

NCCP Best Practice Guidance for Community Cancer Support Centres

Peer Review Pilot Evaluation Report



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Executive Summary

This report summarises the findings of the self-assessment and peer review pilot that was conducted by the NCCP with participating Cancer Support Centres in 2021. The NCCP Best Practice Guidance for Community Cancer Support Centres and Services 2020 were used in the review.

The aim of this pilot was to establish an external peer review process within Community Cancer Support Centres and to evaluate whether this method of external validation of the self-assessment process would work in the Irish context. Following the pilot, recommendations were developed including:

- 1 sharing areas of good practice between cancer support centres**
- 2 service user representation on the Board of Directors**
- 3 standardising the patient referral pathway to and from acute services**
- 4 standardising how service user needs are assessed**
- 5 guidance in relation to monitoring and evaluating services**
- 6 training for therapists in treating cancer patients**

A new version of the NCCP Best Practice Guidance for Community Cancer Support Centres and Services will be published incorporating developments on these recommendations. National rollout of the self-assessment and peer review process is planned in 2022 as part of the development of the Alliance of Community Cancer Support Centres and Services.

Introduction & Background

Survival for Irish cancer patients continues to improve. Five-year net survival averaged 65% for patients diagnosed between 2014 and 2018, a substantial increase from twenty years previously when 42% was the average. Significant survival improvements are evident for most types of cancer¹. The National Cancer Survivorship Needs Assessment, conducted by the National Cancer Control Programme (NCCP) in 2019, found that the provision of survivorship and psychological care in the community are a priority for patients and healthcare professionals².

During consultation for the development of the current cancer strategy, one of the main priority areas identified was the development of multi-sectoral community-based services³. The relevant National Cancer Strategy recommendations are listed in Appendix 1. Community-based services include; primary care, community care and services provided by the voluntary and charity sectors. Community Cancer Support Centres are in the voluntary and charity sector and for many years have provided services to cancer patients and their families⁴. While cancer support centres in the community are a valuable resource, many patients are not aware of the existence of these services, and there are no structured referral pathways between hospitals and support centres.

Community Cancer Support Centres and Services provide a comprehensive support service for cancer patients and their families through the provision of information and support, counselling and psychological support, survivorship programmes, lymphoedema services and complementary therapies.

Best Practice Guidance for Community Cancer Support Centres and Services were published by the NCCP in August 2020⁵. The aim was to develop a set of operational standards for Cancer Support Centres and Services. A multidisciplinary working group comprising of professionals from a range of Cancer Support Centres across the country, including interested stakeholders and healthcare professionals, and a patient representative developed the guidance. It has the potential to enhance the support offered to cancer patients, their families and carers, by ensuring that all those using support services in the community, irrespective of location, will receive an equal standard of care. It also has the potential to further enhance the relationship between cancer centres, hospitals and support centres and promote an integrated service between these sectors with a clear patient referral pathway.

In January 2021, Community Cancer Support Centres were invited to take part in a self-assessment process to assess the service they provide against this guidance, in order to identify both good practices and areas where improvements can be made. Participation in the self-assessment process was voluntary. The goal was to have a reflective process to; test the draft Best Practice Guidance for Community Cancer Support Centres and Services, determine if a peer review process approach was feasible, and to make recommendations for improvement and national implementation.

Aim

The aim of this pilot was to establish the external peer review process within Community Cancer Support Centres and to evaluate whether this method of external validation of the self-assessment process would work in the Irish context.



Self-assessment was based on a centres' judgement of compliance in relation to five guidance areas set out under the NCCP's recommendations for best practice. The self-assessment process included an external review via a peer review process, which was piloted among a number of support centres in 2021. Peer review is a professional assessment, against standards, of an organisation in relation to healthcare processes and quality of work, with the objective of facilitating its improvement⁶. This method is widely used by the NHS to review cancer services and has demonstrated examples of good practice and progress in implementing service developments based on comments from previous reviews⁷. It offers a potentially cost-effective way of developing and assuring quality of care. It also offers the opportunity for centres to showcase their service, share best practice as well as new and innovative ideas.

The purpose of the peer review process was to standardise best practice across the country by validating the responses provided by the centres in their self-assessments and to ensure those involved were completing the tool in a similar and consistent manner. Going forward, it will also provide a level of internal assurance to each centre, and external assurance to the public, that the service they are providing is reaching a recognised standard.

It was agreed to implement the external peer review process on a phased basis, commencing with a pilot study in 2021, followed by national rollout to all the Community Cancer Support Centres in 2022.

This process has been collaborative and learning-focussed for all involved. The lessons learned have been shared with all the centres involved and will be incorporated into the self-assessment tool, supporting documentation and peer review processes, as required, before any further rolling out of this process across the country.

Methodology

Participation in this peer review pilot was voluntary. Cancer Support Centres were offered the opportunity to both nominate their centre to be peer reviewed and a staff member to become a peer reviewer for the pilot project. Ten centres came forward to be peer reviewed as part of this pilot and six staff at the centres nominated themselves to become peer reviewers. A patient representative was also invited to participate as a peer reviewer in the pilot process. The volunteer peer reviewers and patient representative signed a confidentiality agreement before commencing their roles in the peer review pilot.

A small panel of representatives from the NCCP and the Cancer Support Centres led the peer review assessments. One of the representatives from the NCCP team had previous experience in the NHS in this area. The peer review teams consisted of three NCCP members and one nominee from a Cancer Support Centre. Representatives from the Cancer Support Centres on the peer review team rotated in order to ensure they were not involved in the peer review of the centre where they worked or any centre within their own geographical area.

The peer review teams received training on undertaking a peer review meeting and the processes involved.

Each peer review team assigned a chair and a co-ordinator in advance of each meeting. The chair was responsible for leading the peer review meeting. The co-ordinator was responsible for sharing any documentation received prior to the meeting, taking notes during the meeting and for drafting, sharing and finalising the peer review report.

It was envisaged that the peer review meetings would have taken place in person at the Cancer Support Centre being reviewed. However, due to the COVID-19 pandemic lockdown restrictions these meetings took place remotely using the Webex online platform.

There were two elements to this pilot study and the steps involved are outlined in the process map overleaf:

- 1. Self-Assessment Process**
- 2. Peer Review Process**

Ten centres came forward to be peer reviewed as part of this pilot and six staff at the centres nominated themselves to become peer reviewers.

Self-Assessment Process

The Cancer Support Centres taking part in the pilot were encouraged to establish a Self-Assessment Team. It was recommended that membership of the self-assessment team would reflect the multidisciplinary members providing care within the centre and would be reflective of staff knowledge and experience, not necessarily the position they held within the centre. This team based approach supports the generation of discussion around the quality of service delivered as well as the capacity and capability within the service to support the delivery. They were asked to assign a Designated Lead who would be responsible for co-ordinating the self-assessment process, arranging the collation of information, returning the completed self-assessment and being the contact person for arranging the peer review meeting.

The centres were asked to complete the self-assessment tool (see Appendix 2), in relation to five guidance areas set out under the NCCP's recommendations for best practice:

- 1. Delivery of core services**
- 2. Governance**
- 3. Adherence to professional conduct and ethics**
- 4. Psycho-Oncology Model of Care**
- 5. Assessing outcomes**

As the centres completed each section of the self-assessment tool, they were asked to provide a judgement of their compliance from three options including Compliant, Substantially Compliant and Not Compliant. They were also advised to gather supporting documentation of their compliance and any action plans that may have been developed and to have these available for review during the peer review stage. A supplementary information guide was sent out with the self-assessment tool to help guide centres on the questions being asked, the relevant supporting documentation that may be required, and how to determine their rate of compliance against a guidance area.

Step 1: Complete Self-Assessment

Cancer Support Centre

- > Set-up self-assessment team
- > Complete and submit the self-assessment tool
- > Gather and share supporting documentation

Step 2: Review Self-Assessment

National Cancer Control Programme

- > Set-up peer review team
- > Review completed self-assessment tool and supporting documentation
- > Complete self-assessment review form and focus areas & supporting documentation checklist

Step 3: Arrange Peer Review Meeting

Cancer Support Centre & National Cancer Control Programme

- > Arrange training for peer reviewers
- > Agree peer review meeting date

Step 4: Peer Review Meeting

Cancer Support Centre & National Cancer Control Programme

- > Review completed self-assessment, supporting documentation & focus areas
- > Review areas of good practice
- > Review any areas for improvement/consideration & agree further actions

Step 5: Peer Review Report

National Cancer Control Programme

- > Compile the draft peer review report
- > Share the draft with the centre for accuracy
- > Finalise the peer review report
- > Share the report with the centre & National Clinical Lead for Psycho-Oncology

Peer Review Process

Within the peer review process, there were three phases:

- **Review of self-assessment and supporting documentation**
- **Interview**
- **Report writing**

Upon receipt of the completed self-assessment and supporting documentation, the peer review team met to review the information and to document their initial assessment of the centres compliance on the Self-Assessment Review Form (see Appendix 3). Discrepancies in relation to the judgement of compliance were documented on this form for further review at the peer review meeting. The peer review team also considered any areas of focus and questions for the cancer support centre at this time and the co-ordinator kept a record of these for the peer review meeting on the Focus Areas & Supporting Documentation Checklist (see Appendix 4). The Self-Assessment Review Form and the Focus Areas & Supporting Documentation Checklists were completed for the peer review team's reference only in order to guide discussions at the peer review meeting and were not shared with the Cancer Support Centre. Under normal circumstances, the supporting documentation would have been viewed on the day of the peer review meeting at the centre. However, centres were required to share this documentation with the peer review team in advance, as the peer review meetings took place remotely for this pilot.

Following the review of information, the team co-ordinator then arranged a peer review meeting with the members of the centres self-assessment team. The centre was encouraged to invite any relevant participants, including staff or board members, to attend and contribute to this meeting. The purpose of this meeting was to review the self-assessment and to give the centre the opportunity to share further details and documentation on their evidence of compliance and to showcase areas of good practice within their centre. Areas of concern or requiring improvement were also discussed during the peer review meeting and any further actions to address this were agreed. The team co-ordinator kept a record of those in attendance at the meeting.

Following the meeting, the team co-ordinator drafted a report based on the discussions of the meeting (see Appendix 5). This report summarised the main findings of the peer review, including examples of good practice, areas requiring attention/improvement and any agreed actions to be undertaken by the centre to meet compliance with the recommended guidance. The draft report was shared with the centre within one week of the meeting in order to give the centre an opportunity to comment on its factual accuracy before the report was finalised and shared with the National Clinical Lead for Psycho-Oncology.



Conclusion

Following the completion of the ten peer review meetings, the full group of peer reviewers met with the National Clinical Lead for Psycho-Oncology to review the process and to get a better understanding of their experience of implementation. The group were invited to give their feedback, to discuss the findings and to explore if there were any recommendations that could be developed and implemented prior to the planned national rollout of the self-assessment and peer review processes.

Overall, the group were very happy with the process and found it to be a well-balanced positive experience. They felt it was a good opportunity to validate and reflect on all the work that they do in their support centres and it provided them with an opportunity to learn from each other.

It was noted that the group agreed that it would be preferable for the peer review meetings to take place in person at the Cancer Support Centres. While the original plan was to hold the peer review meetings at the centres, they did however take place via Webex for this pilot, due to COVID-19 restrictions. As the peer review meetings were held remotely, there was a requirement for the Cancer Support Centres to share the supporting documentation in advance. These meetings would normally take place in person at the Cancer Support Centre and the supporting documentation would be viewed at the centre on the morning of the meeting. It was recognised that sharing the supporting documentation in advance of the meeting was more onerous for the Cancer Support Centres. The group also highlighted the importance of maintaining confidentiality and it was agreed that document sharing would only take place with prior consent.

Different members of the multi-disciplinary team at the Cancer Support Centres attended the peer review meetings. In some cases, members of the Board of Directors attended the meetings. It was recommended by the group that the Chair of the Board should attend future peer review meetings. This would help to raise awareness of the Best Practice Guidance and the work involved in the self-assessment and peer review processes with the Board of Directors. This change was agreed and will be implemented before further rollout of the peer review processes.

A log of suggested changes to the self-assessment tool and peer review process was maintained by the NCCP throughout the pilot. The peer review team members and the NCCP met at the end of the pilot process to review and agree the recommended changes to be made to the tool and processes. These recommendations were also reviewed and discussed internally in the NCCP by the Psycho-Oncology and Cancer Survivorship programme teams before final agreement.

It was also observed that more details on the judgements of compliant, substantially compliant and not compliant would be helpful for the centres when assessing their performance. It was agreed that further definition of these categories would be added to the self-assessment supporting documentation before further rollout.

Recommendations

Following discussions, the group agreed the six recommendations below:

1. Sharing areas of good practice

Many areas of good practice at the Cancer Support Centres were highlighted at the peer review meetings. A forum for sharing these areas of good practice between centres was recommended. The sharing of this information would be agreed in advance with the parties involved.

Suggestions on how best to share this knowledge between the centres were discussed. Options included network meetings, an annual conference, regular staff forums using Webex/Zoom and presentations on areas of good practice.

A national programme of topics to be presented via online platforms would enable clients from anywhere in the country to access topics of interest to them that may not be available locally. This would also avoid duplication of topics being offered by the Cancer Support Centres.

The Client Services Review and Development Committee at the Solas Cancer Support Centre is an example of an area of good practice shared during the peer review pilot. The purpose of this committee is to review current and prospective client services and make recommendations to the Board. Its responsibilities include reviewing the performance of client services from both the centre and service user's perspective on a regular and ongoing basis, identifying potential service development and reviewing existing services and ensuring the Solas Centre provides services in line with their core values which best serves the community. It is accountable to the Board of Directors and provides a forum for clients and volunteers views to be considered without being members of the Board.

The Alliance of Community Cancer Support Centres and Services is a new initiative being developed by the NCCP, which aims to develop a collaborative framework for community-based cancer support centres and services. This programme will promote participation in capacity-building activities and communication and networking forums aimed at ensuring that community-based cancer support services are integrated. It is envisioned that the Alliance will provide a forum to facilitate the sharing of areas of good practice between centres.

2. Service user representation on the Board of Directors

The peer review teams found that there was a variation in practice in relation to service user representatives on the Board of Directors. The NCCP strongly recommends that service users are represented on the Board of Directors at Cancer Support Centres.

The group developed the guidance below and agreed to add these to the self-assessment supporting material to provide further clarity for centres on recommendations in this area.

Length of tenure

The length of tenure for Service User Representatives on the Board of Directors should be in line with the requirements as laid out in the Charities Regulator Code.

Training & Induction

Training and induction should be provided to new Service User Representatives so that they have a clear understanding of their role. A document outlining board members duties and responsibilities should be signed and maintained.

Time post active treatment

In cases where the Service User Representative has had a cancer diagnosis it is recommended that they should be a minimum of two years post active treatment before becoming a member of the Board of Directors.

Time since using the services of the Cancer Support Centre

Service User Representatives should not be availing of the services of a Cancer Support Centre for a minimum of two years before becoming a member of the Board of Directors.

Tumour types, gender, cultural diversity, carers, family members, etc.

Service users who have experienced bereavement, carers and family members should also be considered when selecting Service User Representatives. Where possible more than one tumour type, gender, cultural diversity, etc. should be represented on the board. Representatives from another tumour type could be chosen at the changeover of board members. It is recognised that this may not always be possible and will depend on the size of the Cancer Support Centre.

Dual Role

In some cases, the Service User Representative may fulfil a dual role on the Board of Directors because of their specialist area of expertise (e.g. financial background).

3. Patient pathway

It was observed during the peer review pilot that differing practices are in place when referring clients between the Cancer Support Centres and the Acute Hospital services for review. Practice of referral between these sectors can be either informal or formal and is currently based on the model of care being used and established practice.

A proposed patient pathway was referenced as part of the Best Practice Guidance for Community Cancer Support Centres and Service.

It was agreed that a working group be established to consider this patient pathway and the development of a standard referral template, which would help to standardise this process. Members of the peer review group were invited to join.

4. Assessing service user needs

It was also observed during the peer review pilot that different methods and tools are being used by Cancer Support Centres to assess new service user's needs. The centres have developed different templates, and many use validated tools including the NCCN Distress Thermometer. These are being completed as part of the intake assessment as well as for monitoring and impact evaluation. The group recommended some standard uniformity in this assessment.

It was agreed that a working group be established to progress this recommendation and members of the peer review group were invited to join. It was observed that volunteer-led centres should be included in these groups in order for their feedback to be taken into account.

5. Monitoring & evaluating services

Many of the Cancer Support Centres participating in the peer review pilot shared good examples of patient satisfaction surveys and service audits taking place in their centres.

It was observed that the services and programmes being provided by the centres were not being routinely monitored to measure their impact on their service user's quality of life. It was raised at some of the peer review meetings that more direction is needed on how best to audit and monitor the services being provided and treatment outcomes at the Cancer Support Centres. It was suggested that there might be a benefit in centres auditing each other's services. The inclusion of a validated quality of life measurement in the client's baseline and end assessments for each intervention or programme was recommended to aid impact monitoring.

The group recommended that there would be ongoing evaluation of treatments, interventions and programmes at Cancer Support Centre. The NCCP agreed to provide direction to Cancer Support Centres on the tools available for monitoring and evaluating services.

The service evaluation processes developed at Cancer Care West are one example of good practice shared at the peer review meetings. Service user experiences were collected via a Service Evaluation Questionnaire. The responses collected were evaluated and the findings were presented in a Service Evaluation Report and from this analysis service recommendations and a quality improvement plan have been developed.

6. Training for therapists in treating cancer patients

It was noted during the peer review meetings that more guidance on the training available to complementary therapists for treating cancer patients would be beneficial. The need to ensure that volunteer complementary therapists are fully trained was also raised by the group.

The group recommended that Cancer Support Centres should satisfy themselves that their staff providing complementary therapies are fully trained in treating patients with cancer.

Next Steps

The NCCP will have the overall responsibility for leading the peer review process going forward. The National Clinical Lead for Psycho-Oncology and the Cancer Survivorship Programme Lead will review the findings of the pilot self-assessment and external peer review process and the optimal structure and design of the self-assessment and peer review process will be finalised and documented prior to the planned national rollout in 2022.

A log of suggested changes to the self-assessment tool and peer review process was maintained by the NCCP throughout the pilot. These changes were reviewed and finalised with the peer reviewers group. They will be incorporated and an updated version of the self-assessment tool in the Best Practice Guidance for Community Cancer Support Centres will be released before further rollout.

The recommendations outlined in this report will be progressed prior to the national rollout. The peer reviewers group will continue to meet to review progress with implementation.

In addition, training modules on how to conduct a self-assessment and for peer reviewers in relation to how to prepare for and conduct a peer review meeting and how to complete a peer review report will be developed by the NCCP.

The development of the Alliance of Community Cancer Support Centres and Services will be progressed in early 2022. This collaborative framework will promote participation in capacity-building activities and communication and networking forums aimed at ensuring that community-based cancer support services are integrated. It is envisioned that the Alliance will provide a forum to facilitate the sharing of areas of good practice between centres.

The structure of the services provided by national non-statutory organisations that provide support services differs from those provided by Cancer Support Centres. Consideration will be given to how the self-assessment tool and peer review processes could be adapted for evaluating the services provided by these national organisations.

Implementation Plan

| Milestone | Timeline |
|--|-------------------|
| Publish peer review pilot evaluation report | Q1 2022 |
| Implement the recommendations from the peer review pilot | Q1 - Q2 2022 |
| Develop self-assessment & peer review training materials | Q1 - Q2 2022 |
| Publish revised Best Practice Guidance | Q1 - Q2 2022 |
| Establish the Cancer Support Alliance | Q2 2022 |
| National rollout of the self-assessment and peer review process | Q2 2022 |
| Review completed self-assessments | Q3 2022 |
| Conduct peer review meetings | Q4 2022 - Q1 2023 |
| Prepare a national report on the findings from the peer review of Cancer Support Centres | Q2 2023 |

Acknowledgements

The NCCP wish to acknowledge and thank the Cancer Support Centres and the peer reviewer representatives listed below who volunteered to take part in the peer review pilot. We are very grateful to them for their commitment, time and support in participating in the peer review pilot.

Cancer Support Centres

- ARC Cancer Support Centre – Dublin
- Cancer Care West
- Circle of Friends Cancer Support Centre
- Cork ARC Cancer Support House
- Cuisle Cancer Support Centre
- Hope Cancer Support Centre
- LARCC Cancer Support Sanctuary
- Recovery Haven Cancer Support House
- Solas Cancer Support Centre
- Tuam Cancer Care

Peer Reviewers

- Ms. Elaine Corcoran, Cancer Care West
- Ms. Ellen Joyce, Cork ARC Cancer Support House
- Mr. Sean MacCarthy, HOPE Cancer Support House
- Ms. Tracy McDaid, Solas Cancer Support Centre
- Ms. Siobhan MacSweeney, Recovery Haven
- Ms. Bernie McHugh, LARCC Cancer Support Sanctuary
- Ms. Sinead Quinn, Service User Representative
- Ms. Terry Hanan, NCCP
- Ms. Pauline Robinson, NCCP
- Ms. Bernie O’Loughlin, NCCP

References

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- (2) Mullen, L. Hanan, T. (2019) National Cancer Survivorship Needs Assessment: Living with and beyond cancer in Ireland. National Cancer Control Programme: Dublin.
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- (4) Department of Health. (1999). Cancer support services in Ireland: Priorities for action. Department of Health: Dublin.
- (5) Greally, H. & Love, D. (2020). NCCP Best Practice Guidance for Community Cancer Support Centres and Services. National Cancer Control Programme: Dublin.
- (6) McCormick, B. (2012). Pathway peer review to improve quality. The Health Foundation: London.
- (7) National Cancer Peer Review Programme. (2012). National Cancer Peer Review Programme report 2011/2012. National Cancer Peer Review Programme: London.

Appendix 1

National Cancer Strategy Recommendations

The National Cancer Strategy 2017 – 2026 recommended further integration between primary care and hospital settings and that dedicated services are established in the cancer centres to address the psychosocial needs of patients and their families.

Recommendation 12

The NCCP will further develop the model of care for cancer to achieve integration between primary care and hospital settings at all stages of the cancer continuum, from diagnosis to post treatment care.

Recommendation 30

Each designated cancer centre will establish a dedicated service to address the psychosocial needs of patients with cancer and their families. This will operate through a hub and spoke model, utilising the MDT approach, to provide equitable patient access.

Appendix 2

Self-Assessment tool

NCCP Best Practice Guidance for Community Cancer Support Centres and Services

Name of Centre

Name of person completing
the Self-Assessment Tool

Date

1. Delivery of core services

1.1 Does your centre/service provide cancer information and education to patients, their families and carers?

Yes No

1.1.1 If yes, please list the types of information and education you provide.

1.2 Does your centre/service provide psychological support and counselling to patients, their families and carers?

Yes No

1.2.1 If yes, please give details of the types of psychological support and counselling you provide, including who they are delivered by.

1.3 Does your centre/service offer survivorship services?

Yes No

1.3.1 If yes, please provide a list of survivorship services/programmes.

Judgement

Please tick the box which best reflects your performance under this guidance:

Compliant

Substantially compliant

Not compliant

Signed: (Centre Manager) Date:

(Chair of the Board) Date:

2. Governance

Registration with the Charities Regulator

2.1 Is your centre/service registered with the Charities Regulator?

Yes No

2.2 Does your centre/service comply with the Charities Governance Code and its six principles of governance?

Yes No

Service User Representation

2.3 Is there service user representation on your Board of Directors?

Yes No

Fair and Equitable Access

2.4 Does your centre/service provide fair and equitable access to all cancer patients, their families and carers?

Yes No

Judgement

Please tick the box which best reflects your performance under this guidance:

Compliant

Substantially compliant

Not compliant

Signed: (Centre Manager)

Date:

(Chair of the Board)

Date:

3. Adherence to Professional conduct and ethics

General

- 3.1 Are the psychosocial health services received by service users based on the ethical principles of respect, competence, responsibility, and integrity and following professionals' respective codes of ethics?

Yes No

- 3.2 Are the psychosocial health services received by service users respectful of, and do they attend to, cultural and linguistic diversity, gender and sexual orientation for the population they serve?

Yes No

- 3.3 Are service users enabled to participate in making informed decisions about their care?

Yes No

- 3.4 Is informed consent obtained from service users, in relation to care and treatment, in accordance with legislation and best available evidence?

Yes No

- 3.5 Are service users' dignity, privacy and autonomy respected and promoted at all times?

Yes No

- 3.6 How do you ensure your therapists undertake continuous professional development (CPD)?

- 3.7 How do you ensure an interdisciplinary approach is taken to deliver the best care to service users?

- 3.8 Have you identified a clear patient pathway within the centre to move from individual to group psychological interventions or back to the acute hospital or community mental health team, if necessary?

Yes No

Psychologists, Psychotherapists, Counsellors, Nurses

- 3.9 What systems will you put in place to ensure that CORU registrants abide by their statutory Code of Professional Conduct and Ethics?

- 3.10 What systems do you have in place to ensure that your healthcare professionals adhere to the centres/services policies and procedures?

3.11 Do your clinical staff and/or contractors (in a paid or voluntary capacity) engage in appropriate supervision/reflective practice to improve outcomes for your service users receiving treatment?

Yes No

3.12 Do your clinical staff and/or contractors (in a paid or voluntary capacity) engage in appropriate supervision/reflective practice to improve their performance and professional development?

Yes No

3.13 How do you ensure your clinical staff and/or contractors (in a paid or voluntary capacity) are suitably qualified practitioners?

Complementary therapists

3.14 Are all therapists delivering complementary treatments members of their own professional body?

Yes No

3.15 Do all therapists delivering complementary treatments have knowledge and/or training in treating cancer patients?

Yes No

3.16 How do you ensure that care is informed by evidence or best practice, in conjunction with clinical judgement?

3.17 Are all therapies carried out to high professional standards, by therapists who are fully qualified within their scope of practice?

Yes No

3.18 Are all therapists fully insured?

Yes No

Judgement

Please tick the box which best reflects your performance under this guidance:

Compliant

Substantially compliant

Not compliant

Signed: (Centre Manager) Date:
 (Chair of the Board) Date:

Please insert any additional information or clarification on your responses, with reference to the specific guidance number:

Please insert details of any actions to be taken, if non-compliant with any of the guidance areas:

** There is a Supplementary Information document available to assist Community Cancer Support Centres and Services to complete the Self-Assessment tool.*

Appendix 3

Self-Assessment Review Form

Cancer Support Centre & Service Name Date Self-Assessment Completed Date Review Completed

| Best Practice Guidance Area | Assessment awarded by Cancer Support Centre & Service | Initial Assessment awarded by Peer Review Team | Provide reason for any difference in the judgment awarded | Provide details of further actions recommended (if any) |
|---|--|--|---|---|
| Delivery of Core Services | <input type="checkbox"/> Compliant <input type="checkbox"/> Substantially Compliant <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Compliant <input type="checkbox"/> Substantially Compliant <input type="checkbox"/> Not Compliant | | |
| Governance | <input type="checkbox"/> Compliant <input type="checkbox"/> Substantially Compliant <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Compliant <input type="checkbox"/> Substantially Compliant <input type="checkbox"/> Not Compliant | | |
| Adherence to Professional Conduct and Ethics | <input type="checkbox"/> Compliant <input type="checkbox"/> Substantially Compliant <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Compliant <input type="checkbox"/> Substantially Compliant <input type="checkbox"/> Not Compliant | | |
| Hospital and Community-based Psychosocial Care for patients with cancer and their families: A Model of Care for Psycho-Oncology | <input type="checkbox"/> Compliant <input type="checkbox"/> Substantially Compliant <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Compliant <input type="checkbox"/> Substantially Compliant <input type="checkbox"/> Not Compliant | | |
| Assessing Outcomes and Impact | <input type="checkbox"/> Compliant <input type="checkbox"/> Substantially Compliant <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Compliant <input type="checkbox"/> Substantially Compliant <input type="checkbox"/> Not Compliant | | |

Signed: Date:

(Signed by the Chair on behalf of the review team)

Appendix 4

Focus Areas & Supporting Documentation Checklist

Cancer Support Centre:

| Question Number | Questions for Peer Review Meeting/Areas of good practice for further discussion | Supporting Documentation Received | Supporting Documentation Review Comments |
|--|---|-----------------------------------|--|
| Section 1 – Delivery of Core Services | | | |
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| Section 2 – Governance | | | |
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| Section 3 – Adherence to Professional Conduct & Ethics | | | |
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| Section 4 – Hospital and Community-based Psychosocial Care for patients with cancer and their families: A Model of Care for Psycho-Oncology | | | |
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| Section 5 – Assessing Outcomes and Impact | | | |
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| General Discussion Areas | | | |
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Appendix 5

Self-Assessment Peer Review Report

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| Cancer Support Centre | |
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| Cancer Support Centre Attendees | |
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| Peer Review Team Attendees | |
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| Date Peer Review Completed | |
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| Areas of Good Practice |
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| Areas for Improvement/Consideration/General Concerns |
| |

| Further Actions Agreed (if any) |
|---------------------------------|
| |

| Best Practice Guidance Area | Assessment awarded by Cancer Support Centre | Assessment awarded by Peer Review Team |
|---|---|--|
| Delivery of Core Services | | |
| Governance | | |
| Adherence to Professional Conduct and Ethics | | |
| Hospital and Community-based Psychosocial Care for patients with cancer and their families: A Model of Care for Psycho-Oncology | | |
| Assessing Outcomes and Impact | | |



**Best Practice Guidance for Community
Cancer Support Centres & Services**

Peer Review Pilot Evaluation Report

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