National Cancer Control Programme

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

Peer Review Report
2023 – 2024 Cycle

Executive Summary

This report provides a summary of the findings from the self-assessment and peer review cycle conducted by the National Cancer Control Programme (NCCP) in collaboration with participating Community cancer support centres in 2023-2024.

The primary objective of this cycle was to further implement the self-assessment and peer review process in order to ensure the provision of high-quality supports and services for people affected by cancer and to maintain consistency of practice across community cancer support centres. The NCCP aims to ensure the support provided by community cancer support centres meets established standards of excellence by carrying out the self-assessment and peer review. It also identifies areas for improvement in a systematic way. The insights gained from this cycle are intended to drive enhancements in the overall process, as well as the enhanced delivery of cancer support services, ultimately benefiting patients and their families.

Following this cycle, the NCCP recommends:

- Introduction of a Pre-assessment checklist for participating community cancer support centres.

- Development of a Standard Operating Procedure (SOP) for the peer review team to reflect process changes and ensure standardisation.

- Development a Self-Assessment and Peer Review Toolkit.

- Implementation of a process to separate the self-assessment tool from the NCCP Best Practice Guidance to allow modifications to the tool on ongoing basis.

- Development and delivery of a workshop to provide further guidance and training on how community cancer support centres monitor and evaluate their services.

- A peer review co-ordinator role in the NCCP to centrally co-ordinate the self-assessment and peer review process and to ensure the recommendations are progressed, training and education are developed and toolkits and mentoring provided.

Another cycle of the self-assessment and peer review process is scheduled for 2024-2025, followed by a two-year period of consolidation. Subsequently, the NCCP Best Practice Guidance will be updated and re-published.

Introduction & Background

Currently there are more than 215,000 cancer survivors living in Ireland, which represents more than 4.3% of the population. Significant survival improvements are evident for most types of cancer[1], e.g. the 5-year survival for breast and prostate cancer is over 80%. The National Cancer Survivorship Needs Assessment, conducted by the NCCP in 2019, found that the provision of survivorship and psychological care in the community are a priority for patients and healthcare professionals[2]. Moreover, 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 services[3].

Community cancer support centres and services provide a comprehensive psychosocial support service for cancer patients and their families through the provision of information and support, counselling and psychological support, survivorship programmes and complementary therapies[4].

The Best Practice Guidance for Community Cancer Support Centres and Services was published by the NCCP in August 2020[5].The aim was to develop a set of operational standards for community cancer support centres and services. The Guidance was designed to enhance the support offered to cancer patients, their families and carers, by ensuring that all those using cancer support services in the community centres, irrespective of location, will receive an equal standard of care. It also serves to strengthen the relationship between the eight designated cancer centres and the community cancer support centres (CCSCs) by building confidence in the care being provided and promoting an integrated patient pathway between these sectors.

As part of the Best Practice Guidance, a self-assessment tool was developed to provide community cancer support centres with a structured process to measure their performance against the Best Practice Guidance recommendations. In addition to the self-assessment, an external peer review process was developed whereby the results of the self-assessment would be checked by external review via a peer review process. In January 2021, community cancer support centres were invited to participate in a pilot self-assessment and peer review process to evaluate their services against the Best Practice Guidance. The aim of the peer review pilot was to assess the feasibility of an external peer review process within Ireland and to establish the process prior to national implementation[6]. The peer review process, widely used by the NHS, facilitates improvement by providing professional assessments against standards, sharing best practices and innovative ideas[7].

Ten community cancer support centres volunteered to take part in the pilot peer review project and were found to be compliant with the guidance areas in the NCCP Best Practice Guidance. A peer review evaluation report was published in 2022[6], which contained a number of recommendations, namely:

- Sharing areas of good practice between community cancer support centres, including the development of The Alliance of Community Cancer Support Centres and Services (The Alliance), which was progressed in early 2022

- Service user representation on the Board of Directors

- Patient Pathway

- Assessing service user needs

- Monitoring and evaluating services

- Training for therapists in treating cancer patients

Following the pilot self-assessment and peer review project in 2021, all documentation, including the NCCP Best Practice Guidance[8], was updated to incorporate the lessons learned before the national roll-out in 2023. The revised Best Practice Guidance for Community Cancer Support Centres (2nd Edition) was published in March 2022.

Aim
The aim of this cycle was to further implement the self-assessment and peer review process in order to provide assurance that safe and high-quality supports and services are delivered to people affected by cancer.

Methodology/Process Overview
Participation in the self-assessment and peer review process was voluntary. The NCCP opened an application window where community cancer support centres were offered the opportunity to nominate their centre to be peer reviewed against the guidance areas of the NCCP Best Practice Guidance. Representatives from both the NCCP and community cancer support centres who previously took part in the pilot project were invited to participate in the peer review process. A number of new participants were also invited to take part including:

- NCCP representatives from the Survivorship, Psycho-Oncology and Nursing teams
- Representatives from the Psycho-Oncology Multidisciplinary teams (MDT) in the cancer centres
- Service Users (SU) who have engaged with services provided by Community cancer support centre (SUs did not peer review a community cancer support centre they had engaged with in the past nor one within their immediate geographical area)

Peer Review Team
A small panel of representatives from the NCCP, the Psycho-Oncology MDTs and the community cancer support centres led the peer review assessments. The peer review teams consisted of:

Clinical Representative: this was either a NCCP nursing team representative or a member of the Psycho-Oncology MDT

Community cancer support centre Representative (CCSC Rep): a centre manager who had led his or her own organisation through the peer review process. Centre managers were assigned to teams that reviewed centres outside of their own geographical area

NCCP Coordinator

Service User

The NCCP provided training to the peer review team members on the Best Practice Guidance, on how to undertake a peer review meeting and the processes involved. All representatives signed confidentiality agreements before commencing their roles in the peer review process.

The Clinical Representative was responsible for chairing the peer review meeting. The coordinator was responsible for co-ordinating the process, sharing any documentation received, taking notes during the meeting and for drafting, sharing and finalising the peer review report.

The peer review meetings took place in person at the community cancer support centre and took approximately 90 minutes.

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

1. Self-Assessment Process
2. Peer Review Process

Self-Assessment Process

Community cancer support centres taking part in the phase 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 team/organisation. This team based approach supports the generation of discussion around the quality of service delivered. Centres were asked to assign a Designated Lead who would be responsible for coordinating the self-assessment process, arranging the collation of information, returning the completed self-assessment tool and supporting documentation and being the contact person for arranging the peer review meeting.

Community cancer support centres were asked to complete the self-assessment tool (see Appendix 1), in relation to four 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. **Outcomes Assessment and Impact Monitoring**

As the centres completed each section of the self-assessment tool, they were asked to provide a judgement of their compliance from three options:
◎   Compliant
◎   Substantially Compliant
◎   Not Compliant

They were advised to gather supporting documentation of their compliance and any action plans that may have been developed and to upload these for review according to the NCCP's guidelines to ensure security of information. A how-to 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.

All community cancer support centres were advised that the NCCP could put them in touch with another centre of similar size that had gone through the pilot peer review process for informal advice. This was done to encourage shared learning and support among the community cancer support centres. CCSC representatives who had provided advice to an applicant community cancer support centre did not peer review the same centre.

Self-assessment and peer review process map

Complete Self-Assessment

Cancer Support Centre
• Set up self-assessment team
• Complete and submit the self-assessment tool
• Gather and share supporting documentation

Review Self-Assessment

National Cancer Control Programme
• Set up peer review group
• Review completed self-assessment tool and supporting documentation
• Complete self-assessment review form and guidance areas

Arrange Peer Review Meeting

Cancer Support Centre & National Cancer Control Programme
• Agree peer review meeting dates

Peer Review Meeting

Cancer Support Centre & National Cancer Control Programme
• Review completed self-assessment, supporting documentation & guidance areas
• Review areas of good practice
• Review any areas for improvement / considerations & agree Further actions

Peer Review Report

National Cancer Control Programme
• Compile the draft peer review report
• Share the draft with the peer review team and cancer support center for accuracy
• Finalise the peer review report
• Share the report with the center, National Clinical lead for Psycho-Oncology and National Lead for Cancer Survivorship

Peer Review Process

Within the peer review process, there were three steps :
    Review of self-assessment and supporting documentation
    Peer Review meeting
    Report writing

Upon receipt of the completed self-assessment and supporting documentation from the centre, the peer review team met to review the information received and to document their initial assessment of the centres' compliance on the Self-Assessment Review Form (see Appendix 2). 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 peer review meeting at this time and the co-ordinator kept a record of these for the peer review meeting on the Self-Assessment Review Focus Areas Template (see Appendix 3). The Self-Assessment Review Form and the Self-Assessment Review Focus Areas Template 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 community cancer support centre.

The peer review team co-ordinator then arranged a peer review meeting with the members of the centre's self-assessment team. The centre was encouraged to invite any relevant participants, including the Chairperson of the Board to attend and contribute to this meeting (with a recommendation of two to three members in attendance). The co-ordinator kept a record of those in attendance at the 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 show case 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.

Following the meeting, the co-ordinator drafted a report based on the discussions of the meeting (see Appendix 4). 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 four weeks 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 and the National Lead for Survivorship at the National Cancer Control Programme.

Conclusions & Recommendations

Both internal and external participants taking part in the project were invited to share their feedback on the process after the six peer review meetings concluded. They were encouraged to propose suggestions for improvements or changes that could be developed and implemented. The goal is to address these recommendations before the next cycle of self-assessment and peer review process begins in 2024. This approach aims to ensure that any necessary adjustments or enhancements are made, promoting a more effective and efficient evaluation process moving forward.

All in all, the participants in this cycle of self-assessment and peer review had a very positive experience, similar to the peer review pilot. They found the process extremely useful, as it allowed them to thoroughly evaluate their services, identify and address gaps, and reflect on the excellent work being done. The opportunity to review their practices fostered a deeper understanding of their own efforts. Additionally, many participants shared the view that it was a great learning experience where they gained new insights and knowledge.

In order to promote the integrated patient pathway between cancer centres and community cancer support centres even further, a decision was made to invite members of the Psycho-Oncology MDTs to take part in this cycle. Their inclusion as Clinical Reps in the peer review teams was deemed invaluable by all participants in this round of the self-assessment and peer review process. The MDT members themselves were impressed by the breadth of services offered at community cancer support centres and the rigour of the work being conducted. The community cancer support centres were enthusiastic about showcasing their efforts and felt that this process could foster relationship-building and enhance recognition of their integral role in the patient care pathway with the cancer centres.

Service user engagement was found to be a crucial element during this phase. A service user's direct experience of community based cancer support gives them a unique perspective about ways to improve the quality of a service compared to a NCCP, Psycho-Oncology MDT or CCSC representative. All the participants felt that the engagement by service users enhanced the peer review by providing insight into achieving services better focused on their needs.

After a number of meetings with participants in this cycle, several recommendations were put forward:

Recommendation 1:
Introduction of a Pre-assessment checklist for participating Community cancer support centres

The NCCP team developed a Pre-Assessment Checklist (Appendix 5) for community cancer support centres, intended to help them gauge their readiness to undergo the self-assessment and peer review process prior to taking part. This checklist is an essential tool designed to aid the centres ensure all necessary processes and supporting documentation are in place. The NCCP recommend that centres also use this checklist to review their documentary evidence of compliance. The checklist itself is a guide for the CCSC and does not need to be returned to the NCCP. By completing the checklist, centres can identify and address any process gaps early on, ensuring they are well prepared for the peer review. The introduction of the pre-assessment checklist will streamline the self-assessment and peer review processes by facilitating a more effective and efficient assessment by the centres. It is recommended that the Designated Lead for the self-assessment and peer review process at the Centre reviews the checklist below and considers the responses with the Board of Directors prior to making a decision on the centre's readiness to progress. As a result of this, five of the ten applicant community cancer support centres took the decision to defer going through the self-assessment and peer review process.

Recommendation 2:
Develop a Standard Operating Procedure for the peer review team to reflect process changes and ensure standardisation

During this cycle of the self-assessment and peer review process, there were multiple NCCP coordinators, several clinical leads, and various peer reviewers involved. This differed from the pilot phase where the same NCCP lead and co-ordinator facilitated the ten peer review meetings. This increase in personnel highlights the need for consistency and standardisation across the process. Therefore, another recommendation of this report is the development of a Standard Operating Procedure (SOP). This SOP should reflect the recent process changes and ensure that all members of the peer review team, regardless of who they are, adhere to the same procedures. This will help maintain objectivity, uniformity, and the overall integrity of the review process. The SOP will serve as a critical tool to guide coordinators, clinical reps, and peer reviewers, ensuring that every review is conducted fairly and consistently across the board.

Changes to the self-assessment and peer review process reflected in the SOP include:
- Pre-assessment checklist

- Linkage to another community cancer support centre for informal advice

- Designate the Guidance Areas amongst the peer review team

Recommendation 3:
Develop a self-assessment and peer review toolkit

Another recommendation is to develop a comprehensive self-assessment and peer review toolkit for community cancer support centres. Currently, the process involves numerous documents, including the pre-assessment checklist, the self-assessment tool, the how-to guide, and various other supporting documents such as the Guidance on Monitoring and Evaluation and the Client Registration form. Navigating through these documents can lead to confusion and operational difficulties for the centres. To streamline the process and ensure consistency, a toolkit should be created and provided to all applicant centres. This toolkit would consolidate all necessary documents into a single, cohesive package, making it easier for centres to follow the required steps and understand the expectations. The toolkit will start with the pre-assessment checklist, followed by the self-assessment tool, the how-to guide, and other relevant documents. Furthermore, this toolkit will be regularly updated and expanded to include new resources and guidance as they are developed, ensuring that centres always have access to the most current and comprehensive information.
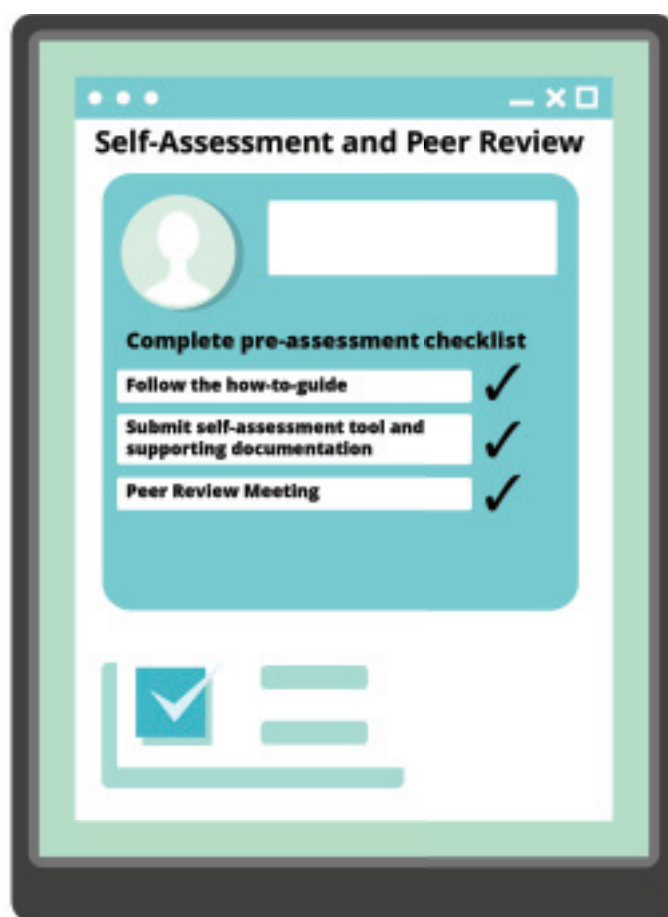
Recommendation 4:
Implementation of a process to separate the self-assessment tool from the NCCP Best Practice Guidance to allow modifications to the tool on an ongoing basis

Currently, the self-assessment tool is integrated into the Best Practice Guidance, meaning it can only be updated when the Best Practice Guidance is reissued. This linkage restricts the tool's adaptability, potentially hindering timely improvements based on emerging needs and feedback. To enhance flexibility and responsiveness, a process should be established to separate the self-assessment tool from the Best Practice Guidance. This separation would allow for the tool to be modified independently and promptly whenever necessary, ensuring it remains efficient and up-to-date, reflecting all changes and insights gained from the most recent review cycle. By updating the tool independently, the process can be streamlined, and any necessary adjustments can be made promptly. This will enhance the relevance and accuracy of the self-assessment tool, allowing it to better meet the evolving needs of community cancer support centres. Additionally, this method will prevent delays associated with the comprehensive revision of the NCCP Best Practice Guidance, ensuring that improvements to the tool are implemented in a timely manner and thereby improving the overall effectiveness of the self-assessment and peer review process.

Recommendation 5:
Development and delivery of a workshop to provide further guidance and training on how community cancer support centres monitor and evaluate their services

Many of the community cancer support centres participating in the peer review pilot shared good examples of patient satisfaction surveys and service audits taking place in their centres. Similar to the pilot phase, however, it was observed that the services being provided by the centres were not being routinely monitored to measure their impact on their service user's quality of life. The peer review teams referred to the guidance on monitoring and evaluating services provided by the NCCP as a result of the pilot phase of project. However, community cancer support centres suggested that the guidance alone was insufficient in aiding them to implement a more robust monitoring and evaluating service. As a result, it was suggested a workshop be organised by the NCCP through the Alliance network, to provide detailed instruction on establishing a comprehensive monitoring and evaluation framework. It is recommended that the workshop is led by an external specialist in this area who has experience in the development of monitoring and evaluation policies, standards and guidance as well as oversight compliance of same. This workshop would help centres develop the necessary skills and methodologies to effectively measure and enhance the impact of their services on patients' quality of life, ensuring a higher standard of care and continuous improvement.

Recommendation 6:
A Peer Review Coordinator role in the NCCP

A Peer Review Coordinator role in the NCCP to centrally manage and streamline the self-assessment and peer review process. This role would be pivotal in ensuring that recommendations from the peer review process are effectively implemented and that continuous improvements are made. The Peer Review Coordinator would be responsible for developing and delivering training, developing and updating the toolkit, coordinating the process as well as offering mentoring to support centres. By facilitating these initiatives, the co-ordinator will help enhance the quality and consistency of services provided to people affected by cancer, fostering a collaborative and supportive environment.

Next Steps

It is envisaged that all of the recommendations will be fully executed coinciding with the revision of the NCCP Best Practice Guidance.

However, immediate next steps entail conducting the next phase of the self-assessment and peer review process, which involves coordinating the logistics for the upcoming cycle, including training, selecting peer review teams, disseminating necessary documentation and guidelines and scheduling site visits. The NCCP hopes the self-assessment and peer review process continues to serve as a catalyst for ongoing improvement in cancer support services.

Milestone	Timeline
Publish Peer Review Report phase 2	Q2 2024
Implement the recommendations from the peer review phase 2	Q1-Q3 2024
Rollout of the self-assessment and peer review process phase 3 2024-2025	Q2 2024 – Q1 2025
Review completed self-assessments	Q4 2024 – Q1 2025
Conduct peer review meetings	Q4 2024 – Q1 2025
Prepare a national report on the findings from the peer review of Cancer Support Services	Q2 2025
Implement the recommendations from the peer review phase 3	2026-2027
Publish revised Best Practice Guidance	2027

Acknowledgements

Implementation Plan

The NCCP wish to acknowledge and thank the peer reviewer members listed below who volunteered to take part in the peer review process. We are very grateful to them for their commitment, time and support throughout the self-assessment and peer review process.

We also wish to congratulate the new Members of The Alliance.

Peer Reviewers
Ms Marion Ashley, Service User
Ms Mary Judge, Service User
Mr John Griffin, Service User
Ms Siobhan Hayes, Service User
Ms Sheila Stone, Service User
Mr Paddy McMahon, Service User
Dr Susan O'Flanagan, MMUH
Ms. Sinead Devenney, MMUH
Ms. Jane McCarthy, SVUH
Ms. Bernie McHugh, LARCC Cancer Support Sanctuary
Ms. Tracy MacDaid, Solas Cancer Support Centre
Ms. Elaine Corcoran, Cancer Care West
Ms. Siobhan MacSweeney, Recovery Haven
Ms. Fiona Kelly, NCCP
Ms. Clare Leatham, NCCP
Ms. Dorothy Thomas, NCCP
Ms. Niya Mateeva, NCCP

Members of the Alliance - Cancer Support Centres
Cois Nore Cancer Support Centre
CUAN Cancer Support Centre Cavan
Dochas Offaly Cancer Support Centre
Eist Carlow Cancer Support Centre
Purple House Cancer Support Centre
Sligo Cancer Support Centre

References

(1) National Cancer Registry Ireland (2023) Cancer in Ireland 1994-2021: Annual statistical report of the National Cancer Registry. NCRI, Cork, Ireland.

(2) Mullen, L. Hanan, T. (2019) National Cancer Survivorship Needs Assessment: Living with and beyond cancer in Ireland. National Cancer Control Programme: Dublin.

(3) National Cancer Strategy 2017-2026 Department of Health.

(4) Cancer Support Services in Ireland Priorities for Action. Psychosocial and Cancer Support Services (1999). Dublin: Department of Health and Children.

(5) Greally, H. & Love, D. (2020). NCCP Best Practice Guidance for Community cancer support centres and Services. National Cancer Control Programme: Dublin.

(6) O'Loughlin et al. (2021). NCCP Best Practice Guidance for Community cancer support centres, Peer Review Evaluation Report. National Control Programme: Dublin.

(7) McCormick, B. (2012). Pathway peer review to improve quality. The Health Foundation: London.

(8) Greally, H., Love, D. & O'Loughlin, B. (2022). NCCP Best Practice Guidance for Community Cancer Support Centres (2nd edition). National Cancer Control Programme: Dublin

Appendix 1

Revised Self-Assessment tool

Instructions

› Please refer to the supplementary information guide for further information and guidance as you complete this tool.

› You will have one month to complete and return this self-assessment tool and supporting documentation.

› The completed tool and supporting documentation should be returned to the NCCP using sharefile.

NCCP Best Practice Guidance for Community Cancer Support Centres

Cance Support Centre	
Centre Manager	
Chairperson on the Board	
Designated Lead (name & position)	
Date submitted	

1.   Delivery of Core Services

1.1   Does your centre provide cancer information and education to service users
      (i.e. cancer 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 provide psychological support and/or counselling to service users?

      Yes ☐   No ☐

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

1.3 Does your centre offer survivorship services (e.g.) CTS programme, cancer rehabilitation, lymphoedema services?

Yes ☐   No ☐

1.3.1 If yes, please provide a list of survivorship services/programmes, including number of sessions per programme, length of time of each session, who provides the programme service.

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

2.1   Is your centre registered with the Charities Regulator?

Yes ☐   No ☐

Please insert any additional information or clarification

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

Yes ☐   No ☐

Please insert any additional information or clarification

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

Yes ☐   No ☐

Please insert any additional information or clarification

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2.4   Does your centre provide fair and equitable access to all service users?

Yes ☐   No ☐

Please insert any additional information or clarification

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 support 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 ☐

Please insert any additional information or clarification

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3.2   Are the psychosocial support 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 ☐

Please insert any additional information or clarification

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

Yes ☐   No ☐

Please insert any additional information or clarification

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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 ☐

Please insert any additional information or clarification

[   ]

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

Yes ☐   No ☐

Please insert any additional information or clarification

[   ]

3.6 How do you ensure a multidisciplinary approach is taken to deliver the best care to service users?

[   ]

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

Yes ☐   No ☐

Please insert any additional information or clarification

[   ]

3.8   How do you assess service users to identify their needs?

Formal interview ☐

Psychological/behavioural scales ☐

Informal assessment ☐

Self-assessment tools ☐

Referral information ☐

Other, please specify below ☐

Please insert any additional information or clarification

3.9   What systems do you have in place to ensure that your staff and volunteers adhere to the centres' policies, procedures, protocols, and guidelines?

3.10   How do you ensure all relevant staff and/or contractors undertake continuous professional development (CPD)?

Psychologists, Psychotherapists and Counsellors

Does your centre provide this service?

Yes ☐   No ☐

3.11   What systems do you have in place to ensure that clinical staff and/or contractors adhere to the statutory Code of Professional Conduct and Ethics of the professional bodies they are a member (or eligible for membership) of, throughout the course of their work?

[ ]

3.12   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 ☐

Please insert any additional information or clarification

[ ]

3.13   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 ☐

Please insert any additional information or clarification

[ ]

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

[ ]

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

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Complementary Therapists

Does your centre provide this service?

Yes ☐   No ☐

3.16 What systems do you have in place to ensure that therapists delivering complementary treatments adhere to the statutory Code of Professional Conduct and Ethics of the professional body they are a member (or eligible for membership) of, throughout the course of their work?

Yes ☐   No ☐

Please insert any additional information or clarification (including a list professional bodies)

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

Yes ☐   No ☐

Please list specific cancer-related training/courses undertaken

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

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

Yes ☐   No ☐

Please insert any additional information or clarification

[ ]

3.20   Are all therapists fully indemnified?

Yes ☐   No ☐

Please insert any additional information or clarification

[ ]

Lymphoedema Therapists

Does your centre provide this service?

Yes ☐   No ☐

3.21   What systems do you have in place to ensure that therapists delivering lymphoedema treatments adhere to the statutory Code of Professional Conduct and Ethics of the professional body they are a member (or eligible for membership) of, throughout the course of their work?

Yes ☐   No ☐

Please insert any additional information or clarification (including a list professional bodies)

[ ]

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

Yes ☐   No ☐

Please list specific cancer-related training/courses undertaken

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

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

Yes ☐   No ☐

Please insert any additional information or clarification

3.25   Are all therapists fully indemnified?

Yes ☐   No ☐

Please insert any additional information or clarification

Other healthcare professional (please specify below)

3.26 What systems do you have in place to ensure that _____ delivering treatments adhere to the statutory Code of Professional Conduct and Ethics of the professional body they are a member (or eligible for membership) of, throughout the course of their work?

Yes ☐ No ☐

Please insert any additional information or clarification (including a list professional bodies)

```



```

3.27 Do all _____ delivering treatments have knowledge and/or training in treating cancer patients?

Yes ☐ No ☐

Please list specific cancer-related training/courses undertaken

```



```

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

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

Yes ☐   No ☐

Please insert any additional information or clarification

[ ]

3.30   Are all _____ fully indemnified?

Yes ☐   No ☐

Please insert any additional information or clarification

[ ]

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: _____

4. Outcome Assessment & Impact Monitoring

4.1 Do you carry out periodic audits to ensure the quality of the service being provided?

Yes ☐ No ☐

Please insert any additional information or clarification

4.2 Do you monitor and evaluate the effectiveness of treatment outcomes?

Yes ☐ No ☐

Please insert any additional information or clarification

4.3 Do you submit information on service use, as requested by the NCCP?

Yes ☐ No ☐

Please insert any additional information or clarification

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 details of any areas of good practice (if relevant):

Please insert details of any areas where improvements could be made (if relevant):

Appendix 2

Self-Assessment Review Form

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

Best Practice Guidance Area	Assessment awarded by Cancer Support Centre & Service	Assessment awarded by Review Team	Provide reason for any difference in the judgment awarded	Provide details of further actions recommended (if any)
Delivery of Core Services	☐ Compliant ☐ Substantially Compliant ☐ Not Compliant	☐ Compliant ☐ Substantially Compliant ☐ Not Compliant		
Governance	☐ Compliant ☐ Substantially Compliant ☐ Not Compliant	☐ Compliant ☐ Substantially Compliant ☐ Not Compliant		
Adherence to Professional Conduct and Ethics	☐ Compliant ☐ Substantially Compliant ☐ Not Compliant	☐ Compliant ☐ Substantially Compliant ☐ Not Compliant		
Assessing Outcomes and Impact	☐ Compliant ☐ Substantially Compliant ☐ Not Compliant	☒ Compliant ☐ Substantially Compliant ☐ Not Compliant		

Signed: _____   **Date:** _____

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

Appendix 3

Cancer Support Centre _____

Question Number	Questions for Peer Review Meeting/Areas of good practice for further discussion	Supporting Documentation List	Supporting Documentation Review
Section 1 – Delivery of Core Services			
Section 2 – Governance			
Section 3 – Adherence to Professional Conduct & Ethics			

Cancer Support Centre _____

Question Number	Questions for Peer Review Meeting/Areas of good practice for further discussion	Supporting Documentation List	Supporting Documentation Review
Section 4 – Outcome Assessment & Impact Monitoring			
General Discussion			

Appendix 4

Self-Assessment Peer Review Report	
Cancer Support Centre	
Cancer Support Centre Attendees	
Peer Review Team Attendees	
Date Peer Review Completed	

Areas of Good Practice

Areas for Improvement and Consideration

Further Actions Agreed (if any)

Self-Assessment Peer Review Report

Self-Assessment Area	Assessment awarded by the Cancer Support Centre	Assessment awarded by the Peer Review Team
Delivery of Core Services		
Governance		
Adherence to Professional Conduct and Ethics		
Outcome Assessment & Impact Monitoring		

Appendix 5

NCCP Best Practice Guidance
For Community Cancer Support Centres
(2nd edition)

Pre-Assessment Checklist

Purpose

This document was developed as a guide for Community Cancer Support Centres to support you in conducting pre-assessment checks to gauge your readiness prior to taking part in the Self-Assessment and Peer Review process. It serves as a quick checklist to ensure required supporting documentation can be provided as part of the responses during the process. This document should be read in conjunction with the **Best Practice Guidance**, the **Self-Assessment Tool** and the **How-to Guide for completing Self-Assessment Tool**.

It is recommended that the Designated Lead for the Self-Assessment and Peer Review process at the Centre reviews the checklist below and considers the responses with the Board of Directors prior to making a decision on the Centre's readiness to progress. There will be opportunities to undergo the peer review process at regular future intervals.

Please note it <u>is an absolute requirement</u> that supporting documentation is provided when completing the self-assessment tool where you have indicated positive responses below.

Delivery of Core Services	
1. Does your centre have information available for clients (online and had copies), and in accessible formats (see **How-to guide for completing the Self-Assessment Tool** for more information)?	Yes ☐ No ☐
2. Can you provide timetables and/or summary of education sessions, workshops, events, counselling that you provide face-to-face or on online platforms?	Yes ☐ No ☐
3. Do you have a list of the Survivorship services your centre provides and a timetable of when these were delivered, and the number of participants that have taken part? (see **How-to guide for completing the Self-Assessment Tool** for more information)	Yes ☐ No ☐

Governance	
1. Can you provide evidence that your Centre is a registered Charity?	Yes ☐ No ☐
2. Do you have a Governance Code Compliance Form or similar to ensure you are compliant with the Charity's Governance Code and its six principles?	Yes ☐ No ☐
3. Do you have a written policy on Fair and Equitable Access (see **How-to guide for completing the Self-Assessment Tool** for more information)?	Yes ☐ No ☐

Adherence to Professional Conduct and Ethics	
1. Can you provide evidence that informed consent is obtained from service users prior to engaging with the services? (see **How-to guide for completing the Self-Assessment Tool** for more information)	Yes ☐ No ☐
2. Can you provide evidence that all practitioners (members of staff and external practitioners) follow their respective codes of ethics?	Yes ☐ No ☐
3. Do you have written policies/procedures that safeguard the cultural and linguistic diversity, gender and sexual orientation of your service users (see **How-to guide for completing the Self-Assessment Tool** for more information)?	Yes ☐ No ☐
4. Do you have written policies/procedures that govern the dignity, privacy and autonomy of your service users (see **How-to guide for completing the Self-Assessment Tool** for more information)?	Yes ☐ No ☐

5.	Do you have written policies in place and do staff and volunteers sign to show they have read and understood them?	Yes ☐ No ☐
6.	Do you have copies of annual registrations to professional bodies for relevant staff/contractors?	Yes ☐ No ☐
7.	Do you ensure that relevant staff/contractors undertake continuous professional development (CPD) by requesting a copy of certificates of courses attended?	Yes ☐ No ☐
8.	Are clinical staff/contractors covered under the indemnity insurance policy of the centre?	Yes ☐ No ☐
9.	Do clinical staff/contractors provide the Centre with proof of professional insurance prior to practicing in the centre?	Yes ☐ No ☐
10.	Can you provide evidence that all clinical staff/contractors have knowledge and up-to-date training in treating cancer patients?	Yes ☐ No ☐

Assessing Outcomes and Impact		
1.	Can you provide evidence that you carry out periodic audits to ensure the quality of the service being provided?	Yes ☐ No ☐
2.	Can you provide evidence that the outcomes of the services you are providing are monitored and evaluated on a regular basis? (see **How-to guide for completing the Self-Assessment Tool** for more information)	Yes ☐ No ☐
3.	Do you submit the Activity Tracker on a monthly basis as requested by the NCCP?	Yes ☐ No ☐

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Best Practice Guidance for Community Cancer Support Centres & Services Peer Review Pilot Evaluation Report