

North East Essex Macmillan Counselling Service

Information for healthcare professionals

The North East Essex Macmillan Counselling service provides specialist oncology psychological support to patients and their families whose lives are affected by a diagnosis of cancer. The therapy is tailored to suit the individual needs of each person seen and can be accessed at any time throughout their journey.

The service ensures that this support is accessible to all people affected by cancer over the age of 18 regardless of where they live and economic status.

The service is coordinated and run as a collaborative venture with Macmillan, East Suffolk & North Essex NHS Foundation Trust and North Essex Clinical Commissioning Group.

Who can we refer and when	Any patient or carer affected by a cancer diagnosis at any stage of their pathway: <ul style="list-style-type: none"> ➤ Around time of diagnosis ➤ During treatment episodes ➤ As treatment ends ➤ At time of reoccurrence ➤ Age 18 + ➤ Is known to East Suffolk & North Essex NHS Foundation Trust
How to refer	Please use Order Comms referral form, e mail OR call any of the counsellors listed below on 01206 745376.
Who can refer?	<ul style="list-style-type: none"> ➤ Cancer site specific CNSs ➤ Oncology consultants/SPRs ➤ Site specific consultants/SPRs ➤ Hospital palliative care team ➤ GPs ➤ District nurses ➤ St Helena Hospice ➤ Self-referral
Where will they be seen?	In designated rooms at Colchester Hospital, dedicated rooms at St Helena Day Center, Clacton Hospital or on a ward (if at all possible in a quiet room).
How will this affect existing services such as the counselling for the breast care team?	The service's aim is to make counselling available for all cancer patients and to work closely with existing services that already provide high level psychological support throughout the trust.
Who are the counsellors?	Roger Crellin Alan Trudgian Mark Grinham

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Name of person requiring counselling: D.O.B: Patient <input type="checkbox"/> Family <input type="checkbox"/> Outpatient OR Inpatient <input type="checkbox"/> - (If so, Ward:) Diagnosis: If family, relationship to patient:																			
<u>Address:</u> Telephone number(s):	<u>GP details</u> Telephone number (if known):																		
Does the client receive support from other services e.g. Macmillan, Hospice: Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give details:																			
The client must be aware of this counselling referral. Has this been done? Yes <input type="checkbox"/> No <input type="checkbox"/>																			
Triggers for Referral: (please tick those that apply, giving additional details if required)																			
<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Patient's request</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Aspects of treatment</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Concerns about family/friends coping</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Concerns regarding employment/finances</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Fears around death and dying</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Choices about future treatment and care</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Concerns about children's understanding of illness</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Issues around family dynamics</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other (please outline below)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Patient's request	<input type="checkbox"/>	Aspects of treatment	<input type="checkbox"/>	Concerns about family/friends coping	<input type="checkbox"/>	Concerns regarding employment/finances	<input type="checkbox"/>	Fears around death and dying	<input type="checkbox"/>	Choices about future treatment and care	<input type="checkbox"/>	Concerns about children's understanding of illness	<input type="checkbox"/>	Issues around family dynamics	<input type="checkbox"/>	Other (please outline below)	<input type="checkbox"/>
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