



# Excellent Psychological Care for those affected by cancer

Consultation Event

11 October 2017

Evaluation Report



## Acknowledgements

The Transforming Cancer Services Team (TCST) and the Living With and Beyond Cancer Team (LWBC) are grateful to all who participated in the event including the speakers and facilitators who gave their time, expertise and support which contributed to the smooth running of the event. In particular we would like to thank Lauren Mahon, founder of [GirlVsCancer](#) and service user, who kindly agreed to be interviewed in the first session of the day and provided insights to the audience of the emotional and psychological impact of cancer.

And finally, a huge thank you to the 74 delegates who attended the event and actively participated in the table discussions, providing valuable and honest contributions. Especially to the service users who voluntarily gave up their time to attend and were an essential part of the day. There was fantastic energy in the room and many constructive ideas that will be vital for the development and success of the pathway.

## Contents

Acknowledgements .....	i
1. Executive Summary .....	1
2. Delegate Recruitment and Attendance.....	3
2.1 Recruitment .....	3
2.2 Attendees .....	4
3. Event Programme .....	6
3.1 Facilitated discussions .....	6
Session one – Pathway feedback .....	6
Session two – STP discussions .....	7
4. Evaluation .....	8
Headline summary of delegate feedback.....	8
5. Discussion .....	9
References .....	10
Appendix A: Breakdown of Attendees per STP and title.....	11
Appendix B: London STP and CCG breakdown .....	12
Appendix C: Advertising Materials.....	13
Appendix D: Event Programme.....	14
Appendix E: Key themes from presentations.....	15
Appendix F: Collation of responses to pathway feedback session .....	16
Appendix G: Collation of responses to STP implementation.....	19

## 1. Executive Summary

Earlier diagnosis and improved treatment means more Londoners are now surviving cancer and living with the consequences of the disease and its treatment. In 2015 cancers as a whole accounted for 30% of deaths in males and 24.8% of deaths in females in the UK<sup>1</sup>. It is a top priority nationally and in London. In the UK 1 in 2 people will get cancer sometime in their life<sup>2</sup>. In 2010, there were over 2 million people living with and beyond cancer in the UK and this number is set to double by 2030<sup>3</sup>. In London and West Essex, we expect there to be around 387,000 people by 2030 (this estimate is based on 2010 prevalence)<sup>4</sup>. In 2015, we know that there were 209,538 people in London who were living with or beyond cancer (diagnosed any time since 1995, NCRAS<sup>5</sup>). 70% of people who have cancer, have at least one other long term condition<sup>6</sup>. 25% of individuals are known to have unmet physical and psychological needs at end of treatment and 47% of cancer survivors express a fear of their cancer returning<sup>7</sup>.

In the year following diagnosis, around one in ten people will experience symptoms of anxiety and/or depression severe enough to need intervention by specialist services<sup>8</sup>. Earlier diagnosis and improved treatment means more Londoners are now surviving cancer and living with the physical and psychological consequences of cancer and its treatment.

In 2015 'Psychological support for people living with cancer'<sup>9</sup>, a commissioning guidance document was published by the Transforming Cancer Services Team and the Mental Health Strategic Clinical Network for London. It highlighted ten key recommendations for improving care as well as demonstrating that there was no clearly commissioned psychological support pathway for cancer patients. In response to this report, Macmillan funded TCST to develop a pan-London end-to-end psychological care pathway and service specification.

In May 2017, a preliminary psychological care pathway was presented at an engagement event<sup>10</sup> to obtain feedback from key stakeholders including service users, service providers, the third sector and commissioners. In addition a pre-event focus group was held with a number of service users. The key ideas and principles discussed were incorporated into a draft pathway. A second event was organised and held in October 2017.

The aims of the October event were:

- To obtain feedback on the key principles and recommendations for the pan London psychological support pathway
- To obtain multi-disciplinary, multi-agency feedback from each STP in London on the draft pathway
- To identify implications of the pathway and principles at STP level, for commissioners and providers on the pathway (mental health, cancer, integrated care) in London.

Seventy-four key stakeholders including service users and providers, the third sector and commissioners were in attendance. Attendees were seated in their STP groups and were asked to provide feedback on a range of topics relating to the psychological care pathway through two facilitated group sessions. The first session focused on the actual pathway and asked attendees to feedback their thoughts on what improvements could be made to the

pathway and how collaboration between primary and secondary care could be improved. The afternoon session focused on the practical implications of the pathway. Attendees were asked to consider the services available within their STP groups as well as the enablers and barriers to implementing the pathway.

Feedback for the pathway showed many similarities in themes from the May and October groups. A key theme that echoed across both groups was the need for fluidity and flexibility of the pathway as well as recognition that each patient requires individualised tailored care: there is no 'one size fits all'. Other themes that were highlighted between the two consultation events included:

- Ensuring the patient is at the centre of the pathway
- Ensuring there is adequate training for health professionals on both the importance of the pathway and how to use the pathway and associated tools
- Identification that pathway needs to make consideration that a cancer diagnosis affects a whole family (recognition of carers required)
- Concern about availability of services for patients to be signposted to
- Need to strengthen relationships between primary and secondary care.

Overall a large amount of constructive and useful feedback was provided on the day by a range of wide-reaching stakeholders. There was evidence from the range and number of attendees of the amount of interest and investment across London of the development of the pathway. The TCST team will utilise key themes from both of these consultation events to finalise the pathway and service specification in December 2017.

## 2. Delegate Recruitment and Attendance

Following overwhelming interest in the previous consultation event held in May 2017 (which attracted a large waiting list and had space restrictions limiting numbers to 50), a new venue which could hold up to 100 people was booked to accommodate a larger audience. A total of 100 people registered to attend the event.

### 2.1 Recruitment

The event was advertised through a variety of different channels. In addition to advertising through the TCST contact list and dissemination through past participants and TCST contacts other strategies utilised for recruitment included:

- Healthy Living Partnership Newsletter
- Dissemination through relevant groups e.g. London Lead Cancer Nurses Forum and London AHP Network
- Invitations to commissioners by phone call or personalised email (or both) from members of the TCST LWBC team
- Service users approached by the TCST User Involvement and Patient Experience Coordinator
- GPs and Practice nurses invited by the LWBC Cancer Strategy Implementation Lead
- Allied Health Professionals approached by the LWBC Rehabilitation Clinical Lead

Recruitment was then targeted towards different audiences in an attempt to ensure there was representation from all key stakeholder groups. Representation was sought from the geographical remit of the Transforming Cancer Services Team.

Key stakeholders were identified as:

- Commissioners
- Medical staff including GPs, Oncologists, Nurses, Allied Health and Psychologists/counsellors
- Service Users
- Managers (including service, project and programme managers)
- Clinical leads
- Third sector organisations
- Anyone with relevant interest in the pathway
- IAPT (Improving Access to Psychological Therapies) services Pan-London
- End of Life Care services

A copy of the advertising leaflet can be found in Appendix A. A list of STPs and their CCG remit can be found in Appendix A

### 2.2 Attendees

A total of 74 people attended on the day. This included two people who had not registered for the event. Of the 32 people who had registered and did not attend, nine (28%) had sent apologies prior to the event. There was good representation across the STP groups (excluding West Essex who had representation from only one participant who bordered both West Essex and South East London). The attendees came from a wide variety of

backgrounds including a range of health professionals: psychologists and psychotherapists (including psychosexual therapists) (n=16, 21.6%), nurses (n=6, 8.1%), GPs (n=5, 6.7%), counsellors (n=3, 4%), AHPs (n=2, 2.7%) and an oncologist (n=1, 1.3%) and psychiatrist (n=1, 1.3%). Service users (n=12, 16.2%), commissioners (n=5, 6.7%), third sector parties (n=9, 12.1%) and project and program managers (n=6, 8.1%) were also in attendance.

Tables of the breakdowns from Figures 1 and 2 can be found in Appendix A.

**Figure 1: Attendees per STP**

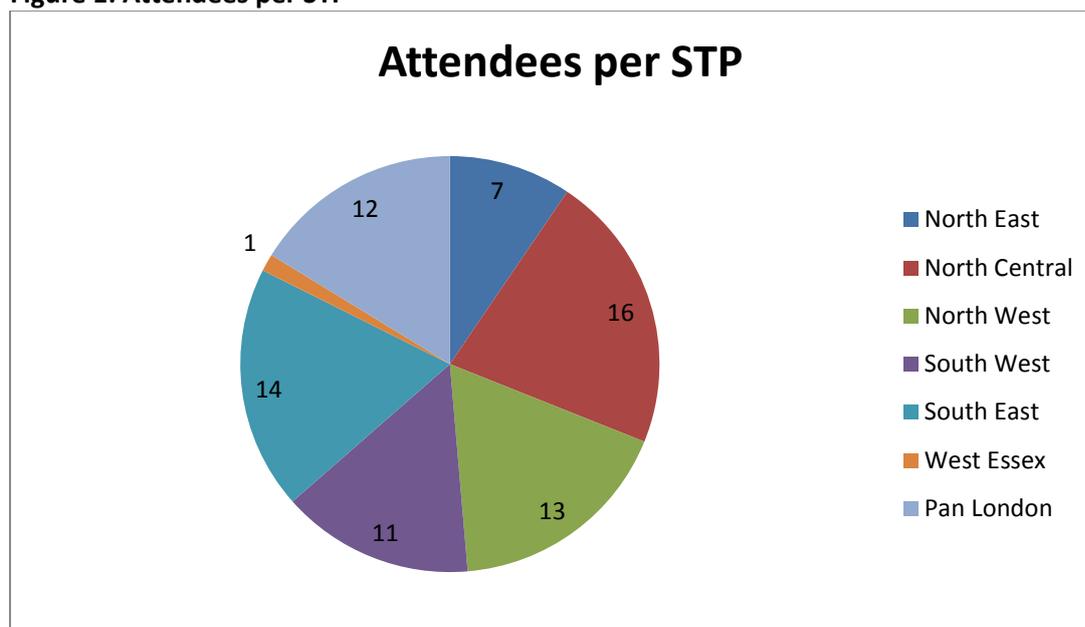
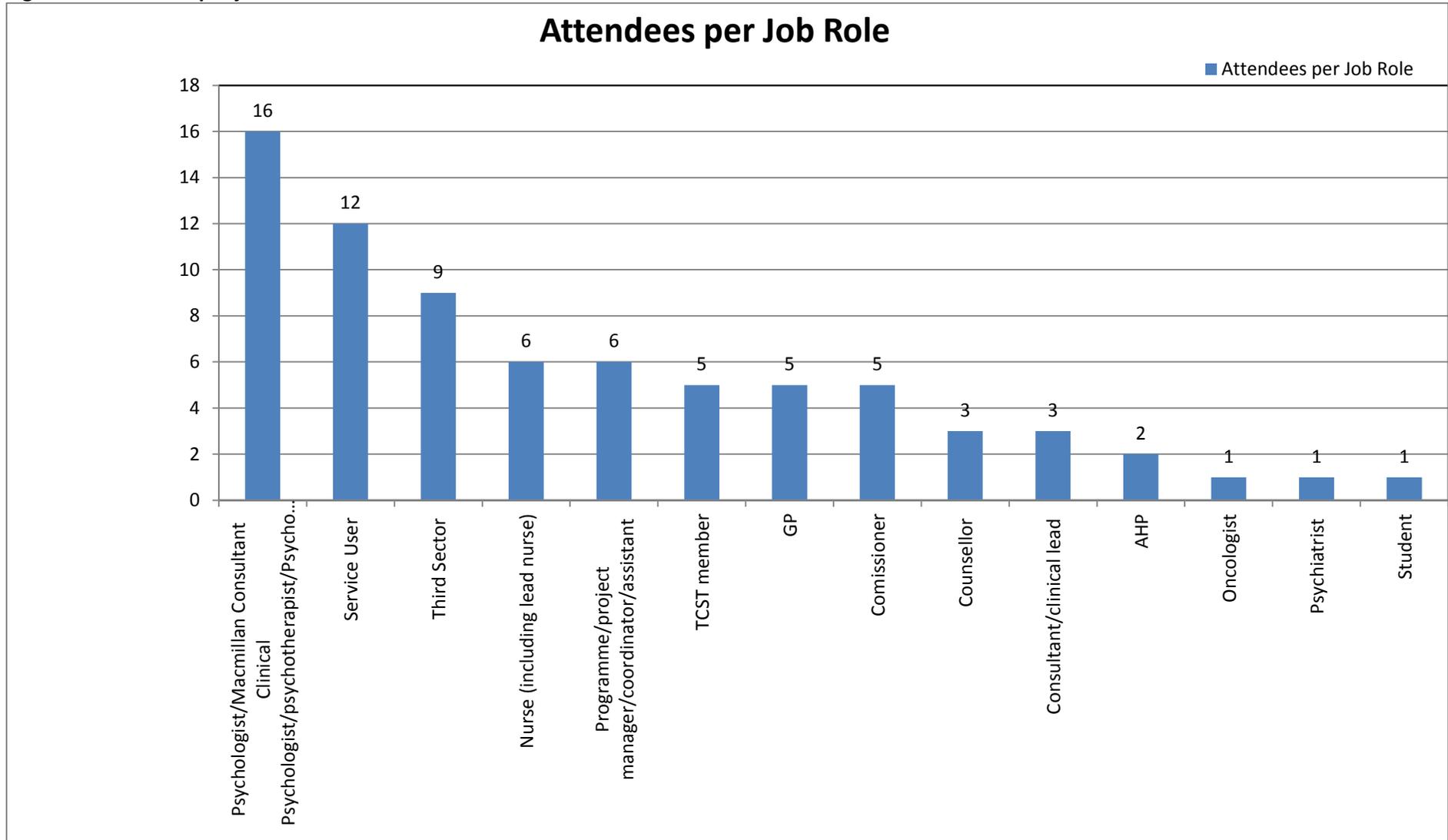


Figure 2: Attendees per job role



### 3. Event Programme

The program included a range of presentations to set the scene of the event as well as a number of facilitated discussions where attendees were allocated to their STP groups. This was to ensure relevance of conversation, encourage networking and also allow for practical conversations regarding the feasibility of implementing the pathway across London (including consideration of local STP based barriers to implementation and how these could be overcome).

There were a number of breaks throughout the day where attendees were encouraged to network with other members of the audience. [Trekstock](#) (a young adult cancer support service) also attended on the day and had a trade table during the breaks.

Attendees were provided with a welcome pack which included a copy of the TCST's LWBC Quarter 2 briefing note. A copy of the event programme can be found in Appendix D. Key themes from the presentations can be found in Appendix E.

#### 3.1 Facilitated discussions

##### *Session one – Pathway feedback*

There was initially some discussion and misunderstanding regarding the purpose of the service user dial. The intention was **not** that this would be used in some way by professionals as a tool to assess patients. It was meant to demonstrate that the service user is central to the pathway, that people's needs are fluid and can change at different points where they may need more or less psycho-social support and that their needs are not linear. Services must be responsive and flexible in meeting the needs of service users and the dial was a visual way of demonstrating this.

##### **Questions**

- What are your thoughts about the service user dial?
- What improvements could be made to the pathway?  
What would good primary (community) and secondary (acute) care collaboration look like? What needs to happen to get us there?

##### **Key themes:**

- More consideration needed of how to prevent distress
- Professional services need to enhance relationships with each other to benefit patients
- Needs to be more multi-disciplinary training and networking to improve primary and secondary care collaboration
- How to enable patients to identify their needs? The pathway needs to be more proactive and supportive
- Needs to be flexibility in referral routes for support to include referrals by professionals across the pathway and opportunities for self-referral.
- Further clarity needed on where family/carer support is provided within the pathway

A collation of these responses can be found in Appendix F

**Session two – STP discussions**

Attendees were then asked to turn their focus to the practical implementation of the pathway in their own STP.

**Questions**

- What services do you have in your area?
- What's missing?
- How could this pathway work in your area?
- What might the obstacles be?

**Key themes:**

- There is a need for more knowledge sharing/awareness about local services available in STPs
- Need for relationship building/improvement in communication channels between primary and secondary care
- Importance of consideration of social care needs
- IT systems communicating effectively along the pathway can be an obstacle
- Choice agenda-Individual preferences important-getting psychological support within safety net of hospital for some, for others hospital reminder of diagnosis/treatment and is an unhelpful context.

A collation of these responses is outlined in Appendix G.

## 4. Evaluation

### Headline summary of delegate feedback

A total of 49 delegates (66.2% return rate) completed evaluation forms were collated after the event. Questions were focused on the content, speakers and presentations, and structure of the day (e.g. adequate time for discussion and networking).

A summary of the findings are below:

- 91.3 % of delegates thought the content of the event was either “excellent” or “good”
- 95.4 % of delegates thought the quality of speakers was either “excellent” or “good”
- 86.9 % of delegates rated the venue as either “excellent” or “good” (some delegates rated the venue as average due to the lack of natural light)

The part of the event that was considered most useful by the majority was having sufficient time to discuss the pathway within STP areas, the service user interview and Q & A, followed by presentation.

### **What part of the event was most useful?**

*“In depth conversations with my colleagues – there was lots of experience at the tables. Time to do this led to creative, hopeful ways forward and a sense of connection to our STP colleagues was helpful”*

*“Understanding the variation of psychological care within STPs and what options we have to make the service equitable”*

*“Very useful and interesting listening to Lauren and her experience. Helpful to be in STP footprints”*

*“Every minute of today’s session was time well spent-thank you for inviting patients and listening to us!”*

*“Very useful to be sitting with our STP and thinking how we can take things forward”*

*“It would be great to have further events to think how we can take the pathway forward with our STP. A business case would be really helpful”*

*“Time to think about how to implement pathway is helpful”*

*“Very encouraging seeing patient/clinician/manager interaction”*

### **Other comments:**

*“Great event to address a very important issue in patient care. Great opportunity for highlighting issues and having early discussions about possible solutions”*

*“It would be good to include mental health commissioners as well as cancer commissioners. Plus invite colleagues from IAPT services to contribute to discussions”*

## 5. Discussion

Feedback from attendees regarding the event was overwhelmingly positive. In addition the aims of the day were met. There was wide representation across the STPs with all groups represented apart from only one person from West Essex. A larger number of commissioners and GPs attended this event in comparison to the May 2017 event. It was noted that more representation from IAPTs and mental health commissioners would be of benefit. IAPT services and mental health commissioners had been actively invited but there had also been an IAPT and Long term conditions event on October 9<sup>th</sup> (two days earlier) which may have impacted on IAPT attendance.

Key themes that emerged from the day reflected the feedback that was received in the May event including the need for fluidity and flexibility of the pathway and recognition that cases are individual and every patient requires tailored care: there is no 'one size fits all'. Other themes that were highlighted between the two groups included:

- Ensuring the patient is at the centre of the pathway
- Ensuring there is adequate training for health professionals on both the importance of the pathway and how to use the pathway
- Concern about availability of services for patients to be signposted to as well as the need for local up to date information on services to be provided
- Identification that the pathway needs to make consideration that a cancer diagnosis affects a whole family (recognition of carers required)
- Need to strengthen relationships between primary and secondary care.

Feedback from the day was overwhelmingly positive. Constructive feedback focused on areas such as networking. There were two suggestions to have job tiles listed on nametags. A decision was made prior to the event not to include these on the nametags to start everyone on an 'equal' footing. Attendees overwhelmingly liked the opportunity to meet people within their STP groups, learn about different services available in their area they may not have been aware of and the opportunity to start thinking about how collaborations could occur to implement the pathway. Further work will be put into engaging with West Essex as there was only one attendee from that STP.

Overall a large amount of feedback was provided on the day. Feedback from the event will be incorporated into the pathway. The final pathway report will be finalised in December 2017 and made available in early 2018.

**For further information, please contact:**

**Dr Philippa Hyman**

**Macmillan Mental Health Clinical Lead and Clinical Psychologist**

**Email: [England.TCSTLondon@nhs.net](mailto:England.TCSTLondon@nhs.net)**

**Telephone: 0113 825 1287 or 0113 825 128**

**<https://www.healthylondon.org/programmes/cancer>**

## References

1. Public Health England (2017) Research and analysis Chapter 2: major causes of death and how they have changed  
<https://www.gov.uk/government/publications/health-profile-for-england/chapter-2-major-causes-of-death-and-how-they-have-changed>
2. Cancer Research UK. (2015) 1 in 2 people in the UK will get cancer (press release). Retrieved from: <http://www.cancerresearchuk.org/about-us/cancer-news/press-release/2015-02-04-1-in-2-people-in-the-uk-will-get-cancer>
3. Macmillan Cancer Support (2013) *Throwing Light on the consequences of Cancer and its Treatment* <https://www.healthy-london.org/wp-content/uploads/2017/11/Psychological-support-for-people-affected-by-cancer.pdf>
4. National Cancer Intelligence Network
5. National Cancer Registration and Analysis Service (2017) The Macmillan-NCRAS Work Plan: The UK Cancer Prevalence Project  
[http://www.ncin.org.uk/about\\_ncin/segmentation](http://www.ncin.org.uk/about_ncin/segmentation)
6. MacMillan Cancer Support (2015) *The burden of cancer and other long-term health conditions* <https://www.macmillan.org.uk/documents/press/cancerandotherlong-termconditions.pdf>
7. Department of Health (2012) 'The Quality of Life of Cancer Survivors'  
<https://www.wp.dh.gov.uk/publications/files/2012/12/9284-TSO-2900701-PROMS.pdf>
8. National Institute for Clinical Excellence (2004). Guidance on Improving Supportive and Palliative Care for Adults with Cancer
9. Transforming Cancer Services Team for London, NHS (2015) *Psychological support for people living with cancer Commissioning guidance for cancer care in London*  
<https://www.myhealth.london.nhs.uk/healthy-london/cancer-resources>
10. Transforming Cancer Services Team for London (2017) Psychological Care Pathway for People affected by Cancer - Thursday 4 May 2017 (presentation slides)  
<https://www.myhealth.london.nhs.uk/sites/default/files/Engagement%20event%20slides%20-%20Psychological%20support%20for%20people%20affected%20by%20cancer.pdf>

## Appendix A: Breakdown of Attendees per STP and title

Attendees per STP		
STP	Registrations	No. of attendees on day
North East	13 (12.6%)	7 (9.5%)
North Central	19 (18.4%)	16 (19.1%)
North West	21* (20.3%)	13* (17.8%)
South West	20* (19.4%)	11 (16.4%)
South East	14* (13.5%)	14* (19.1%)
West Essex	1* (0.9%)	1* (1.3%)
Pan London	13 (12.6%)	12 (13.6%)
Unknown	1 (0.9%)	0 (0.0%)
<b>Total</b>	<b>103 (100)</b>	<b>74 4</b>

\*bordering 2 STPs

Attendees per title	
Psychologist/Macmillan Consultant Clinical Psychologist/psychotherapist/Psychosexual Therapist	16 (21.6%)
Service User	12 (16.2%)
Third Sector	9 (12.1%)
Nurse (including lead nurse)	6 (8.1%)
Programme/project manager/coordinator/assistant	6 (8.1%)
TCST member	5 (6.7%)
GP	5 (6.7%)
Commissioner	5 (6.7%)
Counsellor	3 (4.0%)
Consultant/clinical lead	3 (4.0%)
AHP	2 (2.7%)
Oncologist	1 (1.3%)
Psychiatrist	1 (1.3%)
Student	1 (1.3%)

## Appendix B: London STP and CCG breakdown

STP	CCGs as part of remit
<b>North Central London</b>	Islington, Camden, Haringey, Enfield, Barnet
<b>North East London</b>	Waltham Forest, Tower Hamlets, Newham, City & Hackney
<b>Barking Havering Redbridge</b>	Barking, Havering, Dagenham and Redbridge
<b>South East London</b>	Greenwich, Lewisham, Lambeth, Southwark, Bromley, Bexley
<b>South West London</b>	Croydon, Merton, Sutton, Richmond, Kingston, Wandsworth, Sutton
<b>North West London</b>	Central London, West London, Brent, Harrow, Hillingdon, Hammersmith & Fulham, Hounslow, Ealing
<b>West Essex (part of Essex STP)</b>	

## Appendix C: Advertising Materials



### Excellent Psychological Care for those affected by Cancer Second Consultation event: Key principles and recommendations for a Pan-London psychological care pathway

The Transforming Cancer Services Team for London and the London Living with and Beyond Cancer Board are pleased to host a second Psychological support for cancer consultation event on Wednesday 11<sup>th</sup> October 10am-4pm at Coin Street Conference Centre, Southbank Suite, 108 Stamford St, South Bank, London SE1 9NH

#### Aims of the event

- To obtain feedback on the key principles and recommendations for the Pan London psychological support pathway.
- To obtain multi-disciplinary, multi-agency feedback from each STP in London on the draft pathway.
- To identify implications of the pathway and principles at STP level, for commissioners and providers on the pathway (mental health, cancer, integrated care) in London.

#### Target audience

London stakeholders across the living with and beyond cancer pathway: service users, primary, community and acute care professionals working in mental health and/or cancer, social care, third sector providers and commissioners for both mental health and cancer. Commissioners with portfolios on long term condition management and/or integrated care are also very welcome.

To register, please click [here](#)

#### Feedback from Psychological Patient Pathway event held in May 2017:

"Thank you for organising it-great to come together at last! More please!!"

"Great to meet lots of people passionate about this topic"

"Look forward to the next event"

Kind regards

Transforming Cancer Services Team for London

For more information email: [England.TCSTLondon@nhs.net](mailto:England.TCSTLondon@nhs.net)

## Appendix D: Event Programme

Event Programme	
9.30am	<b>Registration and coffee</b>
10.15am	<b>Welcome and Introduction</b> <i>Liz Price, Associate Director LWBC, Transforming Cancer Services Team</i> <i>Dr Philippa Hyman, Macmillan Mental Health Clinical Lead, Transforming Cancer Services Team</i>
10.20am	<b>The emotional and psychological impact of cancer: A service user's perspective</b> <i>Dr Philippa Hyman, Macmillan Mental health clinical lead and Clinical Psychologist in conversation with Lauren Mahon, Service user.</i> <b>Living With and Beyond cancer context</b> <i>Liz Price, Associate Director LWBC (TCST)</i> <b>Psychological care pathway context and update</b> <i>Dr Philippa Hyman, Macmillan Mental Health Clinical Lead, Transforming Cancer Services Team</i>
11.20am	<b>Psychological care pathway-the service user's perspective and the referrer's perspectives</b> <i>Dr Philippa Hyman, Macmillan Mental Health Clinical Lead, TCST</i>
11.45am	<b>Facilitated table discussion</b> 1) Does the pathway make sense? 2) How do we improve primary (community) and secondary (acute) care collaboration?
12.30pm-13.30pm	Lunch break
13.30pm	<b>Feedback on the pathway</b>
14.00pm	<b>STP groups table discussion</b> -What do you have in your area? What's missing? How could this pathway work in your area? What might the obstacles be?
15.00-15.20pm	Tea break
15.20pm-15.50pm	<b>Feedback from STP areas</b> -how can you take ideas forward in your STP area? What support do you need?
15.50pm-16.00pm	<b>Next steps and closing remarks</b> - <i>Liz Price and Philippa Hyman, TCST</i>
16.00pm	<b>End</b>

## Appendix E: Key themes from presentations

Session	Key themes
<p><b>The emotional and psychological impact of cancer: A service user's perspective</b></p>	<ul style="list-style-type: none"> <li>• The need for and value of psychological support post treatment, with recognition that the post treatment phase for many is a time of great adjustment and can have a significant impact on mental health.</li> <li>• The value of psychological interventions within acute hospital settings in providing the tools to cope with cancer and its treatment</li> <li>• The importance of considering the wider impact of cancer on someone's life e.g financial worries, concern about education or employment, paying the mortgage. Where to get support with this?</li> <li>• What could be put into the pathway for more urgent emotional support e.g in the middle of the night or if you're having a bad week but haven't got an appointment with a psychologist</li> <li>• How well information provided fits for young people? There was a sense that much of the literature is targeted at older people, those with children or teenagers. However for young adults in their 20s and 30s, there is less support tailored to this age group.</li> </ul>
<p><b>Living with and beyond cancer context</b></p>	<ul style="list-style-type: none"> <li>• An overview of national drivers including key reports and documents that shape our work plans</li> <li>• London's strategic planning groups for cancer</li> <li>• The national quality of life metric (currently in development)</li> <li>• National Cancer Patient Experience Survey - London STPs Overview</li> <li>• Update and overview of national cancer prevalence analysis, undertaken by TCST in partnership with Public Health England.</li> </ul>
<p><b>Psychological care pathway context and update and Psychological care pathway-the service user's perspective and the referrer's perspectives</b></p>	<ul style="list-style-type: none"> <li>• context and update of the psychological care pathway</li> <li>• Introduction of the current version of the pathway from both the service user and referrer/service level perspective.</li> </ul>

## Appendix F: Collation of responses to pathway feedback session

### Feedback on the pathway

- What are your thoughts about the service user dial?
- What improvements could be made to the pathway?
- What would good primary (community) and secondary (acute) care collaboration look like? What needs to happen to get us there?

Collation of responses to pathway feedback session			
STP	Thoughts on service user dial	Improvements to pathway	Good collaborative care
<b>North West London</b>	<ul style="list-style-type: none"> <li>• The shape of the dial should be a circle to make patients feel at peace rather than making them feel they are at one level</li> <li>• More of a spider diagram because patients can be in more than one area at a time</li> <li>• Where will the dial be stored?</li> <li>• Will nurses have access to the dial?</li> <li>• Who else can here access to the dial?</li> <li>• How is help highlighted?</li> </ul>	<ul style="list-style-type: none"> <li>• Need focus on what professionals want</li> <li>• Pathway needs to start and end with the patient</li> <li>• There needs to be flexibility</li> <li>• Need to clarify how self-referrals will work</li> <li>• The money for some of the services can be used elsewhere</li> <li>• Who do you contact?</li> <li>• When do you decide a patient no longer needs help?</li> <li>• What help is offered to patients that are not able to identify where they are?</li> <li>• How do you get patients to talk and express themselves?</li> <li>• How do you get patients to open up?</li> <li>• Feels like you are missing the trick because patients don't always know how they feel</li> </ul>	<ul style="list-style-type: none"> <li>• Level 2 community nurses would be good to reflect the nurses</li> <li>• Patients should be able to say what they need not what professionals think the patient needs</li> </ul>
<b>North Central London</b>	<ul style="list-style-type: none"> <li>• It is not clear how the dial will be used</li> <li>• Who will be seeing the dial?</li> <li>• Alongside the dial, there needs to be information on a range of support so that it is collaborative</li> <li>• It would be good to have a circle</li> </ul>	<ul style="list-style-type: none"> <li>• How are people clear on getting the attention they need?</li> <li>• Who owns the decisions if you cannot express yourself as a patient? Not everyone can speak openly about how they feel</li> <li>• How long will it take for someone to get help?</li> </ul>	<ul style="list-style-type: none"> <li>• Need to be careful on creating a collaborative tool</li> <li>• Would it be useful for one GP to be dedicated to knowing the stages patients are at so that it has a personal feel?</li> </ul>

	<p>instead of a dial so there is no good or bad parts</p> <ul style="list-style-type: none"> <li>The dial should be in the middle so that there is flexibility for the dial to move</li> </ul>	<ul style="list-style-type: none"> <li>What can patients use if the service or help is not available?</li> <li>The red section is not clear</li> <li>Email should be used instead of the patients' numbers</li> <li>Logistically within a pack? Passport?</li> <li>Is it a tool?</li> </ul>	
<b>North East London</b>	<ul style="list-style-type: none"> <li>The feedback for the dial was extremely good</li> <li>There needs to be more clarity on the dial</li> <li>Patients should be able to identify where they are on the dial</li> </ul>	<ul style="list-style-type: none"> <li>Should think about introducing an idea of a care approach</li> <li>How do you have impact on the patients?</li> <li>Professional services need to be fluid when patients are coming in and out of the services</li> <li>Pathway needs to be fluid</li> <li>Where will the cut off period be for when a patient no longer needs help?</li> <li>What help is available for patients that go from red to green in one day?</li> <li>There should be treatments for mental health issues</li> </ul>	<ul style="list-style-type: none"> <li>Raising GP awareness</li> <li>Including sign posting service</li> <li>There needs to be Level 2 training for GPs</li> <li>There should be a national helpline for the patients</li> </ul>
<b>South East London</b>	<ul style="list-style-type: none"> <li>The dial needs to be used collaboratively to ensure the patient retains a sense of control</li> <li>Who controls the dial? Who decides where a patient should be?</li> <li>Looking at the levels – level 1 should highlight who it includes. Everyone should be a part of this stage</li> <li>Patients should be taught how to write and decide where they are not just the professionals</li> <li>Psychology should be included throughout the dial</li> <li>Maybe there should be two dials – one for emotional stage and one</li> </ul>	<ul style="list-style-type: none"> <li>Thinking about where the gaps are</li> <li>What steps are there in place for preventing escalation?</li> <li>How do you prevent distress?</li> <li>Primary care circulation – could we have an element around psychology health not just the physical health</li> <li>We need to be looking at the whole person</li> <li>Professional services need to be making relationships with each other</li> <li>There should be joint training – multi disciplinary training – networking</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

<p><b>South West London</b></p>	<p>for psychology stage</p> <ul style="list-style-type: none"> <li>• Do the service users know about the dial?</li> <li>• Circle would be better to use</li> <li>• How do you access the dial? The service users and the navigators</li> <li>• The dial should be a different shape</li> <li>• When will the dial be used?</li> <li>• Are family members included on the dial?</li> <li>• Will GPs be given training on how to use the dials?</li> </ul>	<ul style="list-style-type: none"> <li>• Biggest concern is a patient could easily get lost in the pathway. How do you get professionals to work together</li> <li>• No mention of a practice nurse mentioned – their role needs to be included</li> <li>• The pathway needs to be more patient focused</li> <li>• Who decides where the patient is?</li> <li>• What are the alternative services patients can use when a service is not available</li> <li>• How do patients identify where they are?</li> <li>• Pathway needs to be more proactive and supportive</li> <li>• Health advisors reassessments needs to be included in the beginning – middle – end</li> <li>• There should be one navigator to contact</li> <li>• Maybe this can be used by people with different patients with medical problems</li> <li>• When is the end of treatment?</li> </ul>	<ul style="list-style-type: none"> <li>• We need more dedicated professionals</li> <li>• Need to think about financial implications as there will be several services involved in the circle</li> <li>• There needs to be more services for patients in their local community</li> <li>• There needs to be more communication between primary care and service users</li> <li>• More resources to help increase care</li> <li>• There needs to be more timely treatment</li> <li>• Need people that can speak to people of all ages</li> <li>• There needs to be more resources in the third sector</li> </ul>
---------------------------------	--	---	--

## Appendix G: Collation of responses to STP implementation

- What services do you have in your area?
- What is missing?
- What might the obstacles be?
- How could this pathway work in your area?

Collation of responses to STP implementation				
	<i>What services do you have in your area?</i>	<i>What is missing?</i>	<i>What might the obstacles be?</i>	<i>How could this pathway work in your area?</i>
<b>North West London</b>	<ul style="list-style-type: none"> <li>• A few people in CCGs were learning today from the group conversation what services are available in CCG and what is going on</li> </ul>	<ul style="list-style-type: none"> <li>• There needs to be more social events for cancer patients</li> </ul>		<ul style="list-style-type: none"> <li>• Cancer is not on the top of the list due to funding</li> <li>• STP needs to have a sense of what is going on</li> </ul>
<b>North Central London</b>		<ul style="list-style-type: none"> <li>• There is a disconnect between primary and secondary</li> <li>• In a large extent there seems to be lack of information</li> <li>• There should be Primary care expertise in cancer</li> <li>• There needs to be more resources for primary care as the demand is huge</li> <li>• IAPT nationwide</li> </ul>	<ul style="list-style-type: none"> <li>• The funding and resources management</li> <li>• Patient needs are met due to which funding is available for the service user instead of what a professional will recommend</li> <li>• Access to information is a concern</li> <li>• Some STPs do not have access to all areas if help is available</li> <li>• Majority of people stay in primary care</li> <li>• GPs are scared to ask patients on how they</li> </ul>	<ul style="list-style-type: none"> <li>• There needs to be something else on the diagram for care and home visits</li> </ul>

			<p>are, as the patient may mention a need that requires more medical help</p> <ul style="list-style-type: none"> <li>• Acute services can have difficulties identifying what is needed</li> <li>• Not all patients have access to smart phones and electronic devices</li> </ul>	
<b>North East London</b>	<ul style="list-style-type: none"> <li>• It's really nice to come together as an STP and get an update on what each other is doing</li> </ul>	<ul style="list-style-type: none"> <li>• In Mental Health how do you collect information that is accessible</li> <li>• Will patients be able to look on the database so that they can update their on dial</li> <li>• How do you enable information to be presented?</li> </ul>	<ul style="list-style-type: none"> <li>• Postcode of where they live and the postcode of the Hospital can be two different locations</li> <li>• Issue about information sharing – there is so much information that needs to be shared how do you share it?</li> </ul>	<ul style="list-style-type: none"> <li>• Thinking about what IAPT covers</li> <li>• People need to think about what is available out there</li> <li>• GPs can work together share their knowledge on services</li> </ul>
<b>South West London</b>	<ul style="list-style-type: none"> <li>• Today we learned what was available at different STPs</li> </ul>	<ul style="list-style-type: none"> <li>• Very little time is given to each patient</li> </ul>	<ul style="list-style-type: none"> <li>• Handling the baton over needs to be a smoother process</li> <li>• Not knowing what is available from one practitioner to another practitioner</li> <li>• Patients knowing what is available</li> </ul>	