NHS
Greater Manchester
Cancer Alliance

Escalation Guidelines for Psychological Support

Background

Within Greater Manchester (GM) NHS Trusts, many Clinical Nurse Specialist (CNS) teams include supportive roles grouped under the umbrella term Cancer Support Worker (CSW) - including Navigators, MDT Coordinators and Cancer Care Coordinators (CCC)[1]. Often, these roles are key in supporting patients, providing an initial point of contact, completing holistic needs assessments (HNAs) and signposting to support. This includes providing support for low-level emotional concerns[1]. While CSWs provide vital frontline support, it is important to distinguish between this supportive role and psychological interventions, which require extensive training and specialist skills within the individual's role. As such, four levels of psychological intervention exist, as recommended by the National Institute of Health and Care Excellence (NICE)[2], outlined in Figure 1.

Figure 1. Levels of Intervention[2]

Level	Group	Assessment	Intervention
1	**All health and social care professionals**	Recognition of psychological needs	Effective information giving, compassionate communication and general psychological support
2	**Health and social care professionals with additional specialist training in psychological support**	Screening for psychological distress	Psychological techniques such as problem solving
3	**Trained and accredited professionals**	Assessed for psychological distress and diagnosis of some psychopathology	Counselling and specific psychological interventions such as anxiety management and solution-focused therapy, delivered according to an explicit theoretical framework
4	**Mental health specialists**	Diagnosis of psychopathology	Specialist psychological and psychiatric interventions such as psychotherapy, including cognitive behavioural therapy (CBT)

During first year of treatment, 15% of people with cancer require Level 3 intervention, and 10% require Level 4[3]. For those diagnosed with a cancer recurrence, 50% exhibit low mood, with 15% requiring Level 4 intervention. Therefore, the level of support required often exceeds the role capabilities of a CSW and even a CNS in some cases[3]. Recognising when to escalate ensures patients receive timely and appropriate care from the right professionals.

The aim of these guidelines is to help identify the boundaries of the support being provided, and expectations of CSWs in relation to escalation of concerns about a patient.

Training Expectations

The boundaries outlined in this guidance are consistent with NICE guidelines[2] and the Aspirant Cancer Career and Education Development (ACCEND) Framework[4], which specifies that certain psychological assessments and clinical tools are appropriate only for registered or enhanced-level staff (see Capabilities 10.2, 10.4, and 11.7).

If the ACCEND framework is not effectively embedded within provider organisations, there is a significant risk that members of the workforce may assume roles and responsibilities beyond their level of practice. This can raise safeguarding concerns and have serious implications for patient safety, such as CSWs undertaking Level 2 psychological support.

- **Cancer Support Workers**
  CSWs should be trained to provide **Level 1** support, meaning they can recognise emotional and psychological needs, but will escalate concerns to Level 2 trained staff to provide any psychological intervention.
  - The gold-standard* training to obtain Level 1 is as follows:
    Enhanced Communication Skills
    Foundations in Psychological Care (Level 1)
    *there are a number of training providers available including the GM Cancer Academy

  There is also an expectation that any CSW completing HNAs has an understanding of what constitutes 'red flag' symptoms of recurrence within the disease group they are working.

- **Clinical Nurse Specialists**
  CNSs should be trained to provide **Level 2** support, meaning they can screen patients for psychological distress, and provide low-level psychological techniques for support.
  - The gold-standard* training to obtain Level 2 is as follows:
    Advanced Communication Skills (pre-requisite for Level 2)
    Psychological Care Level 2

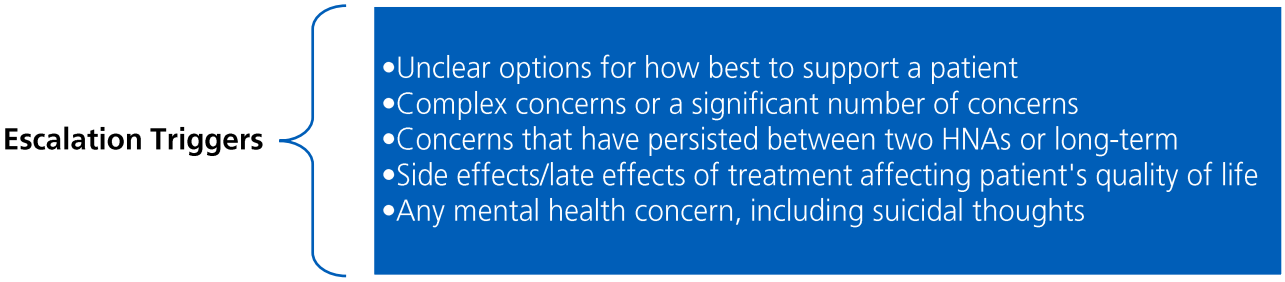
  *there are a number of training providers available including the GM Cancer Academy

The above does not prevent staff from completing additional training alongside these requirements if desired, but whilst additional training can deepen understanding and confidence, the scope of CSW roles remains at Level 1, and CNSs at Level 2. This is not a limitation of skill, but a safeguard aligned with role boundaries and patient safety.

Escalation Triggers

Difficult conversations are a natural part of patient interaction, and CSWs are often the first to hear concerns. This early role is vital - recognising when something needs further input is a strength, not a shortfall. It is important that suitably trained and qualified professionals make clinical decisions regarding how to approach patient support if their needs are above Level 1. The list outlined in Figure 2 is not exhaustive, but outlines incidences where a discussion should be escalated to a CNS or suitably trained professional:

Figure 2. Example Triggers for Escalation



Furthermore, actions taken from discussions should have the following restrictions:

- Referrals to Psycho-Oncology, Psychiatry, or emergency mental health services such as Crisis, Liaison Psychiatry, Emergency Departments or GPs
  Completion by a CNS/AHP. CSWs can complete relevant referral paperwork if CNS/AHP authorisation is provided for each individual patient.
  General signposting such as benefits advice, online/written information, charities, community organisations
  Completion by all staff

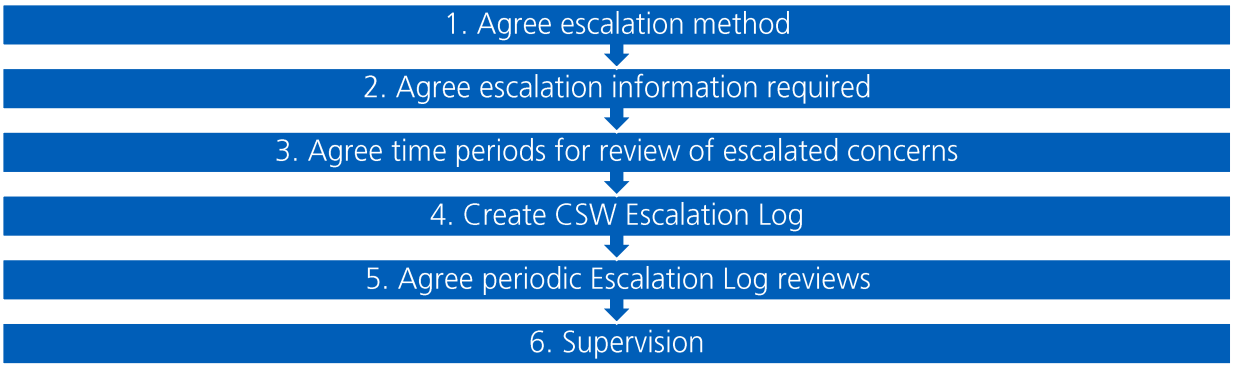
We understand the extensive workload pressures on CNS teams, and that it can be challenging for CNSs to keep track of all HNAs and supportive conversations CSWs undertake. The below process considerations provide a suggested approach to a robust method of escalation.

Process Considerations and Responsibilities

These processes are designed not only for safe escalation but also to support team learning, reduce risk, and share the emotional load of complex conversations across the team.

It is important to locally agree a team escalation process for concerns raised through HNAs or other discussions, including the five steps outlined in Figure 3.

Figure 3. Team Escalation Process Development



1. **Agree escalation method** – such as verbal, email, weekly meeting.
2. **Agree escalation information required** – what the CSW needs to provide the CNS with, such as the HNA care plan, details of the concern, and reason for escalation. This may include the use of validated assessment tools, where agreed locally.
3. **Agree time periods for review of escalated concerns** – using a locally agreed approach to determine which concerns require escalation, and in what time frame. This should also include identifying situations which are considered mental health emergencies, requiring immediate escalation.
4. **Create CSW Escalation Log** – such as a spreadsheet of patients, issues, actions and outcomes. An example log is provided in Appendix B.
5. **Agree periodic Escalation Log reviews within teams** – for learning purposes, such as identifying issues that did not require escalation, and spot checks of care plans.
6. **Supervision** – Whilst supervision for Level 1 staff is not a national requirement, we recommend CSWs having access to Reflective Practice Supervision or similar, which could be provided by a Level 2 practitioner, such as a CNS.
7. **Oversight and assurance** – Quarterly reviews of Trust-wide guidance implementation and potential improvements by appropriate Trust representative (such as Personalised Care Lead, Lead Cancer Nurse) to provide oversight and assurance.

References

Macmillan Cancer Support (2016) **Support Worker Impact Briefs** [online]. Available at: https://www.macmillan.org.uk/_images/support-workers_tcm9-283189.pdf [Accessed 9th July 2025].

National Institute for Health and Care Excellence (NICE) (2004) **Improving supportive and palliative care for adults with cancer (Cancer Service Guidance)** [online]. Available at: https://www.nice.org.uk/guidance/csg4/resources/improving-supportive-and-palliative-care-for-adults-with-cancer-pdf-773375005 [Accessed 14th July 2025].

National Cancer Action Team (NCAT) (2010) *The Psychological Support Pathway for Patients with Cancer.* London: NCAT.

Health Education England (HEE) (2023) **Career Pathways, Core Cancer Capabilities and Education Framework** [online]. Available at: https://www.hee.nhs.uk/sites/default/files/documents/ACCEND%20Career%20Pathway%2C%20Core%20Cancer%20Capabilities%20and%20Education%20Framework.pdf [Accessed 14th July 2025].

Appendix B

Example Escalation Log *(please adapt as necessary)*

Hospital Number	Patient Name	Issue	Date Escalated	Information Sent	CNS Escalated to	Review Deadline (agreed locally)	Outcome	Outcome Date	If Outcome is Delayed, give details:
K00000	*Joe Bloggs*	*Patient was extremely distressed during the discussion of their HNA*	*14/07/2025*	*Email summary of concerns and shared eHNA Care Plan*	*Sarah Smith*	*15/07/2025*	*Patient called by CNS and referred to Psycho-Oncology*	*16/07/2025*	*CNS contacted patient on 15/07/2025 but call not answered until 16/07/2025*