

NATIONAL MANUAL OF CANCER SERVICES STANDARDS

CONSULTATION PROFORMA DRAFT SPECIALIST PALLIATIVE CARE STANDARDS

Please use this proforma to make comments on the draft Specialist Palliative Care standards.

Please return this document no later than ?? to:

Lisa Cunnington
Quality Manager
North Zone Cancer Peer Review Team
NHS Poole House
Stokesley Road
Middlesbrough
TS7 ONJ
Email: lisa.cunnington@nhs.net

or

Lynsey Honeyman
Process Co-ordinator
North Zone Cancer Peer Review Team
NHS Poole House
Stokesley Road
Middlesbrough
TS7 ONJ
Email: lynsey.honeyman@tees-shs.nhs.uk

Name: _____

Organisation: _____

Position: _____

Contact Number: _____

STANDARD & LEVEL	STANDARD	DEMONSTRATION OF COMPLIANCE	Is the standard explicit? If 'no' please suggest modifications	What other types of information are required to demonstrate compliance?	Is the level assigned to the standard appropriate? If 'no' what should it be?
Standard Level 1*	There should be a single named palliative care lead clinician for the team, who should be a core member of the team.	The named clinician for the MDT, agreed by the area lead clinician for palliative care.			
Standard Level 1*	The team lead clinician for palliative care should have agreed the responsibilities of the position with the area lead clinician.	The written responsibilities agreed by the team lead and the area lead (or the network group chair, where the team and area lead are the same individual).			
Standard Level 1*	The MDT should be listed as part of the services of a named locality of the network.	The list of services of the locality.			
Standard Level 1*	The MDT should provide the names of core team members for named roles in the team. They should include: <ul style="list-style-type: none"> • Palliative medicine specialist. • Palliative care nurse specialist. • MDT co-ordinator/secretary. 	The name of each core team member agreed by the lead clinician of the MDT.			
Standard Level 1*	The MDT should hold its meetings, as described in standard ..., weekly and record core members' attendance.	The programme of dated meetings. Attendance records of the meetings.			
Standard	Core members or their arranged "cover" (see standard ...) should	The attendance record of the MDT.			

STANDARD & LEVEL	STANDARD	DEMONSTRATION OF COMPLIANCE	Is the standard explicit? If 'no' please suggest modifications	What other types of information are required to demonstrate compliance?	Is the level assigned to the standard appropriate? If 'no' what should it be?
Level 1*	attend at least half of the number of meetings.				
Standard Level 1	Core members or their arranged "cover" (see standard ...) should attend at least two thirds of the number of meetings.	The attendance record of the MDT.			
Standard Level 1*	The MDT should agree cover arrangements for each core member.	Written arrangements agreed by the lead clinician of the MDT.			
Standard Level 1*	<p>If they are not already offered as core team members the named team for the extended MDT should include:</p> <ul style="list-style-type: none"> • Clinical psychologist. • Social worker. • At least one person agreed as representing care for patients' and carers' rehabilitation needs. • At least one person agreed as representing care for patients' and carers' spiritual needs. • At least one person agreed as representing bereavement care to families and carers. • Oncologist. • Anaesthetist with expertise in nerve blocking and neuro-modulation techniques. • Pharmacist. 	The name of each extended team member agreed by the lead clinician of the MDT.			
Standard Level 1*	Besides the regular meetings to discuss individual patients, the team should meet at least annually to discuss, review, agree and record at least some	Minutes of at least one meeting agreed by the lead clinician of the MDT to illustrate the recording of at least some operational policies.			

<i>STANDARD & LEVEL</i>	<i>STANDARD</i>	<i>DEMONSTRATION OF COMPLIANCE</i>	<i>Is the standard explicit? If 'no' please suggest modifications</i>	<i>What other types of information are required to demonstrate compliance?</i>	<i>Is the level assigned to the standard appropriate? If 'no' what should it be?</i>
	operational policies.				
Standard Level 1*	There should be an operational policy, whereby all new patients to whom any members of the MDT intend to offer care or advice should be discussed by the team at the first available team meeting, as per standard ...	The written operational policy agreed by the lead clinician of the MDT.			
Standard Level 1*	There should be an operational policy whereby, a single named key worker for the patient's care at a given time is appointed from the MDT members, for each individual patient, and the name of the current key worker is recorded in the patient's case notes. The responsibility for ensuring that the key worker is appointed should be that of the nurse MDT member(s).	The written policy agreed by the lead clinician of the team.			
Standard Level 1	The above policy should have been implemented for patients who came under the MDTs care after publication of these standards and who are under their care at the time of the peer review visit.	Assessors should spot check some of the relevant patients' case notes.			
Standard Level 1	The core imaging specialist should regularly report on imaging of the primary care site or sites of the MDT, by modalities agreed as in standard	The assessors should enquire as to the working practice of the core members' imaging department.			
Standard	24-Hour Telephone Advice	The service specification agreed			

<i>STANDARD & LEVEL</i>	<i>STANDARD</i>	<i>DEMONSTRATION OF COMPLIANCE</i>	<i>Is the standard explicit? If 'no' please suggest modifications</i>	<i>What other types of information are required to demonstrate compliance?</i>	<i>Is the level assigned to the standard appropriate? If 'no' what should it be?</i>
Level 1	<p>Service The MDT should agreed to the palliative care network's service specification for the 24-hour telephone advice service (see standard ...) and specify the staff members which it provides for the relevant rota.</p>	by the lead clinician of the MDT specifying the staff provided for the relevant rota.			
Standard Level 1	<p>0900-1700 Hours Visiting Service The MDT should agree to the palliative care network's service specification for the 0900-1700 hours visiting service (see standard ...) and specify the staff members which it provides for the relevant rota.</p>	The service specification agreed by the lead clinician of the MDT specifying the staff provided for the relevant rota.			

STANDARD & LEVEL	STANDARD	DEMONSTRATION OF COMPLIANCE	Is the standard explicit? If 'no' please suggest modifications	What other types of information are required to demonstrate compliance?	Is the level assigned to the standard appropriate? If 'no' what should it be?
Standard Level 1*	The MDT should have at least one core nurse member who should have enrolled in, or be undertaking a programme of study in nursing practice which has been accredited for at least 20 level III CAT points and which incorporates module(s) in specialist palliative care.	The assessors should enquire of course start dates and the courses being undertaken.			
Standard Level 1	The MDT should have at least one core nurse member who should have successfully completed a programme of study in nursing practice which has been accredited for at least 20 level III CAT points and which incorporates module(s) in specialist palliative care.	The certificate of successful completion of the course.			
Standard Level 1*	The MDT should have at least one core nurse member who should have enrolled in, or be undertaking a course in communication skills, which is accredited for CAT points.	The assessors should enquire of course start dates and the courses being undertaken.			
Standard Level 1	The MDT should have at least one core nurse member who has successfully completed a course in communication skills which is accredited for CAT points.	The certificate of successful completion of the course.			
Standard	The MDT should have agreed a list of responsibilities with each of the core nurse members of the	The list of responsibilities agreed by the lead clinician of the MDT and the core nurse members.			

STANDARD & LEVEL	STANDARD	DEMONSTRATION OF COMPLIANCE	<i>Is the standard explicit? If 'no' please suggest modifications</i>	<i>What other types of information are required to demonstrate compliance?</i>	<i>Is the level assigned to the standard appropriate? If 'no' what should it be?</i>
Level 1*	<p>team, which includes the following:</p> <ul style="list-style-type: none"> • Contributing to the multi-disciplinary discussion and patient assessment/care planning decision of the team at their regular meetings. • Providing expert palliative care nursing advice and support to other health professionals providing palliative care. • Involvement in clinical audit. • Leading on patient communication issues and co-ordination of the patient's pathway for patients referred to the team; acting as the key worker or being responsible for nominating the key worker for the patient's dealings with the team. 				
Standard Level 1	<p>The MDT should have agreed a list of responsibilities with at least one of the core nurse members of the team, which, in addition to the items listed in standard, includes:</p> <ul style="list-style-type: none"> • Contributing to the management of the service (see note below). 	The job description agreed by the lead clinician of the MDT and the relevant core nurse member.			

<i>STANDARD & LEVEL</i>	<i>STANDARD</i>	<i>DEMONSTRATION OF COMPLIANCE</i>	<i>Is the standard explicit? If 'no' please suggest modifications</i>	<i>What other types of information are required to demonstrate compliance?</i>	<i>Is the level assigned to the standard appropriate? If 'no' what should it be?</i>
	<ul style="list-style-type: none"> Utilising research in the nurse's specialist area of practice. 				
Standard Level 1*	Arrangements should be agreed (in addition to the initial clinic consultation in which the treatment planning decision is communicated to the patient), such that, if necessary, patients and/or carers may gain access to members of an MDT to discuss problems or concerns.	Written arrangements agreed by the lead clinician of the MDT.			
Standard Level 1*	The MDT should have started to offer patients the opportunity of a permanent record or summary of at least a consultation at which the treatment options of their diagnosis were discussed.	The assessors should enquire of the working practice of the team and see examples of records given to patients.			

STANDARD & LEVEL	STANDARD	DEMONSTRATION OF COMPLIANCE	Is the standard explicit? If 'no' please suggest modifications	What other types of information are required to demonstrate compliance?	Is the level assigned to the standard appropriate? If 'no' what should it be?
Standard Level 1*	<p>The MDT should have undertaken or be undertaking a survey of its patients' experience of the services offered by the team.</p> <p>The survey should at least ascertain whether patients were offered:</p> <ul style="list-style-type: none"> • A key worker. • The MDT's information for patients (written or otherwise). • The opportunity of a permanent record or summary of a consultation at which their treatment options were discussed. 	The survey results (complete or in progress).			
Standard Level 1	If the survey in has been completed the team should have presented and discussed its results at an MDT meeting and should have agreed at least one action point arising from the survey.	Extract of minutes of the MDT meeting.			
Standard Level 1	If the survey in has been completed and presented at an MDT meeting the team should have implemented at least one action point arising from the survey.	Assessors to enquire of actions taken.			
Standard Level 1*	<p>The MDT should provide written material for patients which includes:</p> <ul style="list-style-type: none"> • Information about patient self-help groups if available and complying with the network quality criteria. • Information about the services 	The written, (visual and audio if used - see note below) material.			

STANDARD & LEVEL	STANDARD	DEMONSTRATION OF COMPLIANCE	Is the standard explicit? If 'no' please suggest modifications	What other types of information are required to demonstrate compliance?	Is the level assigned to the standard appropriate? If 'no' what should it be?
	offering psychological, social and spiritual/cultural support, if available.				
Standard Level 1*	<p>There should be a checklist in each patient's case notes addressing whether the patient has been offered:</p> <ul style="list-style-type: none"> • A key worker. • The MDT's information for patients (written or other formats). • The opportunity of a permanent record or summary of a consultation at which their treatment options were discussed. 	The assessors should see examples of case notes showing the checklist filled in.			
Standard Level 1*	<p>The MDT at their regular weekly meetings should record the following on at least the newly referred patients to the team.</p> <ul style="list-style-type: none"> • Patient identity. • Diagnosis of underlying disease or cancer type. • The assessed needs of the patient in relation to at least the following areas: <ul style="list-style-type: none"> (i) Physical. (ii) Psychological. (iii) Social. (iv) Spiritual. (i) Information needs. (ii) Carer(s) identity. • A reference to the assessed 	Examples of the record of a meeting.			

STANDARD & LEVEL	STANDARD	DEMONSTRATION OF COMPLIANCE	Is the standard explicit? If 'no' please suggest modifications	What other types of information are required to demonstrate compliance?	Is the level assigned to the standard appropriate? If 'no' what should it be?
	<p>needs of the patient's carers.</p> <ul style="list-style-type: none"> • A care plan for the patient (and, if identified by the MDT as requiring it, a plan for the carers) naming those members of the core and/or extended team, or other agencies who are intended to contribute to the care. 				
Standard Level 1*	<p>Use of Core Services The MDT should agree guidelines with the network for those core palliative care services which the team covers (out of: inpatient care, day care facilities, outpatient clinic and community-based care). The guidelines should deal with:</p> <ul style="list-style-type: none"> • Patient referral criteria. • Where relevant, admission and discharge criteria. • Local contact points for each service. 	The written guidelines agreed by the lead clinician of the MDT and the network palliative care group chair.			
Standard Level 1*	<p>24-Hour Telephone Advice Service The MDT should agree the network guidelines for its 24-hour telephone advice service with their locally relevant information.</p>	The written network guidelines, agreed by the lead clinician of the MDT and the area lead clinician (or network palliative care group chair where the team and area lead are the same individual).			
Standard Level 1*	<p>0900-1700 Hours Visiting Service The MDT should agree the network guidelines for its 0900-1700 visiting service, with their locally relevant information.</p>	The written network guidelines, agreed by the lead clinician of the MDT and the area lead clinician (or network palliative care group chair			

STANDARD & LEVEL	STANDARD	DEMONSTRATION OF COMPLIANCE	Is the standard explicit? If 'no' please suggest modifications	What other types of information are required to demonstrate compliance?	Is the level assigned to the standard appropriate? If 'no' what should it be?
		where the team and area lead are the same individual).			
Standard Level 1*	MDT Review and Discussion The MDT should agree guidelines with the network, stating the criteria which determine the need for MDT review/discussion of a given patient at the weekly team meeting.	The written guidelines agreed by the lead clinician of the MDT and the network palliative care group chair.			
Standard. Level 1*	Care Co-ordination The MDT should agree with the network, the arrangements by which the palliative care of a given patient may be co-ordinated across the different core services, localities and specialist teams which they may need to access. The arrangements should make reference to the role of the key worker, identified in standard	The written arrangements agreed by the lead clinician of the MDT and the network palliative care group chair. <i>Note: The contents of the arrangements are not subject to assessment save as per the standard.</i>			
Standard Level 1*	Patient Needs Assessment The MDT should agree with the network, guidelines for patient assessment in relation to the following areas of potential need: <ul style="list-style-type: none"> • Physical. • Psychological. • Social. • Spiritual. • Carers' needs. • Information needs. 	The written guidelines, agreed by the lead clinician of the MDT and the network palliative care group chair.			
Standard Level 1*	Palliative Care in Specific Situations The MDT should agree with the network, guidelines for palliative	The written guidelines, agreed by the lead clinician of the MDT and the network palliative care group chair.			

STANDARD & LEVEL	STANDARD	DEMONSTRATION OF COMPLIANCE	Is the standard explicit? If 'no' please suggest modifications	What other types of information are required to demonstrate compliance?	Is the level assigned to the standard appropriate? If 'no' what should it be?
	<p>care of a given patient, in at least the following situations:</p> <ul style="list-style-type: none"> • Control of specific named symptoms. • Palliative interventions for common symptom emergencies. • Care of dying patients and their carers. 				
Standard Level 1	The MDT should agree as an operational policy, to collect the national palliative care minimum dataset (MDS) on each of its patients.	The MDS, agreed by the lead clinician of the MDT.			
Standard Level 2	The MDT should have started to record the MDS for each patient on proformas or in an electronically retrievable form.	Assessors should examine examples of the recorded data on individual patients.			
Standard Level 1*	The MDT should agree at least one network audit project with the network palliative care group, which is the project or one of the projects identified in standard	The named written project with named sources of funding where necessary, agreed by the lead clinician of the MDT and the network palliative care group chair.			
Standard Level 2	The MDT should have presented the results of at least one completed network audit project, to a meeting of the network palliative care group.	An extract of the minutes of the relevant meeting of the network palliative care group.			