

Scope for the development of Service Configuration Guidance on Supportive and Palliative Care

Version 3 Final

1. Objective

- 1.1. The National Institute for Clinical Excellence has commissioned guidance for patients and clinicians on the supportive and palliative care. The guideline will provide advice on effective care using evidence from trials and economic analyses.
- 1.2. The commission received from the Department of Health and the National Assembly for Wales is detailed in Figure 1.
- 1.3. The guidance will advise on the services needed to optimise the physical, psychological, social and spiritual well being of those affected by cancer.

Figure 1: Department of Health and National Assembly for Wales remit

The guideline will provide guidance on best practice in supportive care for all cancers. The areas covered by the guideline will include evidence-based recommendations for supportive care networks, information delivery and communication, inter-professional communication, symptom control and access to specialist palliative care, community supportive care, complementary therapies, models of psychological care, social inclusion, users and carers' needs, social care and meaning and belief. It will underpin the development of a supportive and palliative care strategy, one of the National Cancer Director's top priorities. It will complement the current programme of cancer service delivery guidance which covers treatment of the main tumour groups.

2. Title

Service Configuration Guidance on supportive and palliative care for those affected by cancer.

3. Clinical Need and Practice

- 3.1. The supportive and palliative care guidance is a key element in the development of a supportive care strategy. The strategy encompasses:
 - 3.1.1. The development of Standards and Performance Indicators
 - 3.1.2. Training and Workforce development

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- 3.1.3. The development of effective partnerships between the NHS and the voluntary sector
 - 3.1.4. Resource allocation
 - 3.1.5. Commissioning
 - 3.1.6. Appraisal/accreditation of services
- 3.2. This guidance will underpin one of the four aims of the NHS Cancer Plan for England– to ensure people with cancer get the right professional support and care as well as the best treatment. It is a key element in the development of the supportive care strategy which will include the development and implementation of standards for supportive and palliative care and the establishment of supportive and palliative care networks, working alongside cancer networks, to improve coordination of care.
- 3.3. The NHS Plan for Wales ‘Improving Health in Wales’, published in January 2001, sets out the health care standards for Wales. This guidance should take account of the ‘All Wales Minimum Standards for Specialist Palliative Care as applied to Cancer Services’ where relevant.

4. Health care setting

- 4.1. The guidance should cover care given in all sectors in the NHS - i.e. in the community, in hospitals, in NHS hospices and other institutions.
- 4.2. The guidance will also be relevant to services provided outside of the NHS such as nursing homes and charity run hospices, but will not directly address these services.
- 4.3. The guidance should cover all aspects of the care pathway - from the time that cancer is first suspected through to death and bereavement.
- 4.4. It is recognised that patients with conditions other than cancer also require supportive and palliative care, however this project relates specifically to cancer. It is anticipated that the resulting guidance may be of interest to and inform the development of effective service models for other groups of patients with similar needs.

5. Configuration

- 5.1. The guidance should cover all aspects of supportive and palliative care related to those affected by cancer.
- 5.2. The following topic areas will be considered in two phases:
 - 5.2.1. Part A will include
 - information
 - communication

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- psychological support
- symptom control
- palliative care
- terminal care
- social support

5.2.2. Part B will include

- rehabilitation
- spiritual support
- complementary therapies
- user involvement
- support for carers including bereavement care

5.2.3. The guidance will provide a preferred model through which effective treatment/care should be delivered rather than clinical guidelines for the treatment/care of specific symptoms/conditions.

6. Presentation

The guideline will be available in three forms:

- 6.1. A Manual of the format of the current 'Improving Outcomes in Cancer' series.
- 6.2. A short (up to four pages) Summary of the manual
- 6.3. The Research Evidence
- 6.4. A version, prepared specifically for patients and their carers, will interpret the recommendations made in the Institute's short form version and will be designed to help patients make informed choices about their care.

7. Status

- 7.1. This scoping statement is subjected to a four week period of consultation with stakeholders. The scope is then re-drafted and submitted to the Guidelines Advisory Committee and subsequently the Institute's Guidance Executive, for approval. Once approved, it is posted on the Institute's website, together with details of the Commissioning Brief and the name of the Collaborating Centre through which the guideline is being commissioned. The development of the guideline will begin in the autumn of 2001.
- 7.2. Information on the development process, stakeholder involvement and the progress of this guideline is available on the website <http://www.nice.org.uk/>.