenges so far/ difficulties in the Process

# Appendix 12: Collaborative Care training summary

Delivery of Modules - 16-week training programme with 6 modules

**Domains**

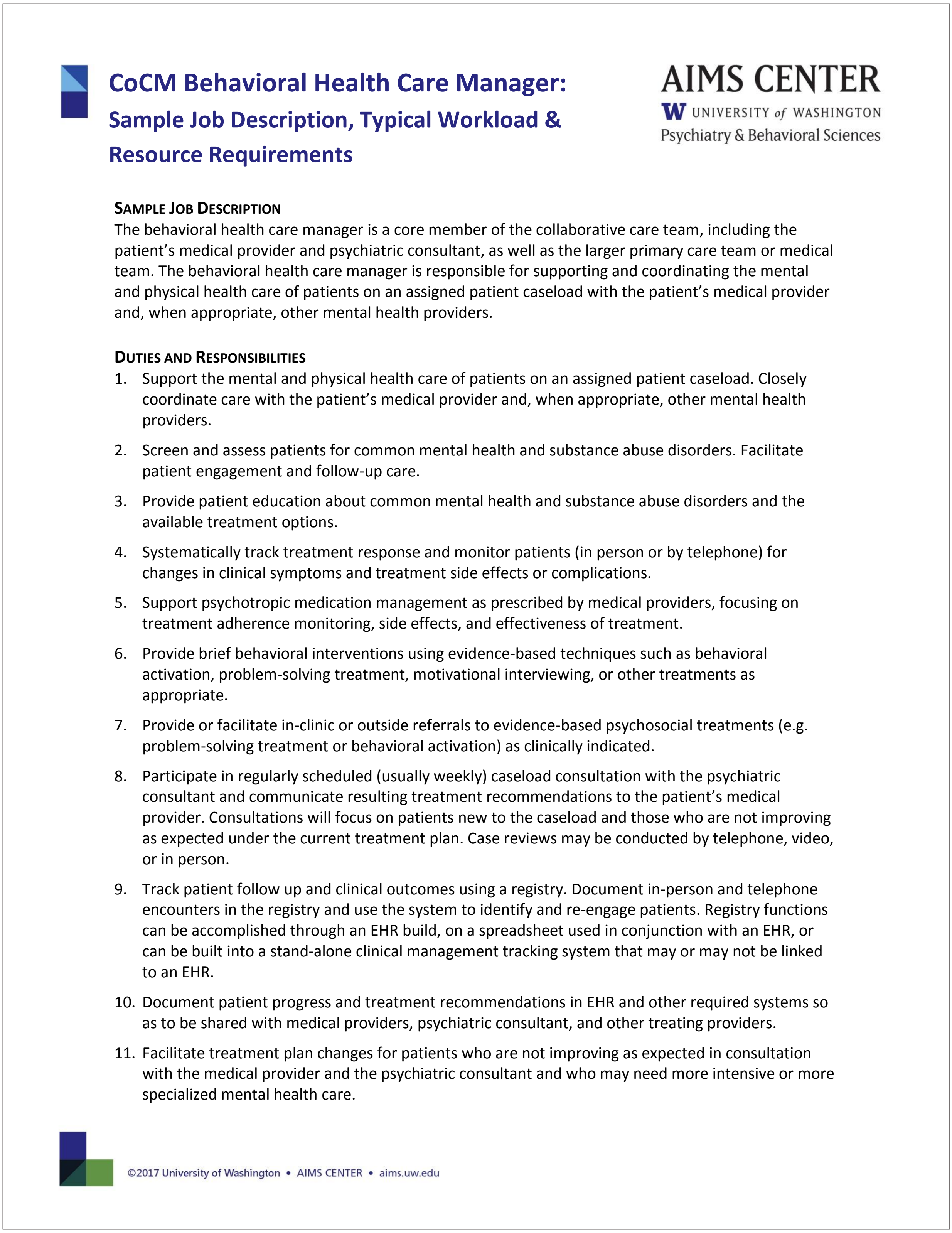
Domain 1 – identifying and engaging patients
Domain 2 – Active caseload management and treat to target
Domain 3 – Team communication
Domain 4 – Evidence based behavioural interventions
Domain 5 – Risk assessments
Domain 6 – Maintaining quality and learning

| Number | Name | Delivery of training |
|---|---|---|
| 1 | Introduction to SMS and DCPC | 1. Workshops/ teaching sessions<br>2. Reading list 4 papers<br>3. Logbook<br>4. Assessment |
| 1A | Clinical interview skills | 1. Workshops/ teaching sessions<br>2. View videos – select from existing education videos<br>3. Assessment later with videos |
| 2 | Basic Oncology<br>- OP clinic slots set up with oncologists | 1. Review literature on common tumour sites + workshops/ teaching sessions<br>2. Arrange to meet with<br>• specialist nurses<br>• radiotherapy staff<br>• sit in on OP clinics<br>3. risk factors/ symptoms<br>4. treatments (Pharmacist) + attend chemo suite<br>5. Treatment pathway – Lead Cancer Nurse<br>6. Visit OPD<br>7. Visit Wards (Onc & Haem)<br>8. Visit Sobell House (palliative care ward)<br>9. Written assessment |
| 3 | Basic Psychiatry | 1. Reading - Lecture notes in Psychiatry<br>2. Workshops/ teaching sessions<br>• psychological reactions to stress<br>• depression<br>• stress related disorders<br>• bipolar disorder/ OCD<br>• psychotic symptoms<br>• suicide<br>• cognitive impairment |

| | | |
|---|---|---|
| | | • local MH services |
| 4 | Symptom monitoring service stage 1 | 1. Review literature on common symptoms<br>2. familiarity with tumour site groups – consultants/ CNSs<br>3. Identifying patients<br>4. Practise approaching patients, completing SMS, EPR notes/ spreadsheets and integration<br>5. Professional standards and confidentiality<br>6. Operate SMS databases |
| 5 | Symptom Monitoring service stage 2<br>Assessing depression and suicide risk (SCID) | 1. Workshops/ teaching sessions on SCID<br>2. Recorded interviews and role play X 20 |
| 6 | Treatment of depression | 1. Workshops/ teaching sessions – treatments, explaining treatments inc. antidepressants<br>2. Workshops/ teaching sessions on behavioural interventions - behavioural activation and problem-solving therapy<br>3. Reviewing training videos on BA and PST<br>4. BA and PST practice sessions to be video recorded<br>5. Demonstrate professional communication<br>6. Role plays – video recorded and assessed |
| 6a | Depression care for people with cancer | Observation/ Assessment of evidence based talking therapy/ BA skills<br>Prepare for overall delivery of DCPC<br>1. Outline DCPC manual and collaborative care<br>2. Record DCPC sessions<br>3. Recognise and list depressive symptoms, risk assessments and seeking help<br>4. Preparing for weekly supervision with consultant psychiatrist<br>5. Discharge planning |

# Appendix 13: Care Manager job description

*Used with permission from the University of Washington AIMS Center, 10/27/23*



## CoCM Behavioral Health Care Manager: Sample Job Description, Typical Workload & Resource Requirements

AIMS CENTER
UNIVERSITY *of* WASHINGTON
Psychiatry & Behavioral Sciences

### SAMPLE JOB DESCRIPTION

The behavioral health care manager is a core member of the collaborative care team, including the patient's medical provider and psychiatric consultant, as well as the larger primary care team or medical team. The behavioral health care manager is responsible for supporting and coordinating the mental and physical health care of patients on an assigned patient caseload with the patient's medical provider and, when appropriate, other mental health providers.

### DUTIES AND RESPONSIBILITIES

1. Support the mental and physical health care of patients on an assigned patient caseload. Closely coordinate care with the patient's medical provider and, when appropriate, other mental health providers.
2. Screen and assess patients for common mental health and substance abuse disorders. Facilitate patient engagement and follow-up care.
3. Provide patient education about common mental health and substance abuse disorders and the available treatment options.
4. Systematically track treatment response and monitor patients (in person or by telephone) for changes in clinical symptoms and treatment side effects or complications.
5. Support psychotropic medication management as prescribed by medical providers, focusing on treatment adherence monitoring, side effects, and effectiveness of treatment.
6. Provide brief behavioral interventions using evidence-based techniques such as behavioral activation, problem-solving treatment, motivational interviewing, or other treatments as appropriate.
7. Provide or facilitate in-clinic or outside referrals to evidence-based psychosocial treatments (e.g. problem-solving treatment or behavioral activation) as clinically indicated.
8. Participate in regularly scheduled (usually weekly) caseload consultation with the psychiatric consultant and communicate resulting treatment recommendations to the patient's medical provider. Consultations will focus on patients new to the caseload and those who are not improving as expected under the current treatment plan. Case reviews may be conducted by telephone, video, or in person.
9. Track patient follow up and clinical outcomes using a registry. Document in-person and telephone encounters in the registry and use the system to identify and re-engage patients. Registry functions can be accomplished through an EHR build, on a spreadsheet used in conjunction with an EHR, or can be built into a stand-alone clinical management tracking system that may or may not be linked to an EHR.
10. Document patient progress and treatment recommendations in EHR and other required systems so as to be shared with medical providers, psychiatric consultant, and other treating providers.
11. Facilitate treatment plan changes for patients who are not improving as expected in consultation with the medical provider and the psychiatric consultant and who may need more intensive or more specialized mental health care.

12. Facilitate referrals for clinically indicated services outside of the organization (e.g., social services such as housing assistance, vocational rehabilitation, mental health specialty care, substance abuse treatment).
13. Develop and complete relapse prevention self-management plan with patients who have achieved their treatment goals and are soon to be discharged from the caseload.

### Training & Licensure Requirements

The AIMS Center recommends that behavioral health care managers have specialized training and meet clinical licensure requirements so as to be able to provide brief psychosocial interventions such as problem-solving treatment.

Licensures and educational preparation recommended by the AIMS Center include:

- Licensed Mental Health Counselor/Professional Counselor
- Licensed Marriage and Family Therapist
- Licensed Social Worker
- Registered Nurse (BSN recommended)
- Nurse Practitioner
- Licensed Psychologist
- Masters-level licensure candidate/trainee (e.g. LMSW)

CMS has described requirements for education, licensure, and training for behavioral health care managers in Medicare CoCM programs. The AIMS Center recommends that you review CMS requirements to inform your staffing decisions (*see links below*). If you elect to hire staff without the licensure or educational background listed above, plan to have a strong training program, good clinical supervision and mentoring in place for care managers, and identify resources for patients access brief psychosocial interventions

- *CMS FAQ Sheet*: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Behavioral-Health-Integration-FAQs.pdf
- *CMS FAQ Sheet for FQHCs & RHCs:* https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf

### Other Requirements to Consider in Job Descriptions

- Demonstrated ability to collaborate and communicate effectively in a team setting.
- Ability to maintain effective and professional relationships with patient and other members of the care team.
- Experience with screening for common mental health and/or substance abuse disorders.
- Working knowledge of differential diagnosis of common mental health and/or substance abuse disorders, when appropriate.
- Ability to effectively engage patients in a therapeutic relationship, when appropriate.
- Ability to work with patients by telephone as well as in person.
- Experience with assessment and treatment planning for common mental health and/or substance use disorders.
- Working knowledge of evidence-based psychosocial treatments and brief behavioral interventions for common mental health disorders, when appropriate (e.g., motivational interviewing, problem-solving treatment, behavioral activation).
- Basic knowledge of psychopharmacology for common mental health disorders that is within appropriate scope of practice for type of provider filling role.
- Experience with evidence-based counseling techniques

### FTE Resource Requirements

The AIMS Center's Guidelines for Behavioral Health Behavioral health care manager Caseload Size may be helpful in estimating FTE requirements for behavioral health care managers.

*Updated: January 26, 2018*