Meeting Summary Report

Date: Thursday 26th March 2015
Venue: Royal Brompton hospital, London

1. Agenda

9:00-9:15 Welcome & survey feedback
9:15-9:45 Introductions & service contexts: current issues
9:45-10:30 What’s new in cardiac and respiratory
10:30-11:00 Refreshment break
11:00-11:45 What’s new in critical care & liaison psychology
11:45-12:15 Developing strategy
12:15-12:30 Final comments, next steps & close

2. Survey questionnaire

40 psychologists registered for the network, 23 respondents to 2 questions:
1. Are there particular issues/topics that you would like to raise/discuss at the network meeting?
2. Do you have any thoughts/ideas about how the network be could of benefit or useful for you?

3. Survey Results Themes

1. SUPPORT - Mutual support and growth
2. KEEPING UP TO DATE – National/local policy & service developments, quality standards, research
3. SHARING
   * Sharing good ideas – service initiatives, innovations, audit, research ideas
   * Share challenges, share problem-solving
   * Share resources, practice, research, job descriptions, business cases
4. COLLABORATIVE WORK
   * Collaborative work e.g. outcome measures, UK standards, service evaluation
   * Collaborative research – building evidence base for psychological treatments
5. SERVICES - Service model, service provision - different ways of working
6. PROFESSIONAL REPRESENTATION
   * Professional group for consultation/steer – local & national representatives
7. SERVICE DEVELOPMENT
   * Service development issues – business cases, funding posts, accessing funding
   * How to provide evidence that employing a psychologist is a good use of funds
8. TRAINING
   * How to train MDT staff,
   * In-house: Provision of specialist CPD/clinical workshops
4. **Introductions & service contexts: current issues**

- Limited time and demand outweighs resources in many areas.
- Difficulties obtaining funding in the current economic climate
- Helping MDTs understand the role of psychology:
  - Psychology in the MDT team, including education within the biopsychosocial model
  - The rationale for referring to other psychology services such as IAPT with focus on LTCs
  - Managing expectations
- Communication with commissioners can be challenging
- Needing to research evidence base to make a business case
- Selling the stepped care model
- AFC bandings can raise issues in teams
- Equality/inequality of psychology provision across the Trust
- Timing of interventions:
  - Can be a case of referring to psychology when all else fails
  - Ideally would be good to be integrated into the pathway
  - Better to be involved at stage of assessment and/or diagnosis

5. **What’s new in Cardiac?**

- According to BACPR psychology is a core component on cardiac rehab – helping people to move towards healthy behaviour
- Do we understand our patient tariffs and psychology input?
- Unclear what the % of psychology in national cardiac rehab services is.
- Now may be a good time to get involved in quality standards to advise about psychology provision
- BHF recommendations (support psychology input?)
- Links with voluntary groups

6. **What’s new in Respiratory?**

- Asthma specialist commissioning states severe asthma service provision should include psychology
- CF service standards - guidelines for CF include provision for Clinical Psychology
- NICE CF guidelines in preparation, with psychology representation (Mandy Byron)
- The London respiratory network now has psychology representation (Jane Hutton & Danny O’Toole)
- Transplant peer review programme
- Psychology becoming more involved in prescribing
- Pulmonary rehab: evidence base (emerging), likely to be joining with cardiac rehab
6. What’s new in Respiratory? (continued)

- Operatives for research
- MDT training
- Breathe Easy – patient support network
- Possible role for Trainee Clinical Psychologists undertaking thesis research or audits (SRRPs)
- Integrated care in community and acute care
- Need for research evidence to support the role/value of psychology

Severe Asthma Psychology Network Report - by Jodie Fellows

There are 8 psychologists in the severe asthma network. We have a teleconference every two months to discuss strategy, research and approaches to working with difficulties in this setting and to discuss any issues with cases that we feel stuck with. We met up for the first time as a group in Birmingham in November 2014 and hope to meet up twice a year from now on alternating sites to spread the financial cost of travel amongst teams. We have agreed common outcome measures to use with the aim of collating anonymised outcomes to present as practice-based evidence of intervention hopefully at conferences and to be written up for publication. (If anyone is interested in the measures we have selected these are: PHQ 9, GAD 7, Asthma Quality of Life Questionnaire and Personal Beliefs about Illness Questionnaire revised, which was originally developed for psychosis but the questions relate to attitudes towards having a chronic, unwanted, stigmatised illness which has scary relapses and therefore the questions are surprisingly appropriate). We are co-authoring a paper on the role of a clinical psychologist in this setting; it is currently in early stages. We hope to publish this in a respiratory journal so that it is read by appropriate clinicians.

Dr Jodie Fellows, Severe Asthma Psychology Network Lead, Birmingham Regional Severe Asthma Service.

7. What’s new in Critical Care?

- National policy ‘Comprehensive Critical Care’ (2004) states psychology should be an element. No known psychology involvement in first version, but due to be updated.
- NICE guidelines (CG83) ‘Rehabilitation after Critical Illness’ recommend psychological assessment and support throughout the critical care pathway
  [http://www.nice.org.uk/guidance/CG83](http://www.nice.org.uk/guidance/CG83)
- Intensive Care society
- Guidelines re: staffing and the roles of psychology (written with involvement from psychology), DH use these as national guidelines
- Dr Dorothy Wade is involved in an NIHR funded feasibility study of psychological intervention for ICU patients - on-going at UCLH: staff training to help staff deliver basic psychological support via e-learning, communication skills training and some targeted specialist training.
7. What’s new in Critical Care? (continued)

- Intensive Care Psychological Assessment Tool (I-PAT), published in 2014; bedside measure of psychological distress (inc. mood and experiences of delusions/hallucinations) for use by nursing staff. Full-text available at: http://ccforum.com/content/18/5/519
- Kings Fund ‘Enhancing Healing Environment Programme’
  http://www.kingsfund.org.uk/projects/enhancing-healing-environment
- More recognition of need for:
  - support for children and role of extended family in general
  - staff support to reduce burnout
  - modification of physical environment

8. What’s new in Liaison Psychology?

- Lack of clear role definition
- Development of competencies
- £30m funding for liaison services so huge growth in this area
- Complementing roles of psychology and psychiatry (best integrated service models, pathways).
- NHS England ‘Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16’

9. Developing strategy

Aims of the group:

- Keeping momentum
- On-going support
- Maintaining professional contacts
- Sharing and making use of existing knowledge:
  
  o Service development
  o Role of psychology
  o Ways of working
  o Successful business cases
  o Research ideas/audit projects
10. Next Steps and Future Network Goals:

- Presenting at the BPS Faculty for Clinical Health Psychology conference in December
- Increasing involvement in guidelines and recommendations, perhaps putting ourselves forward on individual level and consulting the network
- Increasing influence in working groups
- Improving links with NHS England initiatives
- Raising the profile of the network and clinical, training, research work
- Attending and presenting at Medical conferences (sharing lists of condition-specific conferences)
- Developing a stronger evidence base:
  - Writing papers
  - Presenting posters/oral presentations at conferences
  - Giving strong messages about research results and emphasising the strengths
  - Promoting collaborative working with AHP colleagues such as OTs and PTs
  - Developing services across the lifespan for life-long health conditions
- Making links with the training courses with a view to:
  - Provide opportunities for trainee audits (SRRPs)
  - Offer and shape trainee placements

Structure/format:
- Ideally meet bi-annually in London or other agreed location
- Keep the format of open group discussion
- The network will also be set up as an email discussion group

11. Next meeting: Sept/Oct 2015, Location TBC

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