

	CONSIDER	CUE QUESTIONS	RESOURCES
P Physical	<p>Physical needs, including:</p> <ul style="list-style-type: none"> Symptom assessment and use of validated tools Medication–assessment, Regular/PRN Review stopping non-essential treatments Treatment/medication side effects 	<ul style="list-style-type: none"> What are your main physical problems? How does this affect you? History of management: what have you tried? How are you maintaining taking your medication? Is treatment is helping Is a medication summary available? Is it updated and understood by patient Are you taking any treatment not prescribed? 	<ul style="list-style-type: none"> Validated symptom assessment tools Specialist clinician/palliative care Symptom guidelines Accredited professionals e.g. Physiotherapist, Occupational Therapist, Dietician, Speech and Language, Complementary Therapists, Pharmacist Day centres Oxygen Provider Companies
E Emotional	<p>Emotional needs, including:</p> <ul style="list-style-type: none"> Psychological assessment including: Understanding expectations of patient; Patients wishes for depth of information; Low mood, fears, anxieties, strengths; Coping mechanisms and interests; Altered body image; Relationships with others; Disturbed sleep; Attempts to avoid uncomfortable thoughts / feelings. 	<ul style="list-style-type: none"> What worries you most? During the last month have you lost interest in things you usually enjoyed? How do you normally cope in stressful situations? Have you had difficulty coping in the past? How do you achieve support i.e. family/ professional, reading/talking? Have psychological/quality of life assessment tools been completed? 	<ul style="list-style-type: none"> Psychological assessment tool, e.g. distress thermometer Referral to appropriate emotional / psychological support. Psychological support framework document
P Personal	<p>Personal needs, including:</p> <ul style="list-style-type: none"> cultural background/ ethnic group language/ sexuality/ religious / spiritual needs 	<ul style="list-style-type: none"> How do you make sense of what is happening to you? What can we do to help respect any of your identified personal concerns? Would you find it helpful to talk to someone who could help you explore the issues? How does your condition affect your ability to achieve these needs? 	<ul style="list-style-type: none"> Local hospital/hospice switchboard Cancer patient information centre Macmillan Cancer Support website Cancer Black Care Gay and Lesbian switchboard Network/ PCT directory of resources/website
S Social Support	<p>Social care needs, including:</p> <ul style="list-style-type: none"> Social care assessment Welfare rights screening assessment Carer assessment for carers 	<ul style="list-style-type: none"> How are things in relation to: <ul style="list-style-type: none"> Managing at home; Work and finance; Family and close relationships; Social and recreation. Is anyone dependent on you? Do you have any legal or immigration issues or concerns 	<ul style="list-style-type: none"> Social services or Continuing Care referral Local welfare rights advisor/Citizens Advice Bureau Cancer patient information centres Occupational Therapy advice re aids and adaptations / return to work Community equipment services Local support groups/ Community groups

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I Information Communication	<p>Information and communication needs</p> <ul style="list-style-type: none"> Identify the key worker Liaison with MDT/Primary Health or receiving health care worker Patient held records if appropriate. Is MDT outcome documented, communicated, and is patient aware of plan/understands Is mode of communication/ language appropriate? 	<ul style="list-style-type: none"> Are you aware of your key worker? Have you been asked if you would like to be copied into correspondence? Have you been informed of relevant information that is appropriate at this stage? Do you know how to access further information should you require it? Have you been informed of the user/carer support groups and the location of their nearest cancer information centre? 	<ul style="list-style-type: none"> Network Key worker guidance document Cancer patient information and support centres. Macmillian/cancer backup website and literature Patient information Refer to appropriate services, e.g.: Speech and language therapy, optomologists, audiologists, translation services
C Control and Autonomy	<p>Level of autonomy needs:</p> <ul style="list-style-type: none"> Assess mental capacity to make decisions around patient choice; Treatment options/plans; Preferred place of care; Advanced care planning 	<ul style="list-style-type: none"> Do you have a patient held record? Have you discussed and documented your future care with anyone? Do you have any documentation setting out your wishes? If yes, who has access to it? If your health deteriorated where would you like to be cared for? 	<ul style="list-style-type: none"> Key worker Personal Management Plan/ Patient Held Record Gold Standards Framework register if appropriate Local/ national guidance relating to mental capacity
O Out of Hours	<p>Advanced care planning needs:</p> <ul style="list-style-type: none"> Identification of appropriate services according to treatment intentions Preferred Priorities for Care (PPC) Transfer of information to Out of Hours Services and London Ambulance Service 	<ul style="list-style-type: none"> Are you aware of who to call for out of hour's advice and assistance? Do you and your family know how to contact service(s) out of hours 	<ul style="list-style-type: none"> Out of hours referral form Patient Held Record information local Allow a Natural Death/ Do Not Artificially Resuscitate documentation Symptom guidelines
L Living with your illness	<p>On-going care needs, including:</p> <ul style="list-style-type: none"> Rehabilitation support Referral to other agencies End of life care planning (if appropriate) 	<ul style="list-style-type: none"> How are you managing with daily living tasks? How is your appetite, mobility, swallowing, communication and diet? Have you been informed of support services available? Have you been given an opportunity to discuss your future/expectations/goals? 	<ul style="list-style-type: none"> Specialist allied health professionals Intermediate care services Local cancer information and support services Self support programmes Specialist palliative care referral
A After Care	<p>Bereavement needs, including:</p> <ul style="list-style-type: none"> Funeral arrangement Bereavement risk assessment Future support - family Bereavement follow up 	<ul style="list-style-type: none"> Are there funeral arrangements? Do you have relevant contact numbers? Do you have bereavement services information? 	<ul style="list-style-type: none"> Contact numbers for timely removal of equipment Patient Information Centres Bereavement services directory