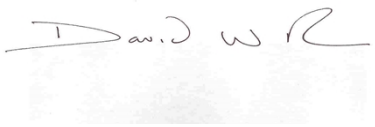
Public Document Pack

# Special Health Policy and Performance Board

## Tuesday, 12 October 2021 at 6.30 p.m.
## Council Chamber, Runcorn Town Hall



**Chief Executive**

**BOARD MEMBERSHIP**

| | |
|---|---|
| Councillor Peter Lloyd Jones (Chair) | Labour |
| Councillor Sandra Baker (Vice-Chair) | Labour |
| Councillor Angela Ball | Labour |
| Councillor Laura Bevan | Labour |
| Councillor Dave Cargill | Labour |
| Councillor Eddie Dourley | Labour |
| Councillor Andrew Dyer | Green Party |
| Councillor Louise Goodall | Labour |
| Councillor Rosie Leck | Labour |
| Councillor Margaret Ratcliffe | Liberal Democrats |
| Councillor John Stockton | Labour |

***Please contact Ann Jones on 0151 511 8276 or e-mail ann.jones@halton.gov.uk for further information.***
***The next meeting of the Board is on Tuesday, 23 November 2021***

**ITEMS TO BE DEALT WITH**
**IN THE PRESENCE OF THE PRESS AND PUBLIC**

**Part I**



***In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.***

Agenda Item 2

**REPORT TO:** Health Policy & Performance Board

**DATE:** 12 October 2021

**REPORTING OFFICER:** Strategic Director, Enterprise, Community & Resources

**SUBJECT:** Public Question Time

**WARD(s):** Borough-wide

## 1.0 PURPOSE OF REPORT

1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).

1.2 Details of any questions received will be circulated at the meeting.

## 2.0 RECOMMENDED: That any questions received be dealt with.

## 3.0 SUPPORTING INFORMATION

3.1 Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

(i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.

(ii) Members of the public can ask questions on any matter relating to the agenda.

(iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.

(iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.

(v) The Chair or proper officer may reject a question if it:-

- Is not about a matter for which the local authority has a responsibility or which affects the Borough;
- Is defamatory, frivolous, offensive, abusive or racist;
- Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or

- Requires the disclosure of confidential or exempt information.

(vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.

(vii) The Chair will ask for people to indicate that they wish to ask a question.

(viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.

(ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep your questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

**4.0 POLICY IMPLICATIONS**

None.

**5.0 OTHER IMPLICATIONS**

None.

**6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children and Young People in Halton** - none.

6.2 **Employment, Learning and Skills in Halton** - none.

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

6.5 **Halton's Urban Renewal** – none.

## 7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

## 8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

8.1 There are no background papers under the meaning of the Act.

**REPORT TO:** Health Policy & Performance Board

**DATE:** 12th October 2021

**REPORTING OFFICER:** Strategic Director, People

**PORTFOLIO:** Health & Wellbeing

**SUBJECT:** Transforming Cancer Care - Eastern Sector Cancer Hub

**WARD(S):** Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 The attached report sets out proposals to establish a Cancer Hub at St Helens Hospital for Halton, Knowsley, St Helens and Warrington patients to enable the Board to assess whether it considers the proposals to constitute a substantial development or variation in the provision of health services.

## 2.0 RECOMMENDATION: That the Board:-

2.1 Note the contents of the report and associated appendices;

2.2 Consider the proposals to establish a cancer hub for First Outpatient Appointments (FOPA) for common and some intermediate cancers at St Helens hospital; and

2.3 Assess whether the proposal is considered a substantial development or variation in the provision of health services.

## 3.0 SUPPORTING INFORMATION

3.1 Commissioners in NHS Halton, NHS Knowsley, NHS St Helens and NHS Warrington Clinical Commissioning Groups (CCGs) and NHS England Specialised Commissioning have undertaken a review of non-surgical cancer care in the local area in line with the National Cancer Transformation Programme.

3.2 The review was carried out via a structured evaluation approach following the NHS England Service Change Assurance Process, which has identified the most suitable site for the Hub at St Helens and Knowsley Teaching Hospitals.

3.3 The Committee is asked to consider whether the recommendation of Option 1 (Cancer Care Service Hub at St Helens and Knowsley Teaching Hospitals NHS Trust) is a substantial variation in service change.

## 4.0 POLICY IMPLICATIONS

4.1 None identified at this moment in time.

## 5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Refer to the report, Appendix 1 Section 3.5.4 Pre-Consultation Business Case.

## 6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton -** None identified.

6.2 **Employment, Learning & Skills in Halton -** None identified.

6.3 **A Healthy Halton -** This service change will support those suffering with common cancers in the Halton area to receive more efficient and effective services in turn providing better outcomes.

6.4 **A Safer Halton -** None identified.

6.5 **Halton's Urban Renewal -** None identified.

## 7.0 RISK ANALYSIS

7.1 There are risks outlined in Appendix 1 Section 2.12 Pre-Consultation Business Case within the report. A full risk assessment is not required.

## 8.0 EQUALITY AND DIVERSITY ISSUES

8.1 There is a summary of Equality and Diversity issues in Appendix 1 Section 2.11 Pre- Consultation Business Case within the report.

## 9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972 - None identified.

# TRANSFORMING CANCER CARE – EASTERN SECTOR CANCER HUB

## 1. PURPOSE

1.1 This report sets out proposals to establish a Cancer Hub at St Helens Hospital for Halton, Knowsley, St Helens and Warrington patients to enable the Committee to assess whether it considers the proposals to constitute a substantial development or variation in the provision of health services.

## 2. BACKGROUND

2.1 Non-surgical, cancer care[1] in Cheshire and Merseyside is currently provided through a "hub and spoke" delivery model. The hub is provided by the Clatterbridge Cancer Centre (CCC) for inpatients, rare and intermediate cancers and research, with satellite units delivering outpatient care, chemotherapy and radiotherapy. Patients[2] in Halton, Knowsley, St Helens and Warrington currently attend Outpatient First Appointments (OPFAs) at four local hospital sites; see Figure 1.

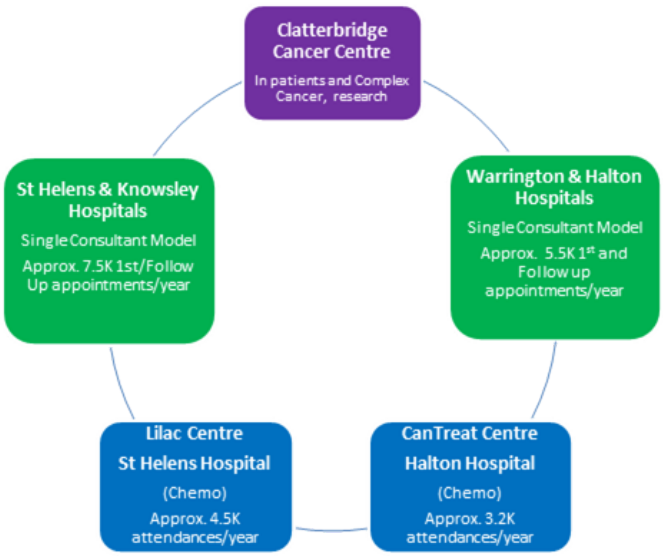



**Figure 1: Current Delivery Model in Halton, Knowsley, St Helens and Warrington**

2.2 The NHS has a National Cancer Transformation Programme with a national strategy for England (2015 – 2020). Cancer Care is also a key priority of the NHS Long Term 10-year Plan (LTP) 2019-2029.

2.3 Commissioners in NHS Halton, NHS Knowsley, NHS St Helens and NHS Warrington Clinical Commissioning Groups (CCGs) and NHS England Specialised Commissioning have undertaken a review of non-surgical cancer care in the local area. The review has been undertaken with CCC, users of cancer services and staff of the two local trusts (St Helens and Knowsley

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[1] Cancer care delivered in an outpatient setting from assessment and diagnosis through to non-surgical treatment including chemotherapy and radiotherapy

[2] Based upon location of the patient's registered GP practice

Teaching Hospitals NHS Trust (STHK) and Warrington and Halton Hospitals NHS Foundation Trust (WHH)).

2.4 Commissioners have prepared a Pre-consultation Business Case (PCBC), **Appendix 1** to this report, detailing why and how the review has been undertaken, including model development and identification and evaluation of location options. This is summarised as follows:

2.4.1 **How services are currently provided:** including locations, hours of operation and some of the issues affecting patient care and experience arising from the current operating model (Section 2.6)

2.4.2 **The case for change:** the current arrangements will not meet rising demand for services; do not optimise opportunities to improve cancer outcomes, including survival rates; is not sustainable; and is unable to meet cancer performance targets (Section 2.4).

2.4.3 **The commissioning process to identify new model and possible locations:** including model development; option identification and evaluation, patient and other stakeholder involvement in the process (all Appendix 1, but in particular Sections 2 and 3). Commissioners' approach has been informed by and complied with the NHS England change assurance process. (Sections 2.1 and 4.3)

2.4.4 **The proposed new model:** the establishment of a single hub for the 4 Boroughs; comprising a full set of support services; operating 7 days a week; enhanced through multi-disciplinary working and supported access to a wide range of support services; and access to urgent cancer care, avoiding the need to attend A&E. This model will see some services which are currently provided in multiple Boroughs be provided only from a single site hub. (Section 2.7).

2.4.5 **The benefits of the new model:** improved access and reduced waiting times; improved access to clinical trials; patient care closer to home (via follow-ups in their own home, at work or a local community clinic); access to a more integrated offer, including a wide range of support services; improved emergency care pathways; and improved outcomes and experience (Section 2.8). A summary of how the new model addresses issues identified in the Case of Change is set out in (Section 1).

2.4.6 **Potential and preferred location identification and evaluation:** including the long list; the approach to reaching a shortlist and the approach, including criteria used to determine a preferred location, which considered providers' ability to deliver the hub, clinical quality, organisational quality and performance, and travel implications for patients, amongst others (Section 2.10 and Section 3).

2.4.7 **Engagement and consultation:** the work to date has been supported by a comprehensive pre-consultation engagement process which is set out in Section 2.9. Section 4 sets out commissioners plans to undertake public consultation on the proposals.

2.4.8 **Clinical model:** The new model proposes moving most services for less complex treatments from the CCC to a local Cancer Care Service Hub. The proposed new model is the establishment of a single hub in the Eastern Sector of Cheshire and Merseyside for patients in the boroughs of Halton, Knowsley, St Helens and Warrington. The Hub will operate seven days a week and will be enhanced through multi-disciplinary working; see Figure 2.

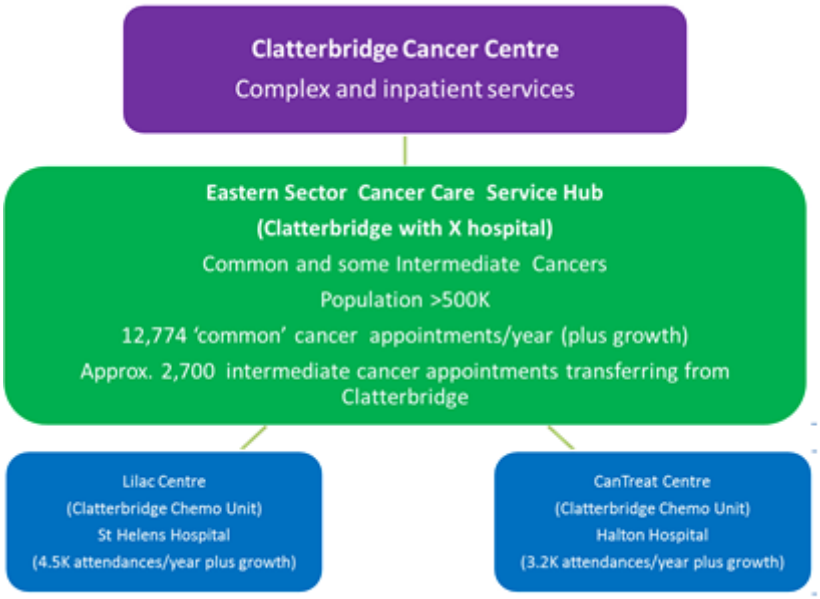


**Figure 2: Proposed Delivery Model in Halton, Knowsley, St Helens and Warrington**

The intention is that patients would be seen in a Cancer Care Service Hub for their OPFA and offered a full range of support services and improved access to clinical trials. Consultants would be based in the Hub so that they can work as one oncology team with other health care professionals such as specialist nurses, research nurses, physiotherapists and occupational therapists.

The Hub will comprise:

- Supported access to a wide range of support services;
- Access to urgent cancer care, avoiding the need to attend A&E.
- MDT input
- Oncologist base
- First and follow-up outpatient appointments
- Follow-up outpatient appointments
- On-site supportive care
- Chemotherapy levels I, II and III
- Acute oncology and assessment unit
- Phase III clinical trials
- Outreach clinical trials team

Radiotherapy in three Clatterbridge sector hubs (image guided radiotherapy and Intensity-modulated radiation therapy) – N.B. Eastern sector requirement to identify suitable site only

2.5 **Benefits of the new model:** These include:

- Access to a more integrated offer, including a wide range of support services; improved emergency care pathways; and improved outcomes and experience;
- Improved access and reduced waiting times;
- Improved access to clinical trials;
- Patient care closer to home via follow-ups in their own home, at work or a local community clinic.

2.6 The process has been managed by a NHS England and Improvement Service Change Assurance Process; see Section 6.

## 3. OPTIONS

3.1 A project group including senior clinical leads from CCC, local commissioners and patient representatives reviewed a long-list of seven options that were identified to deliver the new model; see Section 3 PCBC.

The list was then subsequently short-listed to two options for the Hub site to be considered through a formal evaluation process, namely:

**Option 1:** St Helens and Knowsley Teaching Hospitals NHS Trust (STHK). STHK proposed locating the Cancer Care Service Hub at St Helens Hospital with the potential to locate all out-patient, in–patient and day case cancer services on the Whiston Hospital site at a later date.

**Option 2:** Warrington and Halton Hospitals NHS Foundation Trust (WHH). WHH proposed siting the Hub at Halton Hospital.

These options were evaluated using the following criteria:

| Criteria | Weighting |
|---|---|
| Infrastructure and Estates | Pass/Fail |
| A - Clinical Quality & Patient Experience | 65% |
| B - Workforce, Finance and Sustainability | 20% |
| C - Organisational Quality and Performance | 15% |

3.2 STHK and WHH were invited to submit their respective proposals for formal evaluation, which took place between July and August 2019. Evaluation was undertaken by a panel of subject matter experts with relevant clinical, quality, finance, workforce, public/patient experience and commissioning expertise; see Section 3.5 of the PCBC.

3.3 The evaluation examined a wide range of areas key to the consideration of the available options, such as:

- Insight from the pre-consultation engagement;
- Patient flow i.e. where patients already choose to receive treatment;
- The clinical model;
- Trust written submissions covering:
  - Infrastructure and estates;
  - Clinical quality and patient experience;
  - Workforce, finance and sustainability;
  - Organisational quality and performance.
- The impact of travel upon patients from the four boroughs by potential Eastern Sector Hub location;
- Equality impact assessment;
- Quality impact assessment.

3.4 The panel's moderated score for the STHK proposal was significantly (30 percentage points) higher than that for the WHH proposal, with the STHK proposal in particular demonstrating a greater understanding of and ability to deliver the hub service, organisational performance and clinical quality, patient and staff experience.

## 4. PROPOSAL

4.1 Given the outcome of the evaluation, it is proposed to the site the Hub at St Helens Hospital with the potential to locate all out-patient, in–patient and day case cancer services on the Whiston Hospital site at a later date.

## 5. IMPACT ON SERVICES TO PATIENTS

5.1 As previously stated, the proposed model delivers a range of benefits for patients, see Section 2.8 of the PCBC. The benefits include:

| | |
|---|---|
|  | **Reduced waiting times**; sustainable delivery of access targets and first CCC appointment within 7 days and treatment with 24 days of referral |
|  | **Improved access to clinical trials**; assessing all patients for eligibility to enter suitable clinical trials and improving access to R&I resource. |
|  | Ensuring the majority of new patients have access to a wider range of treatment(s) closer to patient's homes. |
|  | Improved access to the same, comprehensive range of support services no matter where patients live at their 1st CCC Outpatient appointment. |
|  | 90% of patients residing within 45 minutes of their nearest Sector Hub. |
|  | Improved emergency pathways and reduced unplanned admissions. |
|  | Improved outcomes and patient experience, a greater range of Chemotherapy treatments provided locally in each Sector, sub-specialisation and a MDT approach to cancer care. |

5.2 Whilst the creation of a single site hub at St Helens hospital, has many benefits, there will be varying travel implications for patients accessing the hub, depending upon where they live. The programme has therefore considered:

- Patient flow to each of the hospital sites;
- Patient travel, informed by a Travel Impact Assessment, which can be found in Section 2.10 of the PCBC.

5.3 For noting, Warrington Hospital has been included in this assessment summary as an Eastern Sector site.

5.4 The overall evaluation found that locating the Cancer Care Service Hub at St Helens Hospital would have the least impact overall on patients from across the different Boroughs. (Section 3.5.5 and Appendix 8 of the PCBC).

5.5 The majority of Eastern Sector patients attend OPFAs at either the St Helens or Whiston hospital sites. The distance between both sites is also only five miles, which is considerably shorter than the distance between any of the other sites.

5.6 During the Pre-Consultation Equality Impact Assessment, the impact of crossings across the Mersey Gateway Bridge (toll bridge) was considered in the travel impact analysis for patients in each of the four boroughs.

5.7 The impact of Covid-19 has been considered but there is no clear impact on where patients attend OPFAs.

5.8 It has been acknowledged that virtual consultations take place for a number of patients where clinically appropriate. CCC expect to continue to offer this choice of appointments under the new model, which will also contribute to a reduction

in the number of patients travelling and will therefore further lessen any travel impacts felt by some patients.

5.9 Implications on patients in Halton

5.9.1 The OPFAs for people with a common cancer registered with a GP practice in Halton is shown in Tables 1 and 2 and Figure 3.

| | Halton Hospital | St Helens Hospital | Warrington Hospital | Whiston Hospital | Total |
|---|---|---|---|---|---|
| 2018-19 | 102 | 143 | 10 | 105 | 360 |
| 2019-20 | 122 | 115 | 17 | 108 | 362 |
| 2020-21 | 123 | 78 | 3 | 69 | 273 |

**Table 1: Halton common cancer outpatient first activity from 1st April 2018 to 31st March 2021.**

| | Halton Hospital | St Helens Hospital | Warrington Hospital | Whiston Hospital |
|---|---|---|---|---|
| 2018-19 | 28.33% | 39.72% | 2.78% | 29.17% |
| 2019-20 | 33.70% | 31.77% | 4.70% | 29.83% |
| 2020-21 | 45.05% | 28.57% | 1.10% | 25.27% |

**Table 2: Percentages of Halton common cancer outpatient first activity from 1st April 2018 to 31st March 2021.**

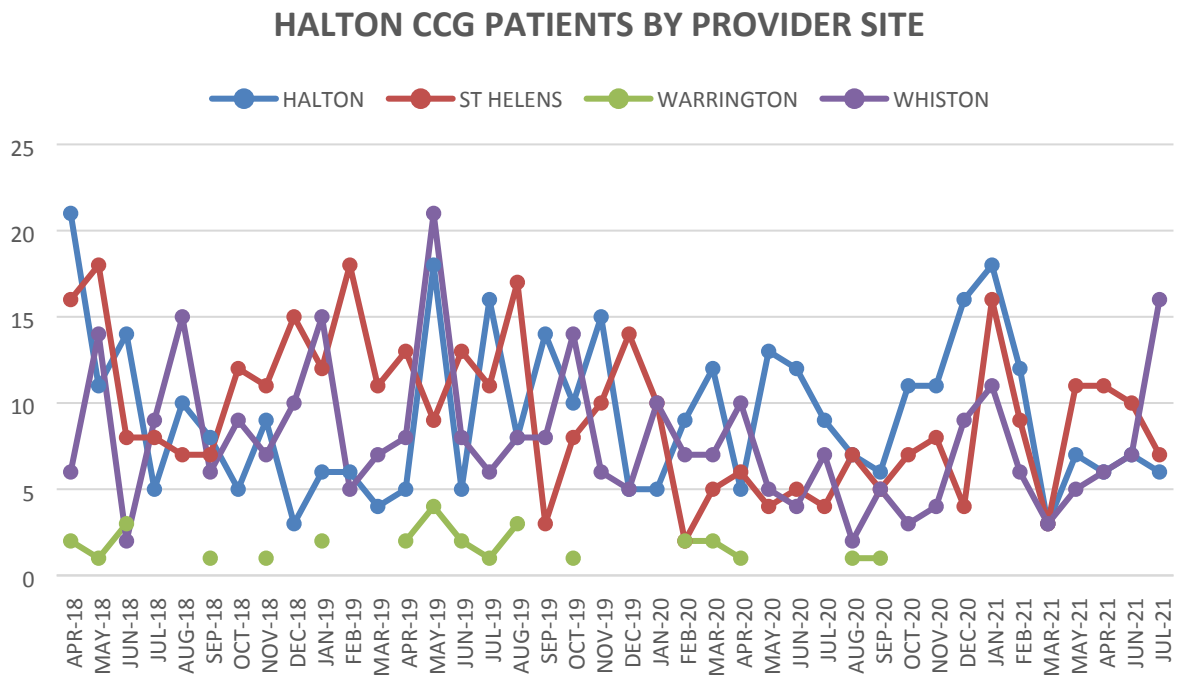


**Figure 3: Halton common cancer outpatient first activity from 1st April 2018 to 30th June 2021.**

5.9.2 Historically, the highest activity for Halton patients has been at the St Helens and Whiston Hospital sites. This has since been superseded by Halton Hospital, which accounted for 45% of activity in 2020/21. This increase in activity could be attributed to the patients attending their closest location during

the Covid-19 pandemic. Activity at St Helens and Whiston remains high at 29% and 25% respectively.

5.9.3 Locating the Hub at the St Helens sites would increase the average mileage for patients travelling by private transport from four miles to approximately 8 miles and affect approximately 120 patients. This would also involve crossing the Mersey, although eligible[3] Halton residents travelling by car can make unlimited crossings for an annual fee of £10.00.

5.9.4 Whilst the Travel Impact Assessment identified that the majority of patients would attend their appointment using private transport we have looked at the public transport to access St Helens from each borough. The average bus journey times would also increase by 20 minutes. Other options are available for patients including Patient Transport Services (PTS), Macmillan (who provide a telephone helpline with access to a Welfare Rights advisor) or the NHS Healthcare Travel Costs Scheme (HTCS) for those on low income.

## 6 GOVERNANCE

6.1 NHS England and Improvement has a defined process for assuring service change and their role in the service change process is to support commissioners and their local partners, including providers, to develop clear, evidence-based proposals for service change, and to undertake assurance to ensure they can progress, with due consideration for the government's four tests of service change.

The four tests are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear, clinical evidence base
- Support for proposals from clinical commissioners

6.2 The proposed service change passed Stage 1 (strategic sense check) of the NHS England Service Change Assurance Process in June 2019 and passed Stage 2 (assurance checkpoint) in January 2020. Assurance at both stages was required in advance of any wider public involvement or public consultation process or a decision to proceed with a particular option.

6.3. A comprehensive pre-consultation engagement took place between September 2018 and March 2019. A summary of the engagement can be found in Section 2.9 of the PCBC.

6.4 The Pre-Consultation Equality Analysis, undertaken in November 2019, investigated the potential impact of any service changes on patients with protected characteristics (as defined within the Equality Act 2010). This was

[3] Eligible Halton residents are those living in a property in Council Tax Band A-F; or G-H and who have successfully applied to Halton Council to be included in the residents' discount scheme as a result of economic hardship or other special circumstances.

used to identify any specific issues and actions required as part of the review's engagement and consultation work. A summary can be found in Section 2.11 of the PCBC.

## 7. SUMMARY

7.1 Commissioners in NHS Halton, NHS Knowsley, NHS St Helens and NHS Warrington Clinical Commissioning Groups (CCGs) and NHS England Specialised Commissioning have undertaken a review of non-surgical cancer care in the local area in line with the National Cancer Transformation Programme.

7.2 The review was carried out via a structured evaluation approach following the NHS England Service Change Assurance Process which has identified the most suitable site for the Hub at St Helens and Knowsley Teaching Hospitals.

7.3 The Committee is asked to consider whether the recommendation of Option 1 (Cancer Care Service Hub at St Helens and Knowsley Teaching Hospitals NHS Trust) is a substantial variation in service change.

The contact officer for this report is:

Philip Thomas, Assistant Chief Executive, NHS Knowsley Clinical Commissioning Group
Email: philip.thomas@knowsleyccg.nhs.uk

**Appendix 1** Pre-Consultation Business Case, January 2020, Updated September 2021

# Transforming Specialist, Non-Surgical, Cancer Care in the Eastern Sector (Halton, Knowsley, St Helens and Warrington)


# Pre-Consultation Business Case

## Addendum – 7th September 2021

Please note the PCBC was drafted in 2019 so in order to take into account more recent years data, there has been a refresh to take into account years 2020 and 2021.

The data refresh has not changed the outcome of the PCBC as written.

**Version Control:**

| # | Date | Author | Changes |
|---|---|---|---|
| 0.1 | 02/05/19 | Andrew Messina (NHS Shared Business Services) | Initial draft |
| 0.2 | 23/05/19 | Andrew Messina (NHS Shared Business Services) | Revisions to multiple sections and addition of new sections |
| 0.3 | 31/05/19 | Andrew Messina (NHS Shared Business Services) | Revisions to multiple sections and addition of a new section |
| 0.4 | 04/06/19 | Andrew Messina (NHS Shared Business Services) | Revisions to multiple sections, changes to the order of sections and addition of a new section |
| 0.5 | 05/06/19 | Andrew Messina (NHS Shared Business Services) | Revision to *Risk Risks, Potential Impacts and Mitigation* section |
| 0.6 | 16/07/19 | Andrew Messina (NHS Shared Business Services) | Revisions to multiple sections and incorporation of comments from Dr Ernie Marshall (Deputy Medical Director, CCC) regarding Section 2.6 |
| 0.7 | 25/07/19 | Andrew Messina (NHS Shared Business Services) | *Pre-Consultation Equality Analysis* section drafted, revisions to multiple sections, appendices added and order of sections amended |
| 0.8 | 02/08/19 | Andrew Messina (NHS Shared Business Services) | *Executive Summary* drafted, a new section *(Travel Impact Assessment)* added and drafted, revisions to multiple sections made and additional definitions added |
| 0.9 | 06/08/19 | Andrew Messina (NHS Shared Business Services) | Incorporation of comments from Dianne Johnson (SRO) and Dr Ernie Marshall (Deputy Medical Director, CCC) |
| 1.0 | 08/08/19 | Andrew Messina (NHS Shared Business Services) | Revisions to the *Travel Impact Assessment* section |
| 1.1 | 26/09/19 | Andrew Messina (NHS Shared Business Services) | Incorporation of further comments from Dianne Johnson (SRO) and NHS England |

| | | | |
|---|---|---|---|
| 1.2 | 18/11/19 | Laura Davies<br>(NHS Shared Business Services) | Incorporation of comments from Cathy Stuart at NHS England and some final tweaks in terms of flow. Adding in Senate report to Appendices |
| 1.3 | 02/01/20 | Philip Thomas (NHS Knowsley CCG) | Minor tweaks and formatting. |
| 1.4 | 07/09/21 | Laura Davies (NHS SBS) | Amend to appendix and addendum update. |

## Contents

## 1. Executive Summary

This Pre-Consultation Business Case details the case for a *Cancer Care Service Hub*[1] in the Halton, Knowsley, St Helens and Warrington area and recommends the optimal location of this Hub, prior to undertaking public consultation. We believe that we have an opportunity to make some real improvements to the way that specialist, non-surgical cancer services are delivered, which will lead to better access, experience and most importantly outcomes for local people.

This Pre-Consultation Business Case was developed by commissioners in conjunction with key stakeholders and draws on the NHS England Assurance Process and a clear understanding of local needs and national policy. In particular, the case for change described in this Pre-Consultation Business Case rests on eight elements:

1. Cancer prevalence locally is rising,
2. We're an outlier on cancer incidence,
3. We're not achieving the national cancer survival targets for our patients,
4. Cancer is the single biggest cause of death for our patients,
5. There is evidence of significant workforce gaps,
6. New therapies to treat cancer are becoming available,
7. Access to urgent cancer care locally is inequitable,
8. We're not achieving Cancer Waiting Times for our patients.

The scope of this Pre-Consultation Business Case extends to specialist, non-surgical, cancer services for people who live or have a GP in Halton, Knowsley, St Helens and Warrington, who have been diagnosed with a common cancer[2] and referred to Clatterbridge Cancer Centre NHS Foundation Trust ('CCC') for treatment with drugs and/or radiotherapy. The scope does not extend to services for people who have been diagnosed with a rare[3] cancer, and/or who require complex treatments which necessitate centralised specialist expertise.

The new model for Cheshire and Merseyside proposes four tiers of networked cancer services (one *Cancer Care Centre*[4], four *Cancer Care Service Hubs*, services in existing local hospitals and cancer care provided in home, work and community settings). This Pre-Consultation Business Case describes the current model for providing cancer care to patients across

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[1] A location with the scale to host multi-day services for a population of up to 500,000 people, including multi-disciplinary teams of tumour-site-specific specialists for all common cancers and most intermediate cancers, as well as hosting acute oncology, ideally radiotherapy, some complex chemotherapy and providing access to clinical trials

[2] Breast, Lung, Prostate and Lower GI cancers for which CCC receives over 1,400 referrals per annum

[3] Testicular, Penile, Brain, CNS, Sarcoma and Ocular cancers for which CCC receives less than 500 referrals per year

[4] Hosting inpatient beds and specialising in rare cancers, blood cancers, research and complex treatments. These services are not in scope for this consultation.

Halton, Knowsley, St Helens and Warrington and describes a new approach, developed by CCC, in response to the eight elements detailed within the case for change section (2.4).

The benefits of the new model will offer improved access, experience and outcomes for patients within the four boroughs in respect of the 'common' cancers. The model will additionally facilitate the repatriation of approx. 2,700 appointments from the main CCC hospital site to the local hub which will be hugely beneficial to those patients. It addresses the eight elements of the case for change outlined above as follows:

| Case for Change | *Benefits of New Model* |
|---|---|
| Increasing prevalence and high local incidence of cancer – current configuration unable to meet growing demand | • *Increased efficiency realising increased capacity*<br>• *Service operating across 7 days a week*<br>• *Hub model attractive to potential employees*<br>• *Access to wider support services at all stages of journey*<br>• *Improved experience through follow-ups closer to home* |
| Greatest cause of premature death across Halton, Knowsley, St Helens and Warrington.<br>Poor survival rates | *Improved care, outcomes and experience via:*<br>• *Consistent access to clinical trials- improving access to emerging treatments and access to R&I resource*<br>• *MDT and joint consultations improving treatment and support for patients*<br>• *Safer environment for immuno-compromised patients, reducing the risk of 'contamination'* |
| Gaps in workforce – challenging recruitment and retention issues, specialist workforce in short supply and increasing demand. Model can lack resilience | • *Workforce resilience via colocation at hub – service delivery less affected by illness, vacancies etc.*<br>• *Hub model attractive to potential employees- innovative MDT approach* |
| Availability of new therapies – increasing number of treatments, capable of delivery locally | • *Model supports delivery at the Hub and where appropriate closer to home – at home, in a local clinic or at work – co-ordinated and supported through the Hub* |
| Inequity in access to cancer specific urgent care – currently not available to all patients (site dependant) – meaning patients attend A&E | • *Co-located cancer urgent care assessment unit service available for all patients under the care of the ESCH*<br>• *Clear and simple pathways, with advice and support to enable patients with cancer to access the right urgent care* |

| | |
|---|---|
| | *services to meet their needs* |
| Failure to meet cancer waiting times – impacting on patient experience and potentially outcomes | *Improved performance via:*<br>• *Increased choice (7 day service)*<br>• *Improved resilience – fewer service led cancellations*<br>• *More efficient – with remote and virtual follow-ups* |

Extensive engagement has been undertaken across Halton, Knowsley, St Helens and Warrington on the proposed new model with a wide range of stakeholders including users of cancer services, carers, hospital staff, GPs and practice staff, voluntary organisations, local councillors and MPs. Engagement indicated support for the new model but also highlighted some further areas for consideration by commissioners when identifying the potential impact of the new model. A number of options have been developed, which include locating the new Cancer Care Service Hub at either St Helens and Knowsley Teaching Hospitals NHS Trust (STHK) or at Warrington and Halton Hospitals NHS Foundation Trust (WHH) or at both Trusts with services split by Tumour Group.

A Travel Impact Assessment was undertaken to investigate the potential impact of the new model on patients travelling to their hospital appointments. The assessment found that locating the Cancer Care Service Hub at St Helens Hospital would have the least impact on patients in terms of travel times by both private and public transport and also mileage. Additionally, locating the Cancer Care Service Hub at either St Helens Hospital or Whiston Hospital would minimise public transport travel times for patients from the most deprived areas of the Eastern Sector which have the lowest rates of access to private transport. The majority of patients currently travel to their CCC appointment via private transport and are likely to continue to do so, particularly for their first appointment.

The biggest increase in travel times would be felt by St Helens and Knowsley residents if the Sector Hub was located in Halton or Warrington hospital sites. Overall car mileage in the Eastern Sector would only increase significantly if the Sector Hub were located at Halton General Hospital.

Pre-Consultation Equality Analysis was also undertaken to investigate the potential impact of the new model on patients with protected characteristics (as defined within the Equality Act 2010). The analysis identified groups which would need specific engagement as part of the formal consultation process.

A long-list of seven options was identified to deliver the new model, these were subsequently short-listed to three options by the project group responsible for the Pre-Consultation Business Case using agreed criteria. These options were:

**Option 4** **Cancer Care Service Hub at STHK**

**Option 5** **Cancer Care Service Hub at WHH**

**Option 6** **Cancer Care Service Hubs at both STHK and WHH with services split by Tumour Group**

The project group included senior clinical leads from CCC, local commissioners and patient representatives and the criteria used was developed based on feedback received during the initial period of engagement. Following this, the project group determined that Option 6 should not go forward on clinical governance and operational efficiency grounds.

The remaining two options, Option 4 and Option 5 were therefore taken forward for formal evaluation and the trusts invited to submit their respective proposals for formal evaluation. Formal evaluation of the trusts' proposals took place in July - August 2019, following a transparent process published in advance to both trusts. Evaluation was undertaken by a

panel of subject matter experts with relevant clinical, quality, finance, workforce, public/patient experience and commissioning expertise.

STHK proposed locating the Cancer Care Service Hub at St Helens Hospital with the potential to locate all out-patient, in–patient and day case cancer services on the Whiston Hospital site at a later date. WHH proposed siting the Hub at Halton Hospital. Both proposals passed the pass/fail element of the formal evaluation (infrastructure and estates) however the panel's moderated score for the STHK proposal was significantly higher than that for the WHH proposal (89.25% compared to 59.10%).

This Pre-Consultation Business Case therefore recommends Options 4 and 5 are taken forward for public consultation with Option 4 (Cancer Care Service Hub at St Helens and Knowsley Teaching Hospitals NHS Trust, located at St Helens Hospital site) annotated as preferred. The public consultation will enable us to hear the views from a wide-range of stakeholders on the options put forward, who may propose additional ideas that we have not thought of. The feedback from the public consultation will be independently considered and reviewed at the end of the consultation and where appropriate feedback will be incorporated into the final decision making business case. The final decision will be taken by the joint committee of CCGs in parallel with the NHS England Assurance process.

# 2. Introduction and background

Commissioners in NHS Halton, NHS Knowsley, NHS St Helens and NHS Warrington Clinical Commissioning Groups (CCGs) and NHS England Specialised Commissioning are working with the local provider of cancer services (Clatterbridge Cancer Centre NHS Foundation Trust ('CCC')), users of cancer services and staff of the two local trusts (STHK and WHH) to review and redesign specialist, non-surgical, cancer care[5].

This document is a Pre-Consultation Business Case which summarises the case for (a) a *Cancer Care Service Hub* in the Halton, Knowsley, St Helens and Warrington area and (b) the recommended location of the Cancer Care Service Hub prior to undertaking public consultation.

This Pre-Consultation Business Case forms part of a wider programme for transforming Cancer Care across Cheshire and Merseyside and Halton, Knowsley, St Helens and Warrington form part of what the programme terms the "Eastern Sector". This term and "Halton, Knowsley, St Helens and Warrington" are used interchangeably throughout this Pre-Consultation Business Case.

## 1.1. NHS Assurance Process

NHS England has a defined process for assuring service change and their role in the service change process is to support commissioners and their local partners, including providers, to develop clear, evidence-based proposals for service change, and to undertake assurance to ensure they can progress, with due consideration for the government's four tests of service change. The four tests are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear, clinical evidence base
- Support for proposals from clinical commissioners

The objective of service change should, according to NHS England, be to achieve a fundamental improvement in the quality and sustainability of services, in a way that gains the support of patients, staff and the public. Commissioners in Halton, Knowsley, St Helens and

[5] Cancer care delivered in an outpatient setting from assessment and diagnosis through to non-surgical treatment including chemotherapy and radiotherapy

Warrington CCGs and NHS England Specialised Commissioning fully support this objective and this Pre-Consultation Business Case has been developed in full alignment with the NHS Assurance Process.

### 1.2. Local context

Each year nearly 4,000 people are diagnosed with cancer in Halton, Knowsley, St Helens and Warrington and more than 1,600 die from the condition. Compared to England as a whole, that represents nearly 400 excess cases and almost 300 excess deaths per year[6]. This is despite the fact that the wider Cheshire and Merseyside region has been at the forefront of significant public health initiatives, such as the pioneering Healthy Lung campaign, and also delivers cancer support and information services through voluntary sector partners such as Macmillan and Maggie's.

Cancer incidence has also risen across the Eastern Sector at almost double the rate seen nationally[7]. There are also high levels of variation across the region, in Halton and Knowsley in particular[8], meaning that cancer is a key population health challenge.

Over the same period, mortality rates from cancer have declined - reflecting a combination of improvements in prevention, earlier diagnosis and better treatment. However, relatively greater improvements in other areas mean that cancer remains the single biggest cause of death across Halton (30.6%)[9], Knowsley (29.6%)[10], St Helens (25.3%)[11] and Warrington (26.7%)[12] each year. Reducing cancer mortality is therefore a key population health priority across the region, as well as more widely.

### 1.3. National context

Improving cancer outcomes has been a high-profile NHS priority for some time. In 2014 the *Five Year Forward View*[13] recognised the progress the NHS had made in diagnosing and treating cancer but identified that cancer survival rates remained below our European counterparts and committed to action on three fronts: better prevention, swifter access to diagnosis, and better treatment and care for all those diagnosed with cancer.

A national cancer strategy[14] followed in 2016, which set out ambitious goals to improve one-year and ten-year survival rates to 75% and 57% respectively and the initiatives intended to achieve these goals.

The *All Party Parliamentary Group on Cancer* (APPGC) founded in 1998, aims to keep cancer at the top of the political agenda, and to ensure that policy-making remains patient centred. In

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[6] Public Health England: Public Health Profiles (source: https://fingertips.phe.org.uk/ (accessed 21.06.19))

[7] Between 2009/10 and 2016/17 cancer incidence increased by 12.8% in the Eastern Sector compared to 7.5% for England (Public Health England: Public Health Profiles (source: https://fingertips.phe.org.uk/ (accessed 16.07.19))

[8] Between 2009/10 and 2016/17 cancer incidence increased by 20.4% in Halton, 13% in Knowsley, 9.2% in St. Helens and in 8.7% Warrington (Public Health England: Public Health Profiles (source: https://fingertips.phe.org.uk/ (accessed 16.07.19))

[9] Halton Joint Strategic Needs Assessment: Cancer Profile (2017)

[10] St. Helens Joint Strategic Needs Assessment: Life Expectancy, Mortality, and Major and Long Term Conditions (2018)

[11] St. Helens Joint Strategic Needs Assessment: Life Expectancy, Mortality, and Major and Long Term Conditions (2018)

[12] Warrington Joint Strategic Needs Assessment: Core Document (2017/2018)

[13] NHS England: Five Year Forward View (October 2014)

[14] Report of the Independent Cancer Taskforce: Achieving World-class Cancer Outcomes: A Strategy for England 2015-2020 (October 2016)

2017 the APPGC held an inquiry into the progress of the national cancer strategy[15] and recommended further action to increase the likelihood of successful delivery of the Cancer Strategy. Membership of the APPGC includes Members of Parliament for Cheshire and and Merseyside.

The *NHS Long Term Plan*[16] reiterated cancer care as a key NHS priority and set a new ambition: to increase the proportion of cancers diagnosed at stages 1 and 2[17], from around half to three-quarters, by 2028. Therefore, even if the incidence of cancer across the Eastern Sector wasn't almost double the rate seen nationally, there would still be the need for action to improve one-year and ten-year survival rates and to achieve the new national target for swifter diagnosis.

### 1.4. The case for change

The case for transforming cancer services rests on **eight** elements:

**Cancer prevalence is rising.** Currently 1:3 people live with cancer and Public Health England predict that this will rise to 1:2 people by 2025.

**We're an outlier on cancer incidence.** Cancer incidence has risen across the Eastern Sector at almost double the rate seen nationally. Each year nearly 4,000 people are diagnosed with cancer in the region and, compared to England as a whole, this represents nearly 400 excess cases a year. There are also high levels of variation in incidence, with Halton and Knowsley particular outliers in terms of their increase in incidence between 2009/10 and 2016/17.

**We're not achieving the national cancer survival targets.** One-year cancer survival rates, at 72.7% (Halton), 72.5% (Knowsley), 73.1% (St Helens) and 73.9% (Warrington) respectively [18], remain below the national target of 75%. Across Cheshire and Merseyside, the scale at which it is monitored, the ten-year cancer survival rate is currently 43.3%[19] compared to the national target of 57%. Each year more than 1,600 people die from cancer in the Eastern Sector and, compared to England as a whole, this represents almost 300 excess deaths per year.

**Cancer is the single biggest cause of death** in Halton (30.6%), Knowsley (29.6%), St Helens (25.3%) and Warrington (26.7%).

**There is national and local evidence of significant workforce gaps.** Our cancer specialist workforce is under great pressure and we cannot assume that we will be able to recruit consultants in sufficient numbers to safely deliver care in the future.

**New therapies to treat cancer are becoming available.** This means the number of treatments the NHS can offer is increasing and it is no longer acceptable that patients should travel long distances for care that can be provided closer to home. For example, 90% of chemotherapy and immunotherapy for common cancers can now be safely and effectively provided closer to home and for some patients at home. There is often no need for patients to travel to a hospital for these treatments.

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[15] Progress of the England Cancer Strategy: Delivering outcomes by 2020? (December 2017)

[16] NHS England: The NHS Long Term Plan (January 2019)

[17] *Stage 0* indicates that the cancer is where it started (in situ) and hasn't spread; *Stage 1* indicates the cancer is small and hasn't spread anywhere else; *Stage 2* indicates the cancer has grown but hasn't spread; *Stage 3* indicates the cancer is larger and may have spread to the surrounding tissues and/or the lymph nodes and *Stage 4* indicates the cancer has spread from where it started to at least one other body organ (also known as "secondary" or "metastatic" cancer)

[18] Public Health England: Public Health Profiles (source: https://fingertips.phe.org.uk/ (accessed 21.06.19))

[19] Public Health England: Public Health Profiles (source: https://fingertips.phe.org.uk/ (accessed 21.06.19))

**Access to urgent cancer care is inequitable.** Only those patients who live in Wirral have easy access to the Assessment Unit at Clatterbridge Cancer Centre-Wirral, which can respond to cancer patients with urgent care needs. This means patients from our region are more likely to be directed to A&E when they become unwell, which is often not the best place for people having chemotherapy or radiotherapy to go.

**We're not achieving Cancer Waiting Times.** In particular, in most quarters in 2018/19, the national targets for first outpatient attendances within 2 weeks and referral for suspected cancer to first treatment within 62 days were not achieved for our patients (although the target for a first definitive treatment within 31 days of the decision to treat was routinely met)[20].

### 1.5. Project scope and process

The scope of this Pre-Consultation Business Case extends to specialist, non-surgical, cancer care for people who live or have a GP in Halton, Knowsley, St Helens and Warrington, who have been diagnosed with a common cancer and are referred to CCC for treatment with drugs or radiotherapy, and whose care could be provided or managed from a *Cancer Care Service Hub*. This includes cancer care provided in a home, work, community or hospital setting. Examples include:

- Cancer telehealth services
- Patient information portal
- Multi-disciplinary team input
- Acute oncology[21]
- Acute oncology and assessment unit[22]
- First and follow-up outpatient appointments
- Chemotherapy at home
- Chemotherapy levels I[23], II[24] and III[25]
- Phase III clinical trials[26]
- Radiotherapy

Services for people who have been diagnosed with a rare cancer, and/or who require complex treatments which necessitate centralised specialist expertise, fall outside the scope of this Pre-Consultation Business Case. These services include:

- Chemotherapy level IV[27]
- Surgery
- Inpatient care
- Complex radiotherapy, including image guided radiotherapy and intensity-modulated radiation therapy

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[20](source: https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/ accessed 02.08.19))

[21] Acute oncology brings together disciplines from Emergency Departments, acute medicine and palliative care to provide a cohesive service for people presenting with oncological emergencies

[22] A fixed location from which an acute oncology service is provided

[23] Outpatient or community delivery of short infusion/subcutaneous injection and minimal risk

[24] Outpatient delivery with low risk of acute side effects, shorter infusion <2 hrs

[25] Outpatient delivery with higher risk of acute side effects or prolonged infusion >2 hours

[26] *Phase 3* clinical trial are usually large in scale (often hundreds or thousands of people) and randomised, to compare a new treatment to the standard treatment

[27] Highest intensity often requiring inpatient delivery and oversight e.g. Phase I trials, complex inpatient chemo

- Phase I and II clinical trials[28]

The Transforming Cancer Care programme in the Eastern Sector is accountable to the Mid-Mersey Joint Committee of CCGs and the Chief Executive of Knowsley CCG is the *Senior Responsible Owner* (SRO) for the programme.

The SRO also chairs the *Eastern Sector Cancer (Non-Surgical) Transformation (ESCT) Project Group* which has been tasked with programme delivery. Membership of the project group is drawn from all four CCGs in the Eastern Sector (Halton, Knowsley, St Helens and Warrington CCGs), the Clatterbridge Cancer Centre NHS Foundation Trust, NHS England Specialised Commissioning and Healthwatch Knowsley (which also represents Healthwatch Halton, Healthwatch St Helens and Healthwatch Warrington). The project group is not a decision making body, rather information and updates are provided to the Mid-Mersey Joint Committee of CCGs.

The Terms of Reference for the Mid-Mersey Joint Committee of CCGs and the ESCT Project Group are attached as **Appendices 1 and 2**.

### 1.6. The current delivery model

Cancer care in Cheshire and Merseyside is currently provided through a “hub and spoke” delivery model. The “hub” element is provided by the Clatterbridge Cancer Centre-Wirral (inpatients, rare and intermediate cancers and research) with “spokes” (i.e. satellite units) delivering outpatient care, chemotherapy and radiotherapy. In terms of the Eastern Sector, this outpatient care is provided at four hospital sites, chemotherapy at two local hospital sites and radiotherapy at the Clatterbridge Cancer Centre-Aintree and the Clatterbridge Cancer Centre-Wirral.

The current delivery model looks like this:

[28] *Phase 1* clinical trials are usually small (20 to 50 people) and non-randomised, to investigate the side effects of a new treatment and what happens to the treatment in the body; *Phase 2* clinical trials are usually medium in scale (tens of people, sometimes over 100) and sometimes randomised, to investigate the side effects of a new treatment further and how well the treatment works

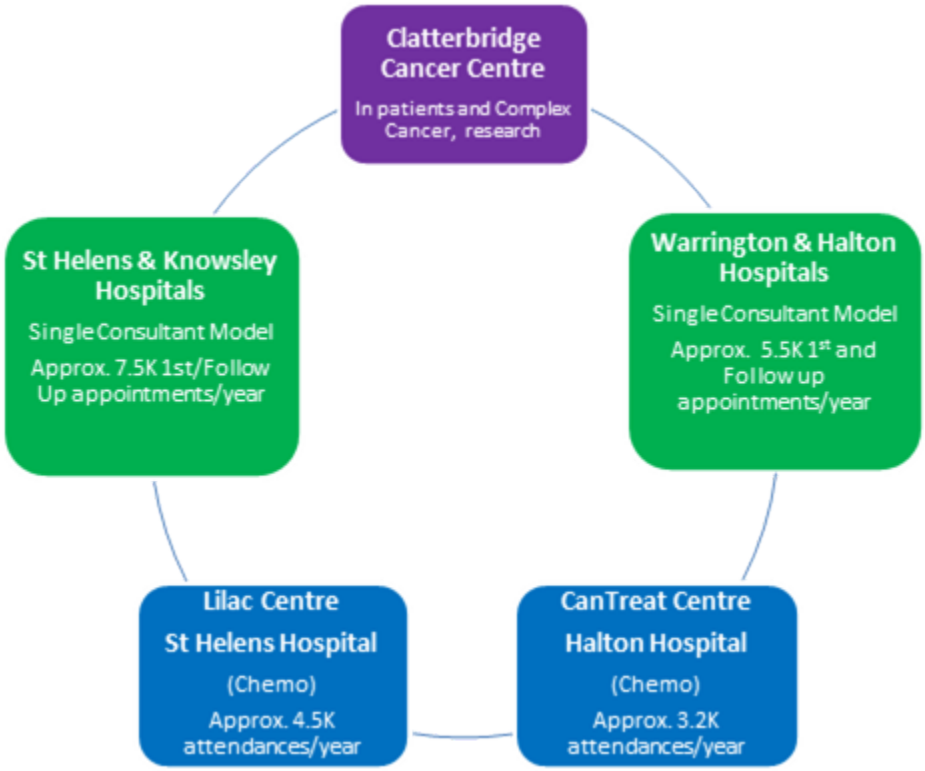


**Figure 1: Current Model in Halton, Knowsley, St Helens and Warrington**

### 1.7. The proposed delivery model

The proposed delivery model was developed by CCC as part of their 2018-2022 strategy (attached as **Appendix 3**). Prior to this, CCC undertook considerable local engagement and involvement from service users and staff to develop this model, details of which can be found here. The model comprises a four tier approach of networked cancer services:

1. One *Cancer Care Centre*
2. Four *Cancer Care Service Hubs*
3. Local hospitals providing outpatient clinics and all but the most complex chemotherapy treatments
4. Cancer care provided in a home, work or community setting, for example chemotherapy provided in patients' homes (where it is safe and effective to do so).

The new model, in effect, proposes moving most services for less complex treatments from the main Cancer Centre (currently the Clatterbridge Cancer Centre-Wirral, moving to the Clatterbridge Cancer Centre-Liverpool from spring 2020) to four *Cancer Care Service Hubs*, with the intention that patients would be seen in a *Cancer Care Service Hub* for their first appointment and offered a full range of support services and improved access to clinical trials. Consultants would be based in these centres so that they can work as one oncology team with other health care professionals such as specialist nurses, research nurses, physiotherapists and occupational therapists. By moving staff into these larger teams in *Cancer Care Service Hubs* we would be able to offer better alternatives to many patients who become ill during their treatment. For example, ambulatory patients would have a choice to be able to attend their nearest hub as an alternative to A&E to receive urgent care and access to clinical trials would be available in all hubs via routine screening of all patients for entry into clinical trials. The ESCT Project Group has drafted a specification for a *Cancer Care Service Hub* which is attached as **Appendix 4**.

Patients needing radiotherapy would continue to travel to the Clatterbridge Cancer Centre-Aintree, the Clatterbridge Cancer Centre-Wirral and, from spring 2020, the Clatterbridge

Cancer Centre-Liverpool, however the specification for the Eastern Sector *Cancer Care Service Hub* also includes ensuring that the estate is able to host a radiotherapy unit in the future, if required.

The proposed model for services across Halton, Knowsley, St Helens and Warrington looks like this:

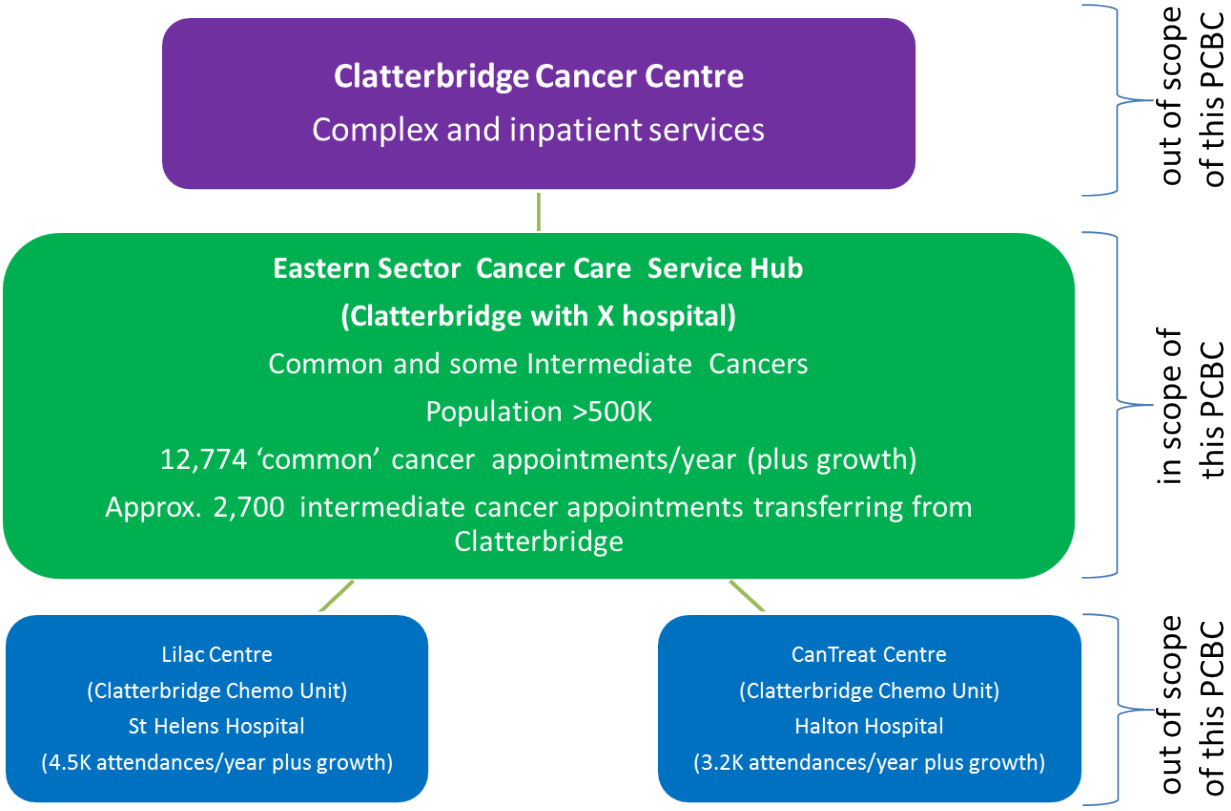


**Figure 2: Proposed Delivery Model**

Moving to four *Cancer Care Service Hubs* provides the optimal balance between local care for patients and ensuring that all patients consistently see a tumour-site-specific consultant-led team of experts for their first appointment. These multi-disciplinary teams will enhance and better coordinate all aspects of each patients' care and treatment, with each hub providing extended hours services, 52 weeks a year and working towards 7 days a week services dependent on need and activity.

The service elements of the proposed clinical model are summarised in the table below:

| Element of Networked Model | Services available |
|---|---|
| **Home, work or community settings** (population: 1+) | ▪ Chemotherapy at home<br>▪ Telehealth services<br>▪ Patient portal (patient access to their own care and information) |
| **Local Hospitals** (population: 200,000+) | ▪ Acute oncology<br>▪ Chemotherapy levels I and II<br>▪ Outpatient follow-up appointments<br>▪ MDT input |
| **Cancer Care Service Hubs** (population: 500,000+) | ▪ Acute oncology and urgent care assessment unit<br>▪ Chemotherapy levels I, II and III<br>▪ Outpatient new / follow-up appointments<br>▪ MDT input |

| Element of Networked Model | Services available |
|---|---|
| | ▪ Oncologist base<br>▪ Phase III clinical trials<br>▪ Outreach clinical trials team<br>▪ Radiotherapy in three Clatterbridge sector hubs (image guided radiotherapy and Intensity-modulated radiation therapy) |
| **Cancer Care Centre** (population: c. 2 million+) | ▪ Comprehensive acute oncology service<br>▪ Chemotherapy levels I, II, III and IV<br>▪ Outpatient new / follow-up appointments<br>▪ On-site MDT input<br>▪ Oncologist base<br>▪ Phase I onwards clinical trials<br>▪ On site clinical trials team<br>▪ Complex radiotherapy, including image guided radiotherapy and intensity-modulated radiation therapy<br>▪ Inpatient beds |

**Table 1: Proposed new Clinical Model - service availability by location type**

Dividing the Cheshire and Merseyside area into four 'sectors' (North, Central, South and East), there is a natural choice for the *Cancer Care Service Hub* in three of the four sectors (North, Central, and South), namely:

| Sector | Cancer Care Service Hub |
|---|---|
| North | Clatterbridge Cancer Centre-Aintree |
| Central | Clatterbridge Cancer Centre-Liverpool |
| South | Clatterbridge Cancer Centre-Wirral |

**Table 2: Proposed Cancer Care Service Hubs for the North, Central and South sectors**

In the Eastern region, i.e. the area served by Halton, St Helens, Warrington and Whiston Hospitals, there is, however, less of a natural choice as to where to site the *Cancer Care Service Hub*. There are options to utilise the hospital sites of either St Helens and Knowsley Teaching Hospitals NHS Trust or Warrington and Halton Hospitals NHS Foundation Trust, hence this Pre-Consultation Business Case.

### 1.8. Benefits of the proposed delivery model

The proposed delivery model offers the least impact to patients within the four boroughs in respect of the 'common' cancers. The model will additionally facilitate the repatriation of approx. 2,700 appointments from the main CCC hospital site to the local hub which will be hugely beneficial to those patients.

In terms of the number of individual patients impacted, the graph and table below shows the flow of patients from Halton, Knowsley, St Helens and Warrington who attended a first outpatient appointment across a 3 year period. This is based on individual patients registered with a Mid-Mersey GP practice. The number of individual patients is very similar over the three years however, there has been a shift to STHK meaning that locating the hub at STHK would minimise the number of people impacted by this service change. It should be noted that there was a service change during July 2017 when some tumour group care was moved from WHH to STHK due to staffing issues. The data shows that after the initial expected movement as a consequence of the service shift, activity has continued to move to STHK by choice.

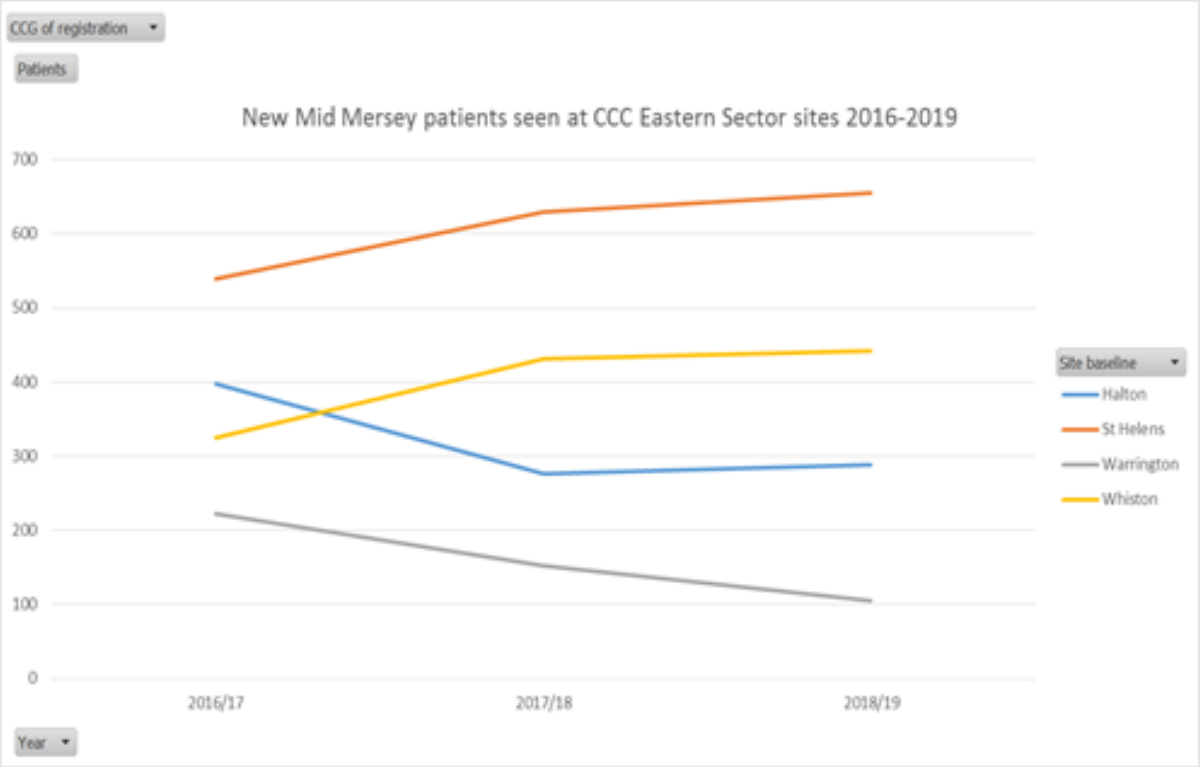


**Figure 3: Patient First Outpatient Appointments**

| Year | CCG | Halton | St Helens | Warrington | Whiston | Grand Total |
|---|---|---|---|---|---|---|
| **2016/17** | NHS Halton | 120 | 106 | 38 | 70 | 334 |
| | NHS Knowsley | 3 | 120 | 0 | 94 | 217 |
| | NHS St Helens | 14 | 274 | 10 | 152 | 450 |
| | NHS Warrington | 261 | 39 | 175 | 9 | 484 |
| **Total** | | 398 | 539 | 223 | 325 | 1485 |
| **2017/18** | NHS Halton | 83 | 138 | 31 | 82 | 334 |
| | NHS Knowsley | 0 | 136 | 1 | 88 | 225 |
| | NHS St Helens | 8 | 275 | 9 | 190 | 482 |
| | NHS Warrington | 185 | 81 | 111 | 71 | 448 |
| **Total** | | 276 | 630 | 152 | 431 | 1489 |
| **2018/19** | NHS Halton | 67 | 138 | 17 | 93 | 315 |
| | NHS Knowsley | 1 | 120 | 3 | 94 | 218 |
| | NHS St Helens | 9 | 303 | 6 | 185 | 503 |
| | NHS Warrington | 212 | 94 | 79 | 70 | 455 |
| **Total** | | 289 | 655 | 105 | 442 | 1491 |
| **Grand Total** | | **963** | **1824** | **480** | **1198** | **4465** |

**Table 3: Patient First Outpatient Appointments**

The table below summaries the key benefits of the proposed delivery model:

| | |
|---|---|
|  | **Reduced waiting times**; sustainable delivery of access targets and first CCC appointment within 7 days and treatment with 24 days of referral |
|  | **Improved access to clinical trials**; assessing all patients for eligibility to enter suitable clinical trials and improving access to R&I resource. |
|  | Ensuring the majority of new patients have access to a wider range of treatment(s) closer to patient's homes. |
|  | Improved access to the same, comprehensive range of support services no matter where patients live at their 1st CCC Outpatient appointment. |
|  | 90% of patients residing within 45 minutes of their nearest Sector Hub. |
|  | Improved emergency pathways and reduced unplanned admissions. |
|  | Improved outcomes and patient experience, a greater range of Chemotherapy treatments provided locally in each Sector, sub-specialisation and a MDT approach to cancer care. |

**Table 4: Key benefits of the proposed delivery model**

Further details of the benefits can be found in **Appendix 5.**

### 1.9. Ensuring strong clinical and user engagement

Participate Ltd was commissioned by NHS Knowsley CCG on behalf of all four CCGs to support a process of pre-consultation engagement with regards to the potential options to transform specialist, non-surgical cancer care services. The key aim of the engagement process was to ensure a robust and transparent approach that enabled stakeholders to shape options for consultation.

The engagement approach ensured a range of stakeholders were given the opportunity to be involved in the pre-consultation engagement discussions across the four CCG areas. Following an extensive mapping exercise to identify stakeholders, the following engagement activities were undertaken:

- Invitation to join a stakeholder panel to over 150 stakeholders involved in cancer care
- Four stakeholder events
- Ten focus groups with service users
- Ten interviews with specialist cancer care professionals
- Distribution of a feedback form on four CCG websites and through the stakeholder network
- Updates, briefings and forums undertaken by the four CCGs

The full report of the engagement undertaken and a summary can be found at **Appendices 6 and 7**.

Respondents consistently asked that current services that were working well to be recognised and used as best practice examples. This included clinical services and support services outside of the NHS. However, a shortage of oncologists, equality in cancer care and patients needing to travel to access the right care were identified as key aspects of the need for change.

Most patients were very satisfied with the care they had received overall. However, suggestions for improvement included:

- Better signposting to support services inside and outside the NHS
- More thought around the way information and patient choices are provided e.g. just the right amount with help available to digest and understand the information given, along with an opportunity to come back with queries easily
- Better appointment scheduling to decrease waiting times at appointments
- Better follow-up post treatment or after diagnosis
- Increased understanding and empathy for patients with disabilities and other conditions
- Equal access to clinical trials and understanding around the process and outcomes
- Training for staff around treating people from different protected groups equally
- Improved services for cancer-related urgent care (i.e. A&E is not the right place)
- Increased MDT working (rather than consultants working alone)

Attendees at the stakeholder events were provided with suggested evaluation criteria[29] and specifically asked to discuss and rate the most important criterion. Clinical quality came out top, followed by patient access. Strategic fit was rated the least important. Professionals were asked what they felt were the most important factors to consider when offering the best possible cancer care. The key factors identified were:

- Accessibility
- Collaborative working/cross pollination of expertise/team working
- Timely service
- Centralised location
- Culture and flexibility to enable quick decisions

All of the above areas that were identified were incorporated into the development of the questionnaire that the Trusts had to complete as part of the evaluation process.

Stakeholders were also invited to discuss the themes of *Patient Access and Pathways, the Hub Approach, Infrastructure and Development* and *Locations and Travel.* Comments included:

**Patient Access and Pathways**

- Hospital staff commented on the disruption that occurs when patients have to go to other hospitals for their first appointment.
- Some professionals mentioned that collaborative flexible working could help eliminate this disruption.
- All patients should have equal access to cancer care services and clinical trials
- Some professionals felt there was limited interaction between surgical and non-surgical teams. Patients weren't aware of a gap in communications across these teams, but did wonder why the two were not being looked at in unison during the proposal developments.

**Hub Approach**

- All professionals stated that the hub was a good idea and could improve the quality of care by concentrating resources, creating a centre of excellence, developing a multidisciplinary team across an area, consolidating and improving services, centralising outpatient services, and opening up opportunities for clinical trials but hoped it would not lead to downgrade of any services.

[29] Engagement Report, page 73 (Appendix 7)

- The stakeholder panel and patients expressed mixed views about hub approach. Those who agreed with the idea thought it would improve continuity of care, provide easier access to services and enable better signposting to support services. Those with reservations thought it could create another tier of care and were not convinced as to whether care would improve. Some were also concerned about potential changes to current services.
- All participants thought the urgent care aspect of the hub approach was a good idea, particularly if it offered more hours than the current provision and supported cancer patients away from A&E. However, the term 'ambulatory care' was seen as confusing and should be kept to emergency/urgent care.
- The term 'hub' was also seen as confusing. Overall participants asked that the language used be more accessible without the inclusion of NHS 'jargon'.
- A variety of services to include in a hub were outlined by the participants, the most commonly mentioned being:
  - Holistic
  - Signposting to local support services
  - Information point for advice and guidance
  - Pharmacy on site
  - 24-hour urgent care
  - Therapies
  - Lymphedema services
  - Rehabilitation
  - Counselling for patients and families
  - Radiotherapy
  - Peer support
  - Pampering
  - Benefits advice
  - Wig specialists
  - Pain advice

**Infrastructure and Development**

- Professionals emphasised the need for a collaborative approach to the proposals, ensuring patients are also involved throughout the hub development.
- They also suggested learning from best practice examples within the sector, in terms of working practices and overall care provision.
- Ensuring the hub is patient centred and future-proofing it by building in robustness were also factors the professionals thought should be included.
- They were keen to point out that any decisions should not be politically focused.
- Panel members emphasised the need for good IT support and communications.
- The panel members and service users raised concerns about how the hub would be staffed and wanted to better understand how this would work with current services.
- All agreed getting the environment right was essential such as offering quiet spaces and adequate parking.
- Appropriate seating, good signage, refreshments, virtual consultations, a crèche, disabled access and avoiding a hospital-type feeling were also suggested.

**Location and Travel**

- The location of the hub was discussed in depth by stakeholders, with the main concern being the distance patients would have to travel to receive care. Some thought centralising the hub could make access easier, with professionals more likely to say patients would be happy to travel for specialist care.
- Patients thought up to 30 minutes was long enough to travel for specialist care with cars being considered the main mode of transport.
- Public transport was not thought to be ideal for patients undergoing treatment, but should be offered. Volunteer drivers, shuttle buses, designated drivers and support with travel costs were suggested e.g. toll bridges.
- Focus group attendees asked for the cost implications of the proposed hub to be taken into consideration.
- Service users thought there should also be more consideration around appointment times for patients in relation to distances to travel and condition of the patient before

and after treatment. They also wanted the proposals to consider the impact on low income patients with regards to travel and parking.
- Some also highlighted the need to consider disruption to families with young children during treatment and how local services enable them to carry on as 'normal a life as possible'.
- All respondents emphasised the need for adequate and appropriate parking with opportunities for support for parking costs.

The insight gained from the pre-consultation engagement will be used to shape the formal consultation process (expected to be undertaken during Autumn/Winter 2019).

## 1.10. Travel Impact Assessment

A Travel Impact Assessment was commissioned by NHS Knowsley CCG on behalf of all four CCGs, to investigate the impact of the potential changes detailed within this Pre-Consultation Business Case on patients travelling to hospital appointments. Overall the assessment found that:

- Locating the Cancer Care Service Hub at St Helens Hospital would have the least impact on patients in terms of travel times by both private and public transport and also mileage.
- Locating the Sector Hub at either St Helens Hospital or Whiston Hospital would minimise public transport travel times for patients from the most deprived areas of the Eastern Sector which have the lowest rates of access to private transport.
- The majority of patients currently travel to their CCC appointment via private transport and are likely to continue to do so, particularly for their first appointment.
- The biggest increase in travel times would be felt by St Helens and Knowsley residents if the Sector Hub was located in Halton or Warrington hospital sites.
- Overall car mileage in the Eastern Sector would only increase significantly if the Sector Hub were located at Halton General Hospital.

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**NHS Halton CCG**
- Halton residents whose journeys involve bridge crossings by car and who are not eligible for any discount schemes may incur additional costs of up to £16.00 over a year in bridge tolls (based on 1 new appointment and 3 complex follow-ups);
- Eligible Halton residents can make unlimited bridge crossings by car for an annual fee of £10.00 (i.e. those living in a property in Halton with a Council Tax Band of A-F; or G-H and have who successfully applied to Halton Council to be included in the residents' discount scheme as a result of economic hardship or other special circumstances);
- Registered Blue Badge holders can make unlimited bridge crossings by car for a one-off registration fee of £5.00.

**NHS Knowsley CCG**
- Knowsley residents travelling by car to Halton General Hospital for their appointment may incur additional costs of up to £16.00 over a year in bridge tolls (based on 1 new appointment and 3 complex follow-ups), though registered Blue Badge holders can make unlimited crossings for a one-off registration fee of £5.00;
- The biggest increase in travel times would be felt by Knowsley (and St Helens) residents if the Cancer Care Service Hub was located at the Halton or Warrington hospital sites.

**NHS St Helens CCG**
- St Helens residents travelling by car to Halton General Hospital for their appointment may incur additional costs of up to £16.00 over a year in bridge tolls (based on 1 new

appointment and 3 complex follow-ups), though registered Blue Badge holders can make unlimited crossings for a one-off registration fee of £5.00;
- The biggest increase in travel times would be felt by St Helens (and Knowsley) residents if the Cancer Care Service Hub was located at the Halton or Warrington hospital sites.

**NHS Warrington CCG**
- Warrington residents would not be expected to use bridge crossings to reach any of the four Eastern Sector hospital sites;
- Warrington residents currently travel furthest for their first outpatient appointment, mainly because very few new patient appointments are currently provided at Warrington Hospital.

The *Travel Impact Assessment* can be found at **Appendix 8**.

## 1.11. Pre-Consultation Equality Analysis

A *Pre-Consultation Equality Analysis* was commissioned by NHS Halton, Knowsley, St Helens and Warrington CCGs, to investigate the impact of the potential changes detailed within this Pre-Consultation Business Case on patients with protected characteristics (as defined within the Equality Act 2010), in order to identify which groups will need specific engagement as part of the formal consultation process.

The analysis identified that future consultation should consider the following:

| Protected Characteristic | Issue | Remedy/Mitigation |
|---|---|---|
| **Age:**<br>Young people<br>Older/retirees | What is the relationship between young cancer patients and link to new hubs?<br>Older people - need to understand how they travel to appointments and relationship with hubs and whether they will be more likely to be disadvantage | Ensure young people are part of the consultation process<br>Ensure older people are part of consultation exercise.<br>Ensure all adult age groups are included in the process |
| **Disability:**<br>Physical<br>Learning difficulties<br>Mental health<br>Sensory impairment<br>Atypical neuro-processing | Clear concern was shown around disability in terms of access and equality of treatment.<br>Anecdotal evidence of discriminatory practices in local services where disclosed in workshops | Ensure disability groups are part of consultation covering main areas of disability.<br>Consider focused groups as well as general questionnaire<br>Ensure disability groups and people are included in the consultation processes<br>Consider special 'focus groups' to cover different disabilities ( e.g. deaf, blind)<br>Consider reasonable adjustments to venues/ questionnaires/ support to get views of disabled people. (e.g. easy read |

| Protected Characteristic | Issue | Remedy/Mitigation |
|---|---|---|
| | | document/ braille/ induction loops at events<br><br>Ask questions about:<br>• Barriers/ difficulty in travel.<br>• Barriers/difficulty in using equipment (e.g. screening)<br>• Level of support they may need in accessing and going to appointments<br><br>Ensure any publicity material that uses imagery has inclusive imagery<br><br>Post consultation consider further work on acceptable service level performance for disabled patients |
| **Gender reassignment** | No immediate issue identified by work groups - however, there were little to no 'trans' voices in the groups | Consider focus group with trans community as part of general consultation |
| **Marriage and civil partnership** | No immediate issues identified - however, many patients rely on partners to support them and take them to and from appointments | Include how 'partners' will be better supported in Hub model as part of consultation process |
| **Pregnancy & maternity** | No immediate issue identified out of work shops | Ensure consultation links with parents |
| **Race** | No immediate issues were identified from the workshops - however there are specific cancers which have a greater impact on certain BAME groups - e.g. prostate cancer and Afro-Caribbean men | Ensure that BAME groups are identified and have clear links to the consultation process<br><br>Consider BAME focus groups:<br>• Identify barriers to travel<br>• Identify barriers to screening/early attendance with symptoms<br><br>Ensure any publicity material that has imagery has inclusive imagery |
| **Religion and belief** | The charity group 'Cancer Black Care' organisation draws attention to the fact | Ensure religious and different cultural groups are |

| Protected Characteristic | Issue | Remedy/Mitigation |
|---|---|---|
| | that in some communities a diagnosis of cancer was seen as "the will of God" and in others the knowledge that a person had cancer could affect the marriage prospects of their children | included in consultation process |
| **Sex (m/f)** | Both male and females are affected by cancers | Ensure both groups are well represented as part of consultation process |
| **Sexual orientation** | At present there is little information relating to cancer by sexual orientation<br>Anecdotal evidence of discriminatory practices in local services where disclosed in workshops | Ensure any publicity material that has imagery has inclusive imagery<br>Ensure that LGBTQ+ are part of consultation process |

**Table 5: Recommendations from the Pre-consultation Equality Analysis**

Following formal consultation, all responses and any other evidence will be reviewed and a final *Equality Analysis Report* drafted. This report will detail how well the change in service meets the Equality Act 2010 and any negative impacts that need to be understood and mitigated before any final decision to change the service is made. The final *Equality Analysis Report* forms part of the *Reporting and decision-making* process detailed in section 4.2.

The *Pre-consultation Equality Analysis* can be found at **Appendix 9**.

## 1.12. Risks, Potential Impacts and Mitigations

The ESCT Project Group maintains a project risk register for the transforming specialist, non-surgical, cancer care programme.

This risk register identifies the following risks, potential impacts and mitigations regarding this Pre-Consultation Business Case:

| Risk Area | Risk | Potential Impact | Mitigation |
|---|---|---|---|
| **Authorisation** | Clinical Senate does not support the option chosen | Delay risks impacting on the sustainability of CCC's current provision<br>Improvements for patients and local people may delayed and / or not realised | Robust, evidence-based Pre-Consultation Business Case (PCBC) based on the PCBC requirements of the Clinical Senate<br>Engagement with the Clinical Senate prior to submitting the PCBC, to understand their requirements adjust the PCBC accordingly |

| Risk Area | Risk | Potential Impact | Mitigation |
|---|---|---|---|
| **Authorisation** | NHS England does not support the option chosen | Delay risks impacting on the sustainability of CCC's current provision<br><br>Improvements for patients and local people may delayed and / or not realised | Robust, evidence-based proposal for change based on the requirements of NHS England's *Service Change Assurance Process* (Stage 2)<br><br>Engagement with NHS England prior to submitting the case for change, to understand their requirements and adjust the submission accordingly |
| **Political / Public Acceptability** | Judicial review into the option chosen initiated by the Secretary of State (DHSC) or a local council | Delay could risk the sustainability of CCC's current provision<br><br>Improvements for patients and local people may delayed and / or not realised | Robust and transparent process undertaken, to keep all stakeholders informed and updated regarding the programme<br><br>Liaison with:<br>- Local CCGs (x4)<br>- STHK & WHH<br>- Local GP Cancer Clinical Leads<br>- Local Healthwatch Teams (x4)<br>- Consultation with the general public Halton, Knowsley, St Helens and Warrington |
| **Provider Acceptability** | Challenge from St Helens and Knowsley Teaching Hospitals NHS Trust or Warrington and Halton Hospitals NHS Foundation Trust to the option chosen | Delay could risk the sustainability of CCC's current provision<br><br>Improvements for patients and local people may delayed and / or not realised | Robust and transparent evaluation of the shortlisted options, involving subject matter experts in the Clinical Model and Quality, Finance & Workforce, Public & Patient Experience and Commissioning<br><br>Liaison with STHK & WHH stakeholders at all stages, keeping them informed and updated regarding the programme |

**Table 6: Risk and Mitigation Plan**

# 3. Options for the Eastern Sector Cancer Care Service Hub

## 1.13. Long-list Options

The Long-List Options were developed by the ESCT Project Group, as follows:

| Option | |
|---|---|
| 1 | Do Nothing - continue with current service model / provision |
| 2 | Cancer Care Service Hub within a local, non-clinical setting |
| 3 | Cancer Care Service Hubs at local Urgent Care Centres(s) / Walk-In-Centre(s) |
| 4 | Cancer Care Service Hub at St Helens and Knowsley Teaching Hospitals NHS Trust |
| 5 | Cancer Care Service Hub at Warrington and Halton Hospitals NHS Foundation Trust |
| 6 | Cancer Care Service Hubs at both St Helens and Knowsley Teaching Hospitals NHS Trust and Warrington and Halton Hospitals NHS Foundation Trust with services split by Tumour Group |
| 7 | Cancer Care Service Hub at the new Clatterbridge Cancer Centre-Liverpool site (2020) |

**Table 7: Long-List Options**

## 1.14. Long-list Options Appraisal Criteria

The criteria and weightings to assess the long-list options were developed by the ESCT Project Group, as follows:

| Criteria | | Weighting |
|---|---|---|
| 1 | Facilities to deliver hub Outpatient Services | 40% |
| 2 | Future potential for Satellite Radiotherapy development | 15% |
| 3 | Research & Innovation infrastructure | 10% |
| 4 | Patient Access | 10% |
| 5 | Support Services | 20% |
| 6 | Strategic Fit & Partner Intentions | 5% |
| | | 100% |

**Table 8: Long-list Appraisal Criteria and Weightings**

The Eastern Sector Cancer (Non-Surgical) Transformation Project Group oversees the transformation of cancer services in the Eastern Sector (Halton, Knowsley, St Helens and Warrington). The membership of the group comprises representatives from CCC covering finance, clinical and communications, CCG representatives from the 4 boroughs, Healthwatch, Specialised Commissioning, as well as project management colleagues from Knowsley CCG supporting the SRO.

### 1.15. Initial Options Appraisal

A *Long-list Options Appraisal Workshop* was held on 3rd July 2018, chaired by the SRO and attended by the ESCT Project Group. The purpose of the workshop was to review and agree the *Long-list Options and the Long-list Options Appraisal Criteria* and to assess the Long-list Options against the criteria, to determine the shortlist options to go forward to *Formal Evaluation*.

The outcome of the *Long-list Options Appraisal Workshop* was as follows:

| **Option 1: Do Nothing - continue with current service model / provision** | |
|---|---|
| The Project Group's assessment was as follows: | |
| Criteria Met: | Criteria Not Met: |
| • Patient Access *(although Patient Access within the current provider Trusts, this option would not provide a Radiotherapy facility)* | • Facilities to deliver a hub Outpatient Services<br>• Future potential for Satellite Radiotherapy development<br>• Research & Innovation infrastructure<br>• Support Services<br>• Strategic Fit & Partner Intentions |
| **Outcome: Not Shortlisted for Formal Evaluation** | |
| **Option 2: Cancer Care Service Hub within a local, non-clinical setting** | |
| The Project Group agreed that the Cancer Care Service Hub is required to be located within a clinical facility | |
| **Outcome: Not Shortlisted for Formal Evaluation** | |
| **Options 3: Cancer Care Service Hubs at local Urgent Care Centres(s) / Walk-In-Centre(s)** | |
| The Project Group's assessment was as follows: | |
| Criteria Met: | Criteria Not Met: |
| • None *(although Patient Access within the community, this option would not provide the co-dependencies for a Radiotherapy facility)* | • Facilities to deliver hub Outpatient Services<br>• Future potential for Satellite Radiotherapy development<br>• Research & Innovation infrastructure<br>• Patient Access<br>• Support Services |
| **Outcome: Not Shortlisted for Formal Evaluation** | |

| **Option 4: Cancer Care Service Hub at St Helens and Knowsley Teaching Hospitals NHS Trust** |
|---|

| | |
|---|---|
| The Project Group's assessment was as follows: | |
| Criteria Met: | Criteria Not Met: |
| • Facilities to deliver a hub Outpatient Services<br>• Future potential for Satellite Radiotherapy development<br>• Research & Innovation infrastructure<br>• Patient Access<br>• Support Services<br>• Strategic Fit & Partner Intentions | • None of the criteria |
| **Outcome: Shortlisted for Formal Evaluation** | |
| **Option 5: Cancer Care Service Hub at Warrington and Halton Hospitals NHS Foundation Trust** | |
| The Project Group's assessment was as follows: | |
| Criteria Met: | Criteria Not Met: |
| • Facilities to deliver a hub Outpatient Services<br>• Future potential for Satellite Radiotherapy development<br>• Research & Innovation infrastructure<br>• Patient Access<br>• Support Services<br>• Strategic Fit & Partner Intentions | • None of the criteria |
| **Outcome: Shortlisted for Formal Evaluation** | |
| **Option 6: Cancer Care Service Hubs at both St Helens and Knowsley Teaching Hospitals NHS Trust and Warrington and Halton Hospitals NHS Foundation Trust with services split by Tumour Group** | |
| The Project Group's assessment was as follows: | |
| Criteria Met: | Criteria Not Met: |
| • Facilities to deliver a hub Outpatient Services<br>• Future potential for Satellite Radiotherapy development<br>• Research & Innovation infrastructure<br>• Patient Access<br>• Support Services<br>• Strategic Fit & Partner Intentions | • None of the criteria *(however whether both Trusts could provide a sustainable workforce and the support services required for a Sector Hub would need to be explored further)* |
| **Outcome: Shortlisted for Formal Evaluation** | |
| **Option 7: Cancer Care Service Hub at the new Clatterbridge Cancer Centre-Liverpool site (2020)** | |

| The Project Group's assessment was as follows: | |
|---|---|
| Criteria Met: | Criteria Not Met: |
| • Future potential for Satellite Radiotherapy development<br>• Research & Innovation infrastructure<br>• Support Services<br>• Strategic Fit & Partner Intentions | • Facilities to deliver a hub Outpatient Services *(as the new site has not been planned to have capacity for the Eastern Sector outpatient capacity in addition to the Central Sector)*<br>• Patient Access *(as the location would not provide convenient access within 45 minutes car journey for >90% of patients who would access care in the Sector Hub)* |
| **Outcome: Not Shortlisted for Formal Evaluation** | |

**Table 9: Outcome of the Long-list Options Appraisal Workshop**

The report of the *Long-list Options Appraisal Workshop* can be found at **Appendix 10**.

### 1.16. Clinical Model Workshop

A further workshop was held on 23rd January 2019, chaired by the SRO and attended by the Clinical Leads from CCC, St Helens and Knowsley Teaching Hospitals NHS Trust (STHK) and Warrington and Halton Hospitals NHS Foundation Trust (WHH). Whilst this smaller workshop comprised mainly clinical expertise, issues identified by wider stakeholders during the preconsultation engagement informed the discussion. The input from that engagement is detailed in section 2.9 and in appendix 7.

Whilst the purpose of the workshop was to review Clinical Model, the Clinical Leads present recommended that, for clinical governance and operational efficiency reasons, option 6 (Cancer Care Service Hubs at both STHK and WHH with services split by Tumour Group) should not go forward for *Formal Evaluation*.

The following two options were therefore taken forward for *Formal Evaluation*:

| # | Option | Outcome |
|---|---|---|
| 4 | Cancer Care Service Hub at St Helens and Knowsley Teaching Hospitals NHS Trust | **Shortlisted for Formal Evaluation** |
| 5 | Cancer Care Service at Hub Warrington and Halton Hospitals NHS Foundation Trust | **Shortlisted for Formal Evaluation** |

**Table 10: Shortlisted Options for Formal Evaluation**

### 1.17. Formal Evaluation of the Shortlisted Options

A structured approach was developed and followed to enable an evaluation of the shortlisted options. The evaluation examined a wide range of areas key to the consideration of the available options, such as:

- Insight from the pre-consultation engagement;
- Patient flow i.e. where patients already choose to receive treatment;
- The clinical model;
- Trust written submissions covering:
  - Infrastructure and estates;

- Clinical quality and patient experience;
- Workforce, finance and sustainability;
- Organisational quality and performance.

- The impact of travel upon patients from the 4 boroughs by potential eastern sector hub location;
- Equality impact assessment;
- Quality impact assessment;

### 1.1.1. Pre-consultation engagement

Participate Ltd, a specialist engagement and consultation company experienced in the design and delivery of best practice engagement and consultation processes in the NHS, was commissioned to support a process of pre-consultation engagement regarding the potential options to transform specialist, non-surgical cancer care services.

The key aim of the engagement was to provide stakeholders with the opportunity to shape the service and the consultation options through a robust and transparent approach, ensuring involvement of a wide range of stakeholders from across the four CCG areas.

Following an extensive mapping exercise to identify stakeholders, the following engagement activities were undertaken:

- Invitation to join a stakeholder panel to over 150 stakeholders involved in cancer care
- Four stakeholder events
- Ten focus groups with service users
- Ten interviews with specialist cancer care professionals
- Distribution of a feedback form on four CCG websites and through the stakeholder network
- Updates, briefings and forums undertaken by the four CCGs

A summary report of the pre-consultation engagement findings can be found at **Appendix 6** and a detailed report at **Appendix 7**.

In addition to the activities outlined above, the programme engaged current providers in the pre-consultation work, for example ensuring their involvement in the development and agreement of the clinical model. Local, borough level, engagement was also undertaken, with each of the CCGs working with their local authority, politicians, GP commissioning leads, governing bodies, and other partner organisations.

The output from this pre-consultation engagement has been invaluable, providing real insight into what is important to the programme's stakeholders. This insight has been widely used within the programme, including in the development of the service model and criteria to select the preferred option for consultation, as well as the formal consultation process (expected to be autumn 2019).

### 1.1.2. Patient flow

Patients currently access services at one of 4 sites, one in each of the Boroughs. The proposal is to co-locate these services onto a single site which, by definition, will be located in a single borough. It is important to understand the potential impact this could have for patients accessing the service.

In terms of the number of individual patients impacted, the graph and table detailed in section 2.8 (Benefits of the proposed delivery model) show the flow of patients registered with a GP practice in Halton, Knowsley, St Helens and Warrington and at which site they attended a first outpatient appointment over a 3 year period.

The total number of individual patients is very similar over the three years and, during 2016/17, there was a significant reduction in the number of patients attending the Halton and Warrington sites. During the same year there was a significant increase in patients at the St Helens and

Whiston sites. It should be noted that there was a change to services during 2017 as a result of urgent need relating to a shortage of consultant oncologists. The change involved some tumour group services moving from WHH to STHK in order to maintain the quality and safety of treatment to patients.

During 2018/19 it appears that there has been a continued growth in patients attending St Helens and Whiston hospitals, albeit much less than the previous year. During 2018/19 Halton also saw a small increase in patient numbers, whereas Warrington continued to see a reduction in patient numbers.

### 1.1.3. Clinical Model

The proposed delivery model was developed by Clatterbridge Cancer Centre NHS Foundation Trust as part of their 2018-2022 strategy (attached as **Appendix 3**). The model comprises a four tier approach of networked cancer services:

1. One Cancer Care Centre
2. Four Cancer Care Service Hubs
3. Local hospitals providing outpatient clinics and all but the most complex chemotherapy treatments
4. Cancer care provided in a home, work or community setting, for example chemotherapy provided in patients' homes (where it is safe and effective to do so).

The new model, in effect, proposes moving most services for less complex treatments from the main Cancer Centre (currently the Clatterbridge Cancer Centre-Wirral, moving to the Clatterbridge Cancer Centre-Liverpool from spring 2020) to four Cancer Care Service Hubs, with the intention that patients would be seen in a Cancer Care Service Hub for their first appointment and offered a full range of support services and improved access to clinical trials. Consultants would be based in these centres so that they can work as one oncology team with other health care professionals such as specialist nurses, research nurses, physiotherapists and occupational therapists. By moving staff into these larger teams in Cancer Care Service Hubs we would be able to offer better alternatives to many patients who become ill during their treatment. For example, ambulatory patients would have a choice to be able to attend their nearest hub as an alternative to A&E to receive urgent care and access to clinical trials would be available in all hubs via routine screening of all patients for entry into clinical trials. The ESCT Project Group has drafted a specification for a Cancer Care Service Hub which is attached as Appendix 4.

Patients needing radiotherapy would continue to travel to the Clatterbridge Cancer Centre-Aintree, the Clatterbridge Cancer Centre-Wirral and, from spring 2020, the Clatterbridge Cancer Centre-Liverpool, however the specification for the Eastern Sector Cancer Care Service Hub also includes ensuring that the estate is able to host a radiotherapy unit in the future, if required.

Moving to four Cancer Care Service Hubs provides the optimal balance between local care for patients and ensuring that all patients consistently see a tumour-site-specific consultant-led team of experts for their first appointment. These multi-disciplinary teams would co-ordinate all aspects of each patients' care and treatment, with each hub providing extended hours services, 52 weeks a year and working towards 7 days a week services dependent on need and activity.

### 1.1.4. Trust written submissions

**a) Process**

Given the proposals to co-locate services on a single site will mean some patients will have to travel further, it is important to understand how potential sites would deliver the wider benefits that would be realised from this co-location and how they would address key issues raised during the pre-consultation engagement and identified in quality and equality impact assessments, in particular relating to:

- Clinical quality and patient experience
- Workforce, finance and sustainability
- Organisational quality and performance

STHK and WHH were invited to submit their proposals for Option 4 (Cancer Care Service Hub at STHK) and Option 5 (Cancer Care Service Hub at WHH) respectively.

Both trusts received the template for written submission on Wednesday 26th June 2019 and had until Wednesday 24th July 2019 to complete it. During that period the Trusts were offered weekly clarification calls and could also submit written clarification questions. All questions (written and from calls) were responded to and shared with both trusts on a regular basis in the interest of openness, fairness and transparency.

Evaluation of trust submissions took place between July-August 2019 and was undertaken by a multi-disciplinary evaluation panel comprising senior/executive representatives from each of the four Eastern Sector commissioning organisations, NHSE Specialised Commissioning, Clatterbridge Cancer Centre (CCC) and Healthwatch from across the four boroughs. The Panel was selected by the SRO in consultation with the CCG Accountable Officers, NHSE Specialised Commissioning and CCC and included expertise in the Clinical Model and Quality, Finance & Workforce, Public & Patient Experience and Commissioning.

The criteria and weightings to assess the short-list options were developed by NHS SBS and approved through project governance and were as follows:

| Criteria | Weighting |
|---|---|
| Infrastructure and Estates | Pass/Fail |
| A - Clinical Quality & Patient Experience | 65% |
| B - Workforce, Finance and Sustainability | 20% |
| C - Organisational Quality and Performance | 15% |

**Table 11: Short-list Appraisal Criteria and Weightings**

The scoring methodology used to assess the submissions was as follows:

| Scoring methodology for Pass/Fail Questions | Grade |
|---|---|
| Meets all the criteria set out in the question | Pass |
| Does not meet all the criteria set out in the question | Fail |
| **Scoring methodology for Scored Questions (unless otherwise stated in respect of specific questions)** | **Score** |
| Superior - response demonstrates a superior understanding of the vision and/or plans to implement it | 4 |
| Comprehensive - response demonstrates a comprehensive understanding of the vision and/or plans to implement it | 3 |
| Acceptable - response demonstrates an acceptable understanding of the vision and/or plans to implement it | 2 |
| Limited - response demonstrates a limited understanding of the vision and/or plans to implement it | 1 |
| Deficient - response demonstrates significant gaps in understanding of the vision and / or plans to implement it. | 0 |

**Table 12: Scoring Methodology**

Further details of the *Formal Evaluation Process*, including the response template can be found at **Appendix 11**.

The evaluation process comprised:

- **Review and scoring by each panel member.** Panel members were assigned specific questions based upon their areas of expertise and were required to score them using the methodology described above, and provide supporting comments to explain their score.
- **Moderation of the individual scoring to agree a single score.** This comprised a meeting of all evaluators to discuss responses provided by the trusts to each question, including consideration of the different scores, to reach agreement on a consensus score for each question. This is a quality assurance process that seeks to ensure that consistency and impartiality has been maintained, by debating the finer points amongst the relevant experts to reach an agreed score for each question, mitigating any natural bias that may exist.

**N.B.** the 4 Healthwatch organisations held a pre-moderation meeting to reach a single Healthwatch score, with a single representative then attending the moderation meeting.

**b) Findings**

**Estates and Infrastructure**

**Requirement:** Trusts were required to confirm that they were able to meet the minimum estate, infrastructure and facilities requirements for the hub, including ground floor space to host a radiotherapy unit should it be required. These were assessed on a Pass / Fail basis as meeting these requirements was a prerequisite to further consideration of the site's suitability for the Hub.

**Submissions:** Both Trusts were assessed as having passed this section, having confirmed their ability to meet these requirements. In terms of hub location STHK put forward their proposed hub location as St Helens hospital (with the potential to locate ALL out-patient, in-patient and day case cancer services at the Whiston Hospital site). WHH put forward Halton as their proposed hub location.

**Section A - Clinical Quality and Patient Experience**

**Overview:** This section assessed each Trust's understanding of and ability to deliver the vision, model and benefits for the Eastern Sector Cancer Service Hub, delivering high quality care and patient experience.

Overall, this section carried a weighting of 65% and was split into the following sub-sections:

- Vision, model and benefits (35%)
- Research and innovation infrastructure (5%)
- IM&T Infrastructure (5%)
- Access (5%)
- Accessible services for patients (5%)
- Person centred service (5%)
- Patient journey (5%)

**Vision, model and benefits (35%)**

**Requirement:** Trusts were required to set out their planned approach to delivering the vision, model and benefits for the Eastern Sector Cancer Service Hub.

**Submissions:** the panel agreed that WHH's response did not sufficiently focus on the benefits for patients from the four boroughs in the Eastern Sector, i.e. Halton, Knowsley, St Helens and Warrington, instead focussing on a Cheshire Hub, serving a wider Cheshire footprint. This was evidenced by multiple references in the trust submission to a Cheshire hub and to patients being repatriated from The Christie. These patients are outside of the scope of the service change, which relates to CCC patients registered with a GP in Halton, Knowsley, St Helens

or Warrington. Furthermore, there was very little reference in the submission to patients from two of the boroughs that were in scope, namely Knowsley and St Helens.

Whilst WHH's commitment to the vision was evident and demonstrated some integration in a wider sense, it lacked detail on how this would be achieved.

In contrast, STHK's response clearly referenced the scope of the Eastern Sector Cancer Hub, and demonstrated commitment to working with WHH as part of the wider eastern sector patch across the four boroughs. It referenced key aspects of the model and outlined where the Trust is already partly or fully meeting the requirements and identified further development requirements. It also clearly identified and articulated key interdependencies within the model.

**Research and innovation Infrastructure**

**Requirement:** Trusts were required to describe their approach to research and innovation, including how they would deliver significantly increased research and innovation activity.

**Submissions:** In their answers, both trusts addressed the key issues set out in the question, but whilst WHH provided some examples their response would have benefited from additional examples and information setting out how the Trust would meet the requirements. STHK provided additional detail in their answer, referencing a sound service model with clear operating processes and information on how it would work with an off-site Biobank.

**IM&T infrastructure**

**Requirement:** Trusts were required to set out how they would utilise digital technology to enable working across locations, services, providers and sectors.

**Submissions:** Both Trusts' answers demonstrated a comprehensive understanding and evidence of already meeting aspects of this requirement. However STHK provided more examples around the interoperability and connectivity and a broader sense of working with wider partners such as CCC.

**Access**

**Requirement:** Trusts were required to describe how any proposed location provided suitable access for patients. Considerations included travel time from across the 4 boroughs; access to free parking; patient and public transport; and consideration of costs, including support with travel costs across public and private transport, which could include the toll bridge

**Submissions:** Patient Access was detailed well by both Trusts, with both picking up on the impact of the toll bridge and how that would affect patients. WHH confirmed they would cover costs of the toll charges but there was little detail and concern about how this would work in practice.

Both Trusts confirmed that there was free car parking available adjacent to the proposed sector hub location for patients on active SACT and radiotherapy treatment, with WHH also providing free parking for carers supporting patients attending the CCC@Halton and other services at both its hospital sites. STHK also referenced their ongoing discussions with public transport providers to support all patients accessing the service.

STHK detailed that they already offers extended day working 8am-8pm Monday to Friday with long term plans to open 7 days. Outpatient clinics also run till 8pm and on Saturdays where appropriate.

**Accessible services for patients**

**Requirement:** How the service will be personalised to peoples' individual needs, including clinical needs and patient experience, across all stages of the pathway

**Submissions:** Both Trusts demonstrated excellent commitment to accessible services for patients. WHH detailed examples such as meet and greet, chaplaincy, and a spiritual centre. STHK outlined more detailed examples in relation to Equality & Diversity and PLACE

assessments and using National Cancer Patient Experience Survey (NCPES) feedback to inform service improvements.

**Person Centred Services**

**Requirement:** Trusts were required to detail how patients, carers and the general public would be involved in the planning and development of the service

**Submissions:** Both Trust responses addressed the minimum requirements for this question. Whilst STHK provided some good examples and referred to involvement of patients, overall it was felt that the answer did not contain sufficient detail and could have had more specific reference to the specific service. In addition to the minimum requirements, WHH's response also discussed the importance of ensuring a comfortable environment for patients, providing information in referral letters and meet and greets functions, plus a chaplaincy and spiritual centre.

**Patient journey**

**Requirement:** Trusts were asked to set out the patient journey from arrival at the hub based on a number of potential scenarios. The scenarios, which were developed with Healthwatch, included a patient arriving without an appointment, a patient arriving very late for an appointment and support for patients upon arrivals. Trusts were asked to consider any interdependencies with other services and / or providers, including CCC, in their responses.

**Submissions:** Both Trusts responded well to scenarios around patient journeys. However, it was felt that STHK gave a more realistic response of what would happen on the ground and there was an element of concern regarding the WHH response to one scenario detailed in the question around patients arriving late or without an appointment, where their response committed to seeing all patients on the day. Members of the panel questioned whether this was practicable, this is particularly important as CCC is the provider of the service.

**Section B - Workforce, Finance and Sustainability**

**Overview:** This section assessed each Trust's approach to the workforce, costs and financial sustainability of the Eastern Sector Cancer Service Hub.

Overall, this section carried a weighting of 20%, split into the following sub-sections:

- Workforce (5%)
- Finance (10%)
- Sustainability (5%)

**Workforce**

**Requirement:** Trusts were required to set out their overall workforce strategy to meet the needs of this service. Responses were to include recruitment, retention and integration of staff into leadership and governance frameworks.

**Submissions:** STHK provided more detail in relation to staff survey information and staffing numbers. There was a comprehensive level of detail on preceptorships, HR passports and it was noted that a 1% vacancy level is very good. WHH response lacked detail around how the workforce would expand and timescales for that change. Although figures were provided there was a lack of context in terms of what the figures actually supported. Both Trusts could have provided more information in relation to this specific service change.

**Finance and sustainability**

**Requirement:** Trusts were asked to submit financial information relating to revenue and capital costs, potential savings and stranded costs. Both Trusts submitted templates within the stated deadline.

The review of the STHK submission indicated that:

- Revenue costs had been appropriately identified - there were no obvious omissions or errors.
- Capital costs were included.
- Savings were identified in relation to reduced A&E attends and reduced admissions due to increased Acute Oncology activity. Although further work would be required to substantiate these savings, and to identify which organisation(s) would benefit (e.g. Trusts, CCG), they were included in the financial assessment scoring.
- Potential stranded costs were included.

The review of WHH the submission indicated that:

- Revenue costs had been appropriately identified - there were no obvious omissions or errors.
- Capital costs were not included in the template (although a note was included to explain). However as capital costs had been identified in the submission, and the financial assessment was of the overall impact to the Economy (irrespective of which organisation was funding the Capital expenditure), these costs were included in the financial assessment and scoring.
- No savings were identified by WHH.
- No potential stranded costs were identified by WHH.

**Section C - Organisational Quality and Performance**

**Overview:** This section considered each Trust's track record in delivering high quality services, with a focus on Care Quality Commission (CQC) rating; performance and quality, including patient experience, awards and physical environment.

Overall, this section carried a weighting of 15%, split into the following sub-sections:

- CQC (4%)
- Performance (4%)
- Quality:
  - Ongoing Remedial Actions (1.5%)
  - Improvement Notices (1.5%)
- Surveys:
  - National Cancer Patient Experience (1%)
  - National Staff Survey (1%)
  - Patient Environment (1%)
- Qualitative Information (1%)

**Care Quality Commission**

**Requirement:** Trusts were required to confirm their CQC registration number, current rating, examples of good practice and any measures they are taking to improve.

**Submissions:** STHK's CQC rating is 'Outstanding'. WHH's is rated 'Good'.

STHK, whilst having achieved Outstanding, set out details of ongoing continuous improvement work to address any issues identified during the inspection.

WHH's submission would have been improved if it had included detail on how the good rating would be built on. It would also provide more confidence regarding how this will be maintained for WHH, as the good rating has only recently been received.

**Performance**

**Requirement:** Trusts were required to provide their performance against the 62 day and 31 day national standards for the past 2 financial years and year to date in 19/20, outlining any challenges to achieving and maintaining these standards.

**Submissions:** WHH provided a good level of information that was acceptable. However, some performance did not meet the national waiting time standard in relation to 31 day waiting times. STHK outlined performance which exceeded the national waiting time standards and had done consistently since 2009. Both trusts outlined a comprehensive level of detail in relation to the challenges in achieving these standards. However, STHK described the arrangements it had in place to monitor wait times to ensure delivery of targets, which was why their submission was scored 'superior'.

**Quality concerns**

**Requirement:** Trusts were required to detail if it's organisation, employees or contractors were subject to any ongoing remedial action in relation to quality that could affect the service or ultimately patients

**Submissions:** Both Trusts confirmed that their Trust, employees and contractors were not subject any such remedial action.

**Surveys**

**Requirement:** To outline performance in the National Cancer Patient Experience Survey (NCPES), staff survey and Patient Environment Assessment Team (PEAT) and outline any challenges to achieving and maintaining these standards.

**Submissions:** STHK responded with more detail, demonstrating a score of 8.9 in overall rating for the NCPES which is above the national average of 8.8. STHK have been rated by their staff as the best place to work in the NHS and the trust has been recognised for the third year running as being top acute trust in the entire country for staff engagement, motivation and pride in care to patients. STHK was also ranked best in the NHS PLACE (formerly PEAT) survey for the second year running, achieving 100% cleanliness in terms of conditions for disabled patients, cleanliness and building conditions. The Trust's submission provided detail on areas they need to focus on in the coming year, demonstrating a commitment to continuous improvement.

WHH provided a summary of the national cancer patient experience survey which included 6 measures, of which 5 were below the national average. However, they provided narrative regarding some indicators where they scored the highest and outlined the challenges and how they were addressing them.

The staff survey response was felt to be lacking detail and, whilst the completion of the survey (51%) exceeded the national average of (46%), no comparators were given, figures stated or detail provided around improvements. Overall the Halton site is PLACE compliant. However, the site has only achieved above the national average in 4 out of 8 domains. There was real concern regarding the basic fundamentals of care, such as cleanliness and privacy/dignity, where the Halton site fell below the PLACE national average.

**Qualitative information**

**Requirement**: To provide details of any other external independent qualitative assessments that the trust felt appropriate in relation to the service change process

**Submissions:** Both trusts provided examples of other external recognition they had received. Whilst 'acceptable' examples were provided by WHH, it was felt that more detail could have been provided. STHK provided detailed examples and a more comprehensive overview in terms of regional recognition and excellent patient feedback.

**c) Outcome of Trust submission evaluation**

The moderated scores of the Evaluation Panel were as follows:

| Criteria | STHK (Option 4) | WHH (Option 5) |
|---|---|---|

| Criteria | STHK (Option 4) | | WHH (Option 5) | |
|---|---|---|---|---|
| Infrastructure and Estates | Pass | | Pass | |
| A - Clinical Quality & Patient Experience (65%) | Mark | Score % | Mark | Score % |
| 1 - Vision (35%) | 4 | 35.00% | 2 | 17.50% |
| 2 - Research and innovation infrastructure (5%) | 3 | 3.75% | 2 | 2.50% |
| 3 - IM&T Infrastructure (5%) | 3 | 3.75% | 3 | 3.75% |
| 4 - Access (5%) | 3 | 3.75% | 3 | 3.75% |
| 5 - Accessible services for patients (5%) | 4 | 5.00% | 3 | 3.75% |
| 6 - Person centred service (5%) | 2 | 2.50% | 3 | 3.75% |
| 7 - Patient journey (5%) | 3 | 3.75% | 2 | 2.50% |
| B - Workforce, Finance and Sustainability (20%) | Mark | Score % | Mark | Score % |
| 1 - Workforce (5%) | 3 | 3.75% | 2 | 2.50% |
| 2a - Finance (Affordability - 10%) | N/A | 10.00% | N/A | 7.4% |
| 2b - Finance (Sustainability - 5%) | N/A | 5.00% | N/A | 3.7% |
| C - Organisational Quality and Performance (15%) | Mark | Score % | Mark | Score % |
| 1 - CQC (4%) | 4 | 4.00% | 2 | 2.00% |
| 2 - Performance (4%) | 4 | 4.00% | 3 | 3.00% |
| 3a - Quality (Ongoing Remedial Actions - 1.5%) | 2 | 0.75% | 2 | 0.75% |
| 3b - Quality (Improvement Notices - 1.5%) | 2 | 0.75% | 2 | 0.75% |
| 4a - Surveys (Cancer Patient Experience - 1%) | 3 | 0.75% | 2 | 0.50% |
| 4b - Surveys (National Staff Survey - 1%) | 4 | 1.00% | 1 | 0.25% |
| 4c - Surveys (Patient Environment - 1%) | 4 | 1.00% | 1 | 0.25% |
| 5 - Qualitative Information (1%) | 3 | 0.75% | 2 | 0.50% |
| **Total** | N/A | **89.25%** | N/A | **59.10%** |

**Table 13: Evaluation Panel Moderated Scores**

### 1.1.5. Travel impact

A Travel Impact Assessment was commissioned by NHS Knowsley CCG on behalf of all four CCGs, to investigate the impact of the potential changes detailed within this Pre-Consultation Business Case on patients travelling to hospital appointments. Overall the

assessment found that locating the Cancer Care Service Hub at St Helens Hospital would have the least impact on patients in terms of travel times by both private and public transport and also mileage. Locating the Sector Hub at either St Helens Hospital or Whiston Hospital would minimise public transport travel times for patients from the most deprived areas of the Eastern Sector which have the lowest rates of access to private transport. The majority of patients currently travel to their CCC appointment via private transport and are likely to continue to do so, particularly for their first appointment. The biggest increase in travel times would be felt by St Helens and Knowsley residents if the Sector Hub was located in Halton or Warrington hospital sites. Overall car mileage in the Eastern Sector would only increase significantly if the Sector Hub were located at Halton General Hospital.

Further information is provided in Section 2.10 and the full Travel Impact Assessment can be found at **Appendix 8**.

#### 1.1.6. Summary

A detailed assessment of option 4 (Cancer Care Service Hub at STHK) and option 5 (Cancer Care Service Hub at WHH) has been undertaken. In doing so, due consideration was given to issues identified during the pre-consultation engagement, quality and equality impact assessments and trust submissions. A final decision will not be made until after the public consultation has taken place, which will give a wide range of stakeholders the opportunity to put forward their views; as well as to put forward alternative suggestions that we may have not yet considered.

### 1.18. Recommendations for public consultation:

- Preferred option is St Helens and Knowsley Teaching Hospitals NHS Trust Cancer Care Service Hub at St Helens Hospital. *NB this is with the potential to locate ALL (out-patient, in-patient and day case) cancer services on the Whiston Hospital Site.*
- Other option is Warrington and Halton Hospitals NHS Foundation Trust Cancer Care Service Hub at Halton Hospital

## 2. Next Steps

### 1.1. Public consultation strategy

Having now received Clinical Senate ratification of the above options and NHS England approval via Stage 2 of its *Service Change Assurance Process* (as set out in section 2.1), 12 weeks formal public consultation will take place.

The aim of consultation will be to undertake meaningful engagement with local people and stakeholders to inform them about our proposals for the development of the Eastern Sector Cancer Hub, actively listen to their feedback and ensure their feedback impacts the final decision made by Halton, Knowsley, St Helens and Warrington CCGs.

The approach to consultation will be responsive and proportionate to the needs of the community and will include multiple channels of communication (e.g. extensive distribution of physical copies of the consultation document and supporting materials, a consultation micro-site accessible by different devices, use of social medial, face-to -face events in each of the four CCGs) as well as targeted work to ensure that we are providing opportunities for the whole community to have their say and share their views.

### 1.2. Public consultation feedback

The public consultation will enable us to hear views on the options put forward from a wide-range of stakeholders, who may propose additional ideas that we have not thought of. In depth

analysis of the feedback gathered through the public consultation will be carried out and will feed into the final decision making process.

### 1.3. Reporting and decision-making

This Pre-Consultation Business Case has been developed in line with the requirements set down by the Greater Manchester, Lancashire & South Cumbria Clinical Senate and the NHS England *Service Change Assurance Process*, which supports commissioners and their local partners, including providers, to develop clear, evidence-based proposals for service change. The proposed service change passed Stage 1 (*Strategic sense check*) of the NHS England *Service Change Assurance Process* in June 2018 and has now passed Stage 2 (*Assurance checkpoint*). Assurance at both stages was required in advance of any wider public involvement or public consultation process or a decision to proceed with a particular option.

Following these gateways, NHS England approval to proceed and formal public consultation as described in section 4.1, the following activities are planned:

| Activity | Indicative Timescale |
|---|---|
| Post-Consultation Phase (learning from consultation incorporated into a decision making business case) | September 2020 |
| Mid-Mersey Joint Committee of CCGs decision on Eastern Sector Cancer Hub (delivery model and where it is best located) | October 2020 |
| NHS England (Specialised Commissioning) decision on Eastern Sector Cancer Hub (delivery model and where it is best located) | November 2020 |

**Table 15: Activities and timescales for Next Steps**

## Appendices

| # | Appendix Title | Document |
|---|---|---|
| 1 | Mid-Mersey Joint Committee of CCGs - Terms of Reference | JC002-18 Joint Committee ToRs V.1.4 |
| 2 | Eastern Sector Cancer (Non-Surgical) Transformation (ESCT) Project Group - Terms of Reference | 2019_01_14_ESCT Project Group TOR V8 |
| 3 | Clatterbridge Cancer Centre NHS Foundation Trust - CCC Strategic Plan 2018-2022 | CCC Strategic Plan 2018-2022 |
| 4 | Clatterbridge Cancer Centre NHS Foundation Trust - Eastern Sector Cancer Care Hub Outline Clinical Model Specification | Outline Clinical Model Specification 220719_ |

| # | Appendix Title | Document |
|---|---|---|
| 5 | Benefits of the proposed delivery model | Proposed Model and Benefits |
| 6 | Pre-Consultation Engagement Findings - Summary | Pre-Consultation Engagement Findings |
| 7 | Pre-Consultation Engagement Findings - Full Report | Pre-Consultation Engagement Findings |
| 8 | Travel Impact Assessment | Transport Impact Assessment_1.4 201 |
| 9 | Pre-Consultation Equality Analysis | ESCH pre-consultation EA r |
| 10 | Long-list Options Appraisal Workshop - Report | Long-list Options Appraisal Workshop - Long List Appraisal Summary Table |
| 11 | Formal Evaluation Process | Evaluation Process Document Final_ Issu |

| | |
|---|---|
| **Title** | Terms of Reference for Joint Committee of NHS Halton CCG; NHS Knowsley CCG; NHS St Helens CCG and NHS Warrington CCG |
| **Authors** | Accountable Officers from each CCG supported by Associate Director, Corporate Governance – NHS St Helens CCG |
| **Target Audience** | CCG Governing Bodies |
| **Date of Issue** | |
| **Description** | Terms of Reference to support establishment of Joint Committee, to be known as the Alliance Joint Committee (AJC). |
| **Approved by** | NHS Halton CCG Governing Body - 07/9/17<br>NHS Knowsley CCG Clinical Membership Group - October 2017<br>NHS St Helens CCG Governing Body - 13/9/17<br>NHS Warrington CCG Governing Body - 13/9/17 |
| **Version** | 1.4 |

## 1. Introduction

1.1 The NHS Act 2006 (as amended) ('the NHS Act'), was amended through the introduction of a Legislative Reform Order ("LRO") to allow CCGs to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may for a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act. Joint committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making.

1.2 The Five Year Forward View footprints were established in accordance with the NHS Shared Planning Guidance requirements 2015/16 which required every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the NHS Five Year Forward View. In Cheshire and Merseyside it was agreed that within the overall footprint there would be three Local Delivery Systems (LDS) - Alliance, Cheshire & Wirral, and North Mersey.

1.3 The Alliance LDS includes the 4 CCGs of NHS Halton CCG, NHS Knowsley CCG, NHS St. Helens CCG and NHS Warrington CCG.

## 2. Establishment

2.1 The CCGs have agreed to establish and constitute a Joint Committee with these terms of reference to be known as the Alliance CCGs Joint Committee.

## 3. Role of the Committee

3.1 The overarching role of the Joint Committee is to take commissioning decisions for the footprint, that are appropriate and in accordance with delegated authority from each CCG Member. Decisions will support the aims and objectives of the Health & Care Partnership for Cheshire & Merseyside (formerly known as C& M STP), Cheshire & Mersey STP Plan whilst contributing to the sustainability of the local health and social care systems. The Joint Committee will at all times, act in accordance with all relevant laws and guidance applicable to the Parties.

## 4. Remit of the Joint Committee

4.1 The Joint Committee will be responsible for the delivery of a programme of transformation / service redesign across a defined range of services commissioned by its members. The defined services will be those relating to hospitals in respect of the outputs relating to the Health & Care Partnership Cheshire & Merseyside Cross Cutting themes stated below:

- Urgent and Emergency Care
- Hospital Services
- Women and Children's Services

4.2 Services provided at the following hospitals within the Mid Mersey footprint will be in scope of the Joint Committee:

- St Helens & Knowsley Teaching Hospitals NHS Trust
- Warrington and Halton Hospitals NHS Foundation Trust

4.3 The Joint Committee will take into account other service providers as may be relevant to the transformation / service redesign under consideration.

4.4 The Joint Committee will develop a draft work plan to reflect the agreed priorities from the Health & Care Partnership Cheshire & Merseyside, where joint commissioning decisions are required. The draft work plan will be presented to the respective CCG Governing Bodies for approval, defining the conditions for progressing individual work streams in advance of the work commencing. The priorities within each of the work streams will align with that of the Health & Care Partnership Cheshire & Mersey and will take account of any issues that need consideration as a consequence of service reconfiguration under the STP.

## 5. Functions of the Joint Committee

5.1 The Committee is a Joint Committee of NHS Halton CCG, NHS Knowsley CCG, NHS St. Helens CCG and NHS Warrington CCG, established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended). Its primary function is to make collective decisions on the review, planning and procurement of health services within its delegated remit.

5.2 In order to deliver its delegated functions the Joint Committee will:

a) Agree an annual work plan for approval by each Governing Body
b) Agree and oversee an effective risk management strategy to support decision-making in all areas of business related to the Joint Committee's remit
c) Approve individual programme and project briefs, initiation documents and plans. This will include agreeing the parameters at the start of each programme of work, governance and financial arrangements for individual programmes.
d) Act as a decision-making body; authorising sub-groups to oversee and lead implementation of service changes
e) Approve future service reconfiguration, service models, specifications, and business caes up to the value as determined for the Governing Body by each constituent CCG's Scheme of Reservation & Delegation to be reviewed by member organisations to offer a consistent approach.
f) Ensure appropriate patient and public consultation and engagement and compliance with public sector equality duties as set out in the Equality Act 2010 for the purposes of implementation.
g) Ensure consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities
h) Agree and oversee the communications and engagement framework relevant to areas of work of the Joint Committee.

5.3 Whilst it is acknowledged that individual CCGs remain accountable for meeting their statutory duties, the Joint Committee will undertake its delegated functions in a manner which complies with the statutory duties of the CCGs as set out in the NHS Act 2006 and including:

a) Management of the conflicts of interest (section 14O) (register required specifically for Joint Committee)
b) Duty to promote the NHS Constitution (section 14P)
c) Duty to exercise its functions effectively, efficiently and economically (section 14Q)
d) Duty as to the improvement in quality of services (section14R)
e) Duties as to reducing inequalities (section 14T)
f) Duty to promote the involvement of patients (section 14U)
g) Duty as to patient choice (section 14V)
h) Duty as to promoting integration (section 14Z1)
i) Public involvement and consultation (section 14Z2)

5.4 In discharging its responsibilities the Joint Committee will provide assurance to each Governing Body through the submission of minutes from each meeting and an annual report to inform constituent members' annual governance statements.

5.5 The Committee will conduct an annual effectiveness review which will be reported to each CCG's Audit Committee.

**6. Membership**

6.1 The Committee will have two levels of membership, full members and associate members. Full member organisation means those which have the final 'vote' on agreements as the Committee is a Joint Committee of those organisations. Associate members are partners who have an interest in the work of the Committee but are not legally bound by the decisions of the Committee.

6.1.1 The full member organisations are:

- NHS Halton CCG
- NHS Knowsley CCG
- NHS St Helens CCG
- NHS Warrington CCG

Each full member organisation will nominate three Governing Body level representatives to sit on the Committee, at least one of these representatives should be a practising clinician.

The Chairing of the Joint Committee will be managed on an annual rotation between the four CCG members;

Each CCG's Chief Finance Officer (CFO) will either be a member or in attendance.

Decisions made by the Joint Committee will be binding on its member Clinical Commissioning Groups.

6.1.2 The associate member organisations are:

- Halton Borough Council
- Knowsley Council
- St Helens Council
- Warrington Borough Council

One senior local authority officer representative from each of the local authorities will be invited to attend the Committee.

6.2 Healthwatch will be invited to have one representative to be in attendance on behalf of the local Healthwatch Groups in the LDS Alliance. This position will be rotated in line with the CCG Chairing the meeting.

6.3 Other organisations may be invited to send representatives to the meetings. In attendance members represent other functions / parties/ organisations or stakeholders who are involved in the programmes of work of the Joint Committee and will provide support and advise the members on any proposals.

6.4 Representatives from NHS England will be co-opted to attend as required.

**7. Deputies**

7.1 An individual may deputise for any Joint Committee Member representative as long as the deputy has delegated decision making authority to fully participate in the business of the Committee.

**8. Decision-Making**

8.1 The Parties agree that for matters relating to services, there are two different levels of decision making

8.1.1. Category 1: those decisions which are delegated by each party to the Joint Committee ("***Joint Committee Decisions***"); and which include service changes across the whole area such as reduced operating hours; change to locations; increased hours etc. Such changes will require consensus in order to be effected.

8.1.2 Category 2: those decisions that impact on some but not all members, a decision will be reached by the CCGs with direct interest in the matter ("***CCG(s) decisions***")

8.2 The aim of the Joint Committee is to achieve consensus in decision-making, therefore all Category 1 decisions will require unanimous agreement of all CCG members.

**9. Quoracy**

9.1 The meeting will be considered quorate with two representatives of each CCG (including the Chair);

- One representative from each CCG must be an officer of the CCG.
- One representative must be a lay member from a constituent CCG.
- No one individual can assume more than one role in respect of quoracy

## 10. Meetings

10.1 The Joint Committee shall meet informally as frequently as required to deliver the work plan.

10.2 The Joint committee will meet formally at least twice per year in public; the Chair will have authority to call an extraordinary meeting with at least 2 days' notice.

10.3 Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.

10.4 Meetings with other Joint Committees in the Cheshire & Merseyside STP will be arranged, as required. In the event that a sub group or working group is considered appropriate from such a meeting, both parties will need to agree the reporting arrangements.

10.5 Joint Committee meetings will be held in public, members of the public may observe deliberations of the Committee but do not have the right to contribute to the debate. Items the Committee considers not to be in the public interest will be held in Part 2 of the meeting, which will not be held in public as per Schedule 1A, paragraph 8 of the NHS Act 2006.

## 11. Conflicts of Interest

11.1 Individuals will have made declarations to their own CCG; a register of the interests of all members of the committee (full and associate) will be compiled and maintained as a Joint Committee Register of Interests. This register shall record all relevant and material, person or business interest, and management action as agreed by the individual's CCG. The Joint Committee register of interests will be published on each individual CCG's website.

11.2 Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair.

11.3 Where any Joint Committee member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that Joint Committee member may participate in the meeting (or part of meeting) in which the relevant matter is discussed. Where the Chair decides to exclude a Joint Committee member, the relevant party may send a deputy to take the place of that conflicted Joint Committee member in relation to that matter, as per section 7 above.

11.4 Should the Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with NHSE guidance.

11.5 Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.

11.6 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Conflicts of Interest Policy , the Standards of Business Conduct for NHS Staff (where applicable) and the NHS Code of Conduct.

## 12. Attendance at meetings

12.1 Members of the committee may participate in meetings in person or virtually be using video or telephone or web link or other live and uninterrupted conferencing facilities.

## 13. Administration

13.1 Support for the Joint Committee will be provided on a rotation basis by the participating CCGs in line with the rotation agreed for Chairing the Joint Committee.

13.2 Papers for each meeting will be sent to the Joint Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

13.3 A joint folder will be established on a shared drive for access by Committee members.

## 14. Review

14.1 These terms of reference shall be reviewed by the Joint Committee at least annually, with input from governing bodies, and any consequential amendments approved by each CCG members' Governing Body.

V1.4 July 2018

# Eastern Sector Cancer (Non-Surgical) Transformation (ESCT) Project Group

# Terms of Reference

## 1. Introduction

1.1 The Eastern Sector Cancer (Non-Surgical) Transformation Project Group will oversee the transformation of cancer services in the Eastern Sector (Halton, Knowsley, St Helens and Warrington). These terms of reference set out the membership, role, responsibilities and reporting arrangements of the Project Group operating on behalf of the 4 local CCGs.

## 2. Membership

a) Chair & SRO – Dianne Johnson (Chief Executive, Knowsley CCG)
b) Project Manager – Mark Lammas (Knowsley CCG)
c) CCG Clinical Lead – Dr Susan Burke (Warrington CCG)
d) Clatterbridge Cancer Centre (CCC) Clinical Lead – Dr Ernie Marshall
e) Clatterbridge Cancer Centre (CCC) Project Lead – Jennie Crook-Vass
f) Clatterbridge Cancer Centre (CCC) Communications Lead – Alexa Traynor
g) CCG Communications Lead – Paul Steele (St Helens CCG) / Maria Austin (Halton CCG & Warrington CCG)
h) CCG Finance, Activity & Estates Lead – Iain Stoddart (St Helens CCG)
i) CCG Commissioning Lead – Carl Marsh (Warrington CCG) / Tony Woods (Knowsley CCG)
j) NHS England Specialised Commissioning Lead – Andrew Bibby
k) Healthwatch Lead – Paul Mavers (Healthwatch Knowsley). *All 4 local Healthwatch Leads agreed on the representative. All 4 local Healthwatch Leads will be invited to ESCT Project Group meetings as required.*
l) External Communications Lead – Louise Bradley (Participate)

2.1 A Vice-Chair will be chosen from these members.

2.2 **In Attendance**

2.2.1 Relevant clinicians and officers of the 4 local CCGs and independent advisors will be co-opted to attend the Project Group in line with specific agenda items to be discussed.

2.2.2 It is the responsibility of each CCG to ensure that where a Project Group member is unable to attend an ESCT Project Group meeting a deputy is present from that respective CCG.

## 3. Role and Responsibilities

3.1 As part of the programme to transform cancer services across Cheshire & Merseyside, The Clatterbridge Centre Cancer NHS Foundation Trust has set out a proposal to establish a cancer Sector Hub and Local Hub in the Eastern Sector (Halton, Knowsley, St Helens and Warrington). This proposed model will see the Eastern Sector area benefit from an improved service with quicker access times, improved outcomes and an enhanced patient experience.

3.2 The Eastern Sector Cancer (Non-Surgical) Transformation Project Group will oversee the transformation of cancer services in the Eastern Sector (Halton, Knowsley, St Helens and Warrington). The proposed Sector Hub model will provide a first outpatient appointment MDT to newly diagnosed cancer patients within the Eastern Sector. The Project Group will oversee the process to determine whether the proposed models' location(s) of care is suitable for the Eastern Sector or whether there are other alternative options to consider.

3.3 The Eastern Sector Cancer (Non-Surgical) Transformation Project Group will therefore:

a) Undertake a full Options Appraisal considering all options for the Eastern Sector;
b) Approve the project plan ensuring it meets legal responsibilities in relation to sections 13Q and 14Z2 of the Health & Social Care Act 2012 (public involvement and consultation);
c) Maintain an overview of the project and overall responsibility for ensuring delivery of the project plan;
d) Monitor delivery of the plan and report significant developments to key stakeholders;
e) Provide overall guidance and direction to the project, ensuring it remains viable and within specified constraints;
f) Communicate with stakeholders as defined in the Communication and Engagement Plan;
g) Identify key risks and issues, providing resolution and collectively agreeing a way forward, ensuring that the right resource and expertise is allocated to mitigate risks and barriers to delivery;
h) Identify relevant funding streams to help the development and delivery of the project and overall monitoring of financial performance against plan;
i) Ensure the views of all commissioners are reflected and considered at all stages.

## 4. Accountability and Reporting

4.1 The Eastern Sector Cancer (Non-Surgical) Transformation Project Group will be accountable to the Mid-Mersey Joint Committee of CCGs who are the decision making body for this programme of work.

4.2 The ratified Action Notes of the Eastern Sector Cancer (Non-Surgical) Transformation Project Group will be received by the Mid-Mersey Joint Committee.

4.3 The Eastern Sector Cancer (Non-Surgical) Transformation Project Group may establish short term task and finish groups as required to complete defined pieces of work.

4.4 The Eastern Sector Cancer (Non-Surgical) Transformation Project Group will feedback progress on this programme of work to the Acute Sustainability Board and the Cheshire & Merseyside Cancer Alliance Programme Board.

## 5. Administration

5.1 The Eastern Sector Cancer (Non-Surgical) Transformation Project Group will be supported by the Project Manager who will take lead managerial responsibility for forward planning and programme management, ensuring that the Project Group is aware of best practice, national guidance, other relevant documents, and has access to independent advice as appropriate.

5.2 Appropriate administrative support will be provided to support the Chair in the preparation and circulation of the agenda, conduct of the Project Group's business, and in taking minutes and producing reports on the work of the Project Group as required.

## 6. Quorum

6.1 The Eastern Sector Cancer (Non-Surgical) Transformation Project Group will be regarded as quorate if the following are present:

a) The Chair or Vice Chair;
b) A representative from CCC;
c) 4 commissioners represented (from the 4 local CCGs and NHS England Specialised Commissioning);
d) At least 1 clinical representative.

6.2 If any member of the Project Group is not available to attend any Project Group meetings a suitable deputy should be allocated to attend and feedback accordingly to ensure quoracy.

## 7. Voting

7.1 The Eastern Sector Cancer (Non-Surgical) Transformation Project Group is not a decision making group. Information and updates will be provided to the Mid-Mersey Joint Committee of CCGs for decisions and / or voting.

7.2 Decisions relevant to the work of the Eastern Sector Cancer (Non-Surgical) Transformation Project Group will be made by the SRO, as the overall lead for the Project Group.

## 8. Frequency and Notice of Meetings

8.1 The Eastern Sector Cancer (Non-Surgical) Transformation Project Group will meet until the transformation of cancer services is established / agreed and the project objectives are met. The Project Group will initially meet as required to complete specific tasks (eg, workshops). The frequency of meetings will be reviewed following NHS England Stage 1 & Stage 2 Assurance being granted prior to the commencement of the formal consultation period.

8.2 Members will be notified at least 10 days in advance that a meeting is due to take place. Exceptionally, the Chair may call an urgent meeting with notice of 2 working days.

8.3 Agendas and reports will be distributed to members 5 working days in advance of the meeting date, except in the case of urgent meetings where supporting papers will be provided when it is called.

8.4 Regular communication will be maintained with The Eastern Sector Cancer (Non-Surgical) Transformation Project Group to update on progress.

## 9. Conduct

9.1 All members are required to make open and honest declarations of interest at the commencement of each meeting or to notify the Project Group Chair of any actual, potential or perceived conflict in advance of the meeting.

9.2 All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

9.3 The Eastern Sector Cancer (Non-Surgical) Transformation Project Team will:

a) Comply with the CCG's principles of good governance;
b) Operate in accordance with the CCG's Scheme of Reservation and Delegation;
c) Comply with the CCG's Standing Orders;
d) Operate in accordance with these Terms of Reference;
e) Comply with all relevant statutory and regulatory requirements.

## 10. Date and Review

10.1 These Terms of Reference were approved by the Eastern Sector Cancer (Non-Surgical) Transformation Project Group on **14th January 2019.**

Version No. 8
Review dates January 2020

The Clatterbridge Cancer Centre
NHS Foundation Trust

*Excellence in care, research and innovation*

# Our strategic plan 2018-2022, and aspirations to 2027



**31st October 2018**

Inspected and rated Outstanding ☆ CareQuality Commission

# Introduction

We are delighted to present The Clatterbridge Cancer Centre's ("CCCs") summary strategic direction – setting out our key objectives and choices to ensure that we continue to deliver excellence for our patients.

This strategy builds on the excellent work developed by teams across the Trust – working together and with our partners – to shape a highly ambitious range of priorities which build on our strengths, and help us realise the opportunities and meet the key challenges which we will face within the changing NHS.

This strategy is presented in two phases. Its main focus is on our strategic priorities to 2022. These priorities are built around – but are certainly not limited to – delivering our new model of cancer care. This will have a fundamental impact on everything we do, allowing us to provide high-quality, sustainable services into the future, move care and treatment closer to our patients and their families, and bring together care with pioneering research.

Our other priority objectives and programmes – working across the system, being enterprising, investing in research and innovation, maintaining excellent quality, financial and operational performance and developing our people – are designed to complement and support this transformation. None of our ambitions for excellence – whether relating to care, research or supporting our staff, can be achieved in isolation from the others.

However, we will realise the full potential of these changes only by complementing them with longer-term plans. This strategy therefore includes initial thinking about how our priorities will evolve to 2027 and beyond. Our focus here will be on working across the system, building on our current strengths in order to play a leading role in the development of excellent, integrated cancer care and research across Cheshire and Merseyside and beyond.

This is intended as the start of a debate about how CCC and its partners should work together to meet the longer-term cancer challenge – and therefore to deliver the best possible outcomes for our patients and community. We would welcome contributions to develop our thinking.

Achieving the transformation set out in this strategy will make this the most exciting time in CCC's history. We look forward to working with our staff, patients and partners to realise these changes and to continue our transformation further into the future.

**Phil Edgington**
**Chair**

**Ann Farrar**
**Interim Chief Executive**

# Contents

# Executive Summary

**Our Values**
Putting people first
Achieving excellence
Passionate about what we do
Always improving our care
Looking to the future

The Clatterbridge Cancer Centre ("CCC") is one of the UK's leading cancer centres, bringing together expert staff, high-quality care and excellence in research. This strategy sets out how we will take the care and research we provide to the next level by transforming our organisation over the next four years, as well as early thinking about our contribution across the system to 2027.

CCC provides outstanding care, and is investing in a significant transformation programme. However, the continued challenge of cancer outcomes across Cheshire and Merseyside ("C&M"), and indeed for England as a whole, means that we must strive for continued improvement. We must also ensure that we can harness – and indeed drive – the transformative potential of new treatments and research in one of the most innovative areas of medicine.

Our four major priorities (shown right) form a mutually-reinforcing programme to allow us to meet these challenges and realise our ambitions. Our two other supporting strategic priorities (making six in total) - being enterprising and maintaining our excellent quality, operational and financial performance, both deliver the stable cross-cutting platform necessary to drive transformational change.


- **Our new clinical model (p.8-13)** will provide high-quality, sustainable care, meet significantly growing expectations and demand for treatment, integrate care and research, and maximise accessibility. Our four 'hubs' will provide the majority of care for common cancers, significantly increasing the range of treatment which is provided closer to patients' homes. Our new hospital in Liverpool will physically integrate complex cancer care, acute oncology services, and research centres of excellence. Finally, all elements of our care will be underpinned with digital transformation through our 'Connecting for the Future' programme.
- **Playing a key role in system collaboration and implementation (p.14-15):** We will only continue to deliver for our patients if we broaden our influence and leadership – both locally and more widely. We will play a leadership role in the C&M Cancer Alliance to lead the development of a ten-year plan for cancer across C&M (on behalf of our Cancer Alliance). This will be a systemwide plan taking in all aspects of the cancer pathway – from screening and prevention through to specialist care. We will also continue to work collaboratively across the system, nationally and internationally to advance excellence in both research and care.
- **Investing in research and innovation (p.16-18):** We will transform CCC into a 'research active hospital.' This will include doubling participation in clinical trials and the number of studies we sponsor, and ensuring we retain our Experimental Cancer Medicine Centre ("ECMC") status. We will work with our research partners, in the Liverpool Knowledge Quarter any beyond, to advice cancer research across C&M, and to translate research from 'bench to bedside.' Complementing this, we will also maximise our opportunities to be at the forefront of innovation – including by adopting new clinical and digital technologies and applying innovative approaches to service delivery.
- **Developing our outstanding staff (p.19-20):** Our organisational development strategy will support our people to focus on improvement and excellence – and to embed our values in everything they do.

We must also ensure a constant focus on the future. These four priorities are therefore complemented by early thinking about longer-term change – across a 10 year horizon **(p.21).** Finally, we bring our priorities together to show what they will mean for our patients, staff and partners, and how they will be implemented **(p. 22-25).**

# About the Clatterbridge Cancer Centre

**About the Clatterbridge Cancer Centre:**

The Clatterbridge Cancer Centre is one of the UK's leading cancer centres. We bring together expert staff, high-quality treatment and excellence in research to provide outstanding care and drive forward leading-edge drugs and therapies.

We provide specialist, non-surgical cancer care for solid tumours and blood cancers to a population of 2.4m people across Cheshire, Merseyside and the surrounding areas including the Isle of Man. We also provide highly specialist services on a national and international basis.

We are based in Wirral, supported by a radiotherapy treatment centre in Aintree, Liverpool. We also operate specialist chemotherapy clinics in seven of Merseyside's district hospitals and deliver a pioneering Treatment at Home service, which has grown significantly in recent years. Together, this enables us to provide a comprehensive range of inpatient care, advanced radiotherapy, chemotherapy and other systemic anti-cancer therapies (i.e. medicines) including gene therapies and immunotherapies. From July 2017, we also began to provide regional specialist services for patients with blood cancers. We are also the only facility in the UK providing low-energy proton beam therapy to treat rare eye cancers and host the region's Teenage and Young Adult Unit, (supported by the Teenage Cancer Trust).

More than 1,200 staff are employed at the Centre, with volunteers providing additional support and services. The Trust spends approximately £133m per year on all aspects of cancer treatment, diagnosis and care.

We work closely with our partners regionally, nationally and internationally. We host the Cheshire and Merseyside Cancer Alliance and are members of the Health and Care Partnership for Cheshire and Merseyside.


**Organisational context for this strategy:**

This strategy sets out how we will take the care and research we provide to the next level by transforming our organisation over the next four years, as well as early thinking about our contribution across the system to 2027.

Our level of ambition is built on a position of strength developed over many years:

- The CQC rated us as Outstanding in their 2017 inspection.
- To underpin transformation of our services, we have committed significant investment of £162m into the building of our new hospital in central Liverpool and the refurbishment our current hospital site.
- We have committed significant investment (including £2.2m in 18/19) to support the delivery of common cancer care (Breast, Lung, Colorectal and Urological) closer to home, wherever safe and practical.
- We have identified additional investment of £1.8m over 3 years in our cancer research to build on our reputation and retain Experimental Cancer Medicine Centre (ECMC) status in 2022.

# The Challenge – local, national, and international

**The cancer challenge in Cheshire and Merseyside:**

Each year nearly 18,000 people are diagnosed with cancer in Cheshire and Merseyside ("C&M") and more than 8,000 die from the condition. Compared to England as a whole, that represents 1,100 excess cases and over 700 excess deaths per year. This is despite the fact that C&M has been at the forefront of significant public health initiatives, such as the pioneering Healthy Lung campaign, and also delivers cancer support and information services through partners such as Macmillan and Maggie's.


Cancer incidence has risen across Cheshire and Merseyside at double the rate seen nationally. There are high levels of variation across the region (for example between Knowsley, Liverpool or Halton CCGs and Vale Royal CCG), meaning that cancer is a key population health challenge.

Over the same period, mortality rates from cancer have declined – reflecting a combination of improvements in prevention, earlier diagnosis and better treatment. However, relatively greater improvements in other areas mean that cancer still accounts for the highest proportion of deaths across the region each year. It is also a key contributor to health inequalities, accounting for 22-24% of the total difference in life expectancy between the most and least deprived areas (quintiles) nationally.

Reducing cancer mortality is a key population health priority across the region (as well as more widely).

**Improving cancer outcomes – the local, national and global challenge:**

As a leading specialist centre, we must aspire not only to provide excellent care in our region, but also to lead national efforts to improve cancer outcomes and to advance research and care.

Improving cancer outcomes has been a high-profile NHS priority for some time. For example, the National Cancer Strategy sets ambitious goals for improving one-year and ten-year survival rates to 75% and 57% respectively. Current survival rates in C&M are 70% (1 year) and 49% (10 years).

It is certain that this high national profile and focus on cancer will continue into the future. The National Cancer Strategy expires in 2020, and will likely be succeeded by a further level of ambition. One of five priorities for the national 10 year plan for the NHS, which is currently in development, will be "*transforming cancer care so that patient outcomes move towards the very best in Europe*." This is not the case at the moment (see box overleaf).

# The Challenge – local, national, and international

"Four types of cancer are among the 12 top causes of death in wealthy countries: lung, colorectal, breast and pancreatic. Survival rates […] are a widely recognised measure for comparing the quality of cancer care.

Judged on this basis the UK is below average for people with all these types of cancer – although we are gradually closing the gap. For lung, colon, and pancreatic cancer, the UK does especially poorly. Among the cohort of comparison countries, we are the worst for pancreatic and colon cancer and the second-worst for lung cancer."

*The Health Foundation, Institute for Fiscal Studies, The King's Fund and the Nuffield Trust, 2018: The NHS at 70 – How Good is the NHS?*

**The challenge and opportunity of research and innovation:**

The imperative to improve outcomes arises partly from the sheer potential of breakthroughs in research and innovative treatments.

Cancer care is one of the most innovative areas of medicine, and the next few years could see the realisation of whole new fields of treatment. Genomic medicine and immunotherapies will realise the potential of personalised medicine for cancer patients, and artificial intelligence is already developing breakthroughs in cancer diagnosis (for example in detecting cancerous tumours).

The fact that cancer care is such an innovative and fast-moving area means that it will be increasingly important for providers to focus on – and build their capability in relation to - both care/treatment and research and innovation. To do otherwise risks clinical teams being disconnected from innovations which could further improve the care they provide and the associated patient outcomes.

**The NHS provider challenge:**

In addition to the future cancer challenge – both locally and more widely – we must of course operate within an increasingly challenging NHS context.

All NHS providers are expected to both find efficiencies year on year, and to contribute to the transformation of services – working across their local health and care economies – in order to make them fit for the future. They must do this while continuing to meet challenging performance standards, as well as wider patient and public expectations about the quality, timelines and experience of care.

**Implications for CCC:**

Responding to more people living longer with cancer provides a number of implications for CCC, including that:

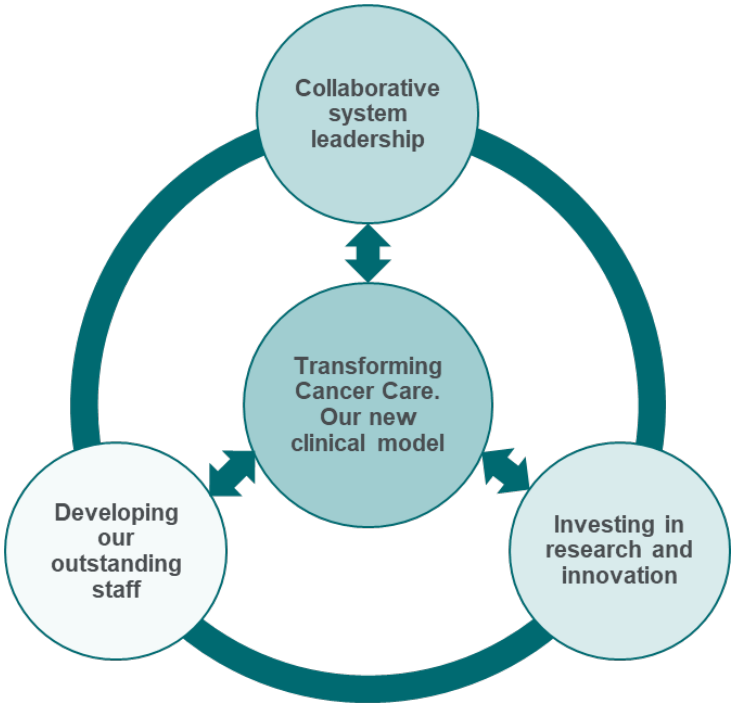
- We must continue to focus on providing an outstanding, caring, and patient-focussed service to our population, as well as on improving efficiency and maintaining excellent operational performance. All other ambitions must be built on this solid foundation.
- Improving cancer outcomes will require us to work with others across C&M, to integrate care and to promote prevention and early diagnosis. We must work together to continue to close the outcomes gap with other areas of the country.
- As part of this system wide integration, we must consider how we can provide more of our services closer to – or in – patients' homes, as well as continually improving our patients' and their families experience of care.
- We must ensure that CCC is an excellent place to work. We will only realise our ambitions if we can attract, retain and develop the best people – as well as meeting the future workforce challenges which all NHS providers will face.
- We must support our clinicians to continue to work at the forefront of care and treatment, bringing innovation from 'bench to bedside.'

**The following sections set out our strategic priorities for responding to this challenge to 2022, as well as early thinking about longer-term change.**

# Meeting the Challenge – our strategic priorities for 2018-22

**Our strategy for 2018-22 focusses on four major priorities, delivered via being enterprising and also maintaining excellent quality, financial, and operational performance. Taken together, they represent a major investment - transforming both the care we provide to our patients, and our leadership role in treatment and research.**

Our four major priorities (shown right) form a mutually-reinforcing programme of action to allow us to realise our vision. These are deliverable within an overall environment of maintaining our excellent quality, operational and financial performance, which also encourages us to be enterprising (our two supporting priorities).




A brief analysis of how the key actions within each priority reinforce each other is enclosed at **Appendix A.**

**Responding to more people living longer with cancer: Our new clinical model**

- ✓ A new model of care: Local where possible, centralised where necessary, and based around delivering equitable access to high quality care and research.
- ✓ A new flagship hospital in Liverpool, integrating acute oncology services and research centres of excellence.
- ✓ The next phase of integration of non-surgical oncology (haemato-oncology services) across the region.
- ✓ Complete digital transformation through our 'connecting for the future' programme.

**Collaborative System Leadership:**

- ✓ Lead the development of a systemwide ten-year strategy and implementation plan for cancer across C&M.
- ✓ Continue to contribute to - and lead - locally and nationally in key areas of care and research, including through embedding our new clinical model.
- ✓ Support the development of a radiotherapy network with Greater Manchester and South Lancashire, covering a population of over 6 million people.
- ✓ Play a significant role in the design of leading-edge integrated care and research models across Cheshire and Merseyside.

**Investing in research and innovation:**

- ✓ Double participation in clinical trials, double the number of CCC-sponsored studies, and become renowned for qualitative research.
- ✓ Ensure continued access to cutting-edge research through ECMC status.
- ✓ Lead the research and innovation agenda through taking an active leadership role in Liverpool Health Partners, the Liverpool Knowledge Quarter, the North West Coast Innovation Agency and the Clinical Research Network ("CRN").
- ✓ Maximise our opportunities to be at the forefront of innovation.

**Developing our outstanding staff:**

- ✓ Embedding our values in everything we do.
- ✓ A consistent approach to quality improvement.
- ✓ Developing a comprehensive approach to Education and Training
- ✓ A focus on engaging and empowering staff.
- ✓ Leadership development and succession planning to meet our workforce challenges.

# Transforming Cancer Care: Our new clinical model

**Our new clinical model will deliver high quality, equitable and sustainable cancer care services, provided around the needs of the patient.**

**Responding to more people living longer with cancer: Our new clinical model**

- ✓ A new model of care: Local where possible, centralised where necessary, and based around delivering equitable access to high quality care and research.
- ✓ A new flagship hospital in Liverpool, integrating acute oncology services and research centres of excellence.
- ✓ The next phase of integration of non-surgical oncology (haemato-oncology services) across the region.
- ✓ Complete digital transformation through our 'connecting for the future' programme.

Transforming Cancer Care ("TCC") is a comprehensive programme of change to allow us to meet the challenges we face in providing high-quality, sustainable care into the future. This includes meeting significantly increased demand for key treatments, and allowing us to integrate care and research and to maximise accessibility.

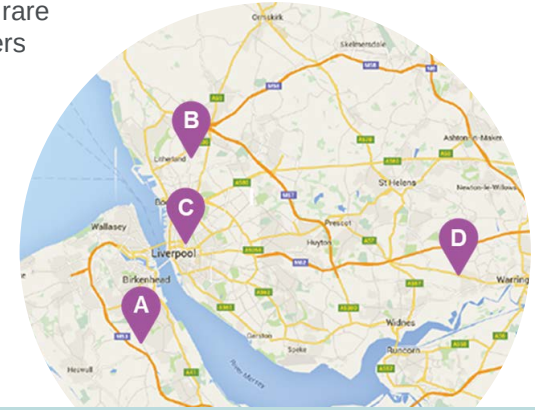
**Our New Clinical Model:**

The heart of this approach is our networked delivery model operating across Cheshire, Merseyside and the Isle of Man. This allows us to plan, coordinate and deliver complex services centrally whilst also bringing less complex care closer to patient's homes. Movement of patient care services will be subject to appropriate consultation.

The model ensures that we can deliver high quality, equitable, and sustainable care as locally as possible, whilst also integrating care and research and introducing innovation more quickly:

- **Local hospitals or community, home or work-based provision** will provide follow-up care for non-complex cancers, meaning that the majority of our patients will access this care either close to – or at – home, work or community settings. All local hospitals will also have on-site acute oncology services linked to 24/7 expert advice and a range of options for joined up ambulatory care.
- **Four Clatterbridge Sector Hubs** will provide the majority of first Clatterbridge appointments for common (and some intermediate) cancers. They will provide more complex chemotherapy, as well as a co-located, dedicated ambulatory acute oncology service. Three of the hubs will also provide radiotherapy.

  Moving to four 'sector' hubs around the region will allow us to provide the optimum balance between local care for our patients, and ensuring that all patients can consistently see a tumour-site-specific consultant-led team of experts for their first appointment. This team will co-ordinate all aspects of their care and treatment (see page 10). Sector Hubs will provide extended hours services,7 days a week.
- **The Centre** at the new CCC Liverpool will provide inpatient facilities, and support the most complex and experimental treatment. It will also centralise expertise for rare and intermediate cancers (see next page).




Our sector hubs will be based at CCC@Wirral **(A)** (current CCC site, which will be re-furbished), CCC@Aintree **(B)**, CCC@Liverpool **(C)** (which also hosts The Centre), and CCC East **(D)** (location TBC through public consultation).

*Including skin, upper GI, hepatobiliary and pancreatic, gynaecology, head and neck, teenage and young adult, most sarcomas, and brain and central nervous system cancers.

# Transforming Cancer Care: Our new clinical model

**Our new clinical model will deliver high quality, equitable and sustainable cancer care services, provided around the needs of the patient.**

**A new flagship hospital:**

TCC is built around the new CCC Liverpool. It will provide inpatient facilities, supporting the most complex and experimental treatments, as well as centralising expertise for rare and intermediate cancers.* This new centre will provide significant benefits for patients, their families, staff and our partners, including:

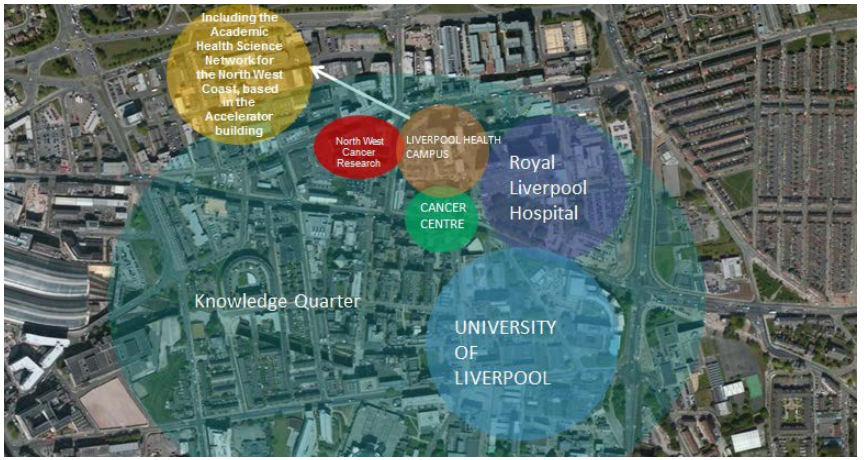
- **Increasing access:** CCC Liverpool will be located near the centre of our patient population, and has greatly improved transport links. Around 63% of our patient population lives nearer to CCC Liverpool than our current Wirral site. This includes some of our most disadvantaged patients, who are least able to travel.
- **Quality benefits through co-location:** Co-location with acute hospital services will allow CCC patients swift access to medical and surgical sub-specialities where required. We will also deliver better access to intensive care for our sickest patients. This will be increasingly important as we continue to develop and deliver new, innovative treatments. We will also work with the Royal Liverpool Hospital to systematically improve how we work together, so that patients benefit from as 'joined up' a cancer pathway as possible.
- **A single service for haemato-oncology:** CCC Liverpool will bring together care of people with blood cancer with care for solid tumours.

**Creating an environment for research and innovation to flourish:**

CCC Liverpool is situated at the heart of the 'Liverpool Knowledge Quarter.' This is home to some of the world's most influential players in science, health, technology, culture and education. It aims to position Liverpool at the forefront of global innovation, bringing together key partners to collaborate in a creative environment and closing the economic gap with London and the South East.

CCC has a key role to play in achieving this vision. Our new hospital will be co-located with key academic, NHS and research partners (see below). It will act as an 'incubator' for innovation, informal research and collaborations, as well as formal research studies. Access to on-site critical care will allow us to undertake Phase I and 'first in human' research, and CCC Liverpool will host a permanent clinical trials team.

Co-location in the Knowledge Quarter will also allow cross-fertilisation across sectors, allowing CCC innovators to both contribute to, and learn from, leading developments outside healthcare.




*Including skin, upper GI, hepatobiliary and pancreatic, gynaecology, head and neck, teenage and young adult, most sarcomas, and brain and central nervous system cancers.

# Transforming Cancer Care: Our new clinical model

**Our new clinical model will deliver high quality, equitable and sustainable cancer care services, provided around the needs of the patient.**

**Our new clinical model will further improve key aspects of our outstanding care. These changes respond to the needs of our patients and partners across the region. Importantly, they will ensure we can meet the significantly increased demand for key treatments which we expect in future years, whilst maintaining access and service quality.**


## The transformed CCC Cancer Care Pathway:

**Consistent quality and improved reliability:** Assessment by MDT specialists.

**Team based service with improved convenience:** Offering increased clinic availability extended days and hours of the day, 52 weeks p.a. including supportive care,

**More patient-focussed, co-ordinated care:** CCC team responsible for co-ordinating drug and radiotherapy treatments, including linking with GPs and surgical teams with use of digital technology.

**More local care through innovation:** Most treatments and follow-up provided in CCC hubs, local hospitals, or through our pioneering CCC@home and CCC@work services.

**Diagnosis of cancer and agreed referral to CCC** → **Patient-centred needs: assessment in 1 of 4 specialist CCC sector hubs in the region** → **CCC-led, co-ordinated treatment as close to home as possible** → **Follow up as close to home as appropriate**

**Improved access:** First CCC appointment within seven days through team based service.

**Improved access to research**: Routine screening for entry into clinical research trials.

**Improved links to urgent care:** 24/7 acute oncology support, linked to MDT.

**Improved links to palliative care where required:** Palliative care is an integral part of the clinical model.

# Transforming Cancer Care: Our new clinical model

**Our new clinical model will deliver high quality, equitable and sustainable cancer care services, provided around the needs of the patient.**

| The challenge… | How our new clinical model will meet the challenge… |
|---|---|
| The current model of single-handed consultant practice is neither sustainable or optimal. For example, we currently cancel a number of clinics due to lack of consultant availability. | • All patients will have their care managed by a multi-disciplinary team, rather than a single consultant. This will provide consistent care across all sites.<br>• Team-based working is more resilient, operating extended working hours.<br>• Team working also provides much greater opportunities for staff development. |
| Patients and their families sometimes face long travel times and distances for care. | • Our model provide services as close to patients homes as possible. 93% of patients live within 45 minutes of their nearest sector hub.<br>• 63% of our population lives nearer to CCC Liverpool than our current Wirral site, which will also be significantly more accessible by public transport. |
| Not all patients have access to comprehensive supportive care services at their first appointment. | • All patients will be offered a 'holistic needs assessment' as part of their first appointment.<br>• Sector hubs will be integrated with local medical, surgical and support services, ensuring a single approach to care for all patients from the outset. |
| Too many patients do not have access to a clinical trial. | • Patients will be automatically screened to entry into clinical research as part of their holistic assessment.<br>• Located in the new Liverpool 'Knowledge Quarter,' CCC Liverpool provides an ideal environment for integrating research and care. |
| Growing demand within constrained resources. CCC has to see all new patients on 62 day pathway within 7 days. This is critical to 62 day performance across C&M. | • Our plan secures the required operating capacity to deliver access targets (62 day and 18 weeks) and accommodate growth in demand for our services.<br>• All first appointments will be provided within 7 days, and treatment within 24 days. |
| A new model of acute oncology services can help to reduce A&E attendances and unplanned admissions. | • All Clatterbridge sector hubs and local hospitals will have greater access to a range of urgent care services as an alternative to A&E.<br>• A 24/7 hotline will offer expert cancer advice, linked to treatment centres, paramedic and acute oncology services. |

# Transforming Cancer Care: Our new clinical model

**Our new clinical model will be underpinned by our 'Connecting for the Future' programme for digital transformation - across CCC and more widely.**

CONNECTING for the future

'Connecting for the future' is CCC's Global Digital Exemplar (GDE) Programme for transforming cancer care through the use of world-class digital technology. It will ensure that digital transformation underpins every aspect of our new clinical model.

As part of the Connecting for the future programme, we will be developing and implementing a suite of digital tools, with the aim of creating agile clinicians and digital patients who have been empowered through technology and innovation.

**The agile clinician:**

Our clinicians rely on having fast and efficient access to the information they need to make the best decisions for our patients. To enable this to happen, we will:

- Connect and develop our computer systems to ensure that clinically relevant information is accessible where and when needed, supporting safe and effective care while reducing duplication.
- Introduce electronic prescribing, reducing the risk of medication error and improving the efficiency of the dispensing process.
- Provide our clinicians with access to secure digital messaging and meeting services to improve communication.
- Introduce a quick and secure 'tap on and tap off' process for signing in to computer systems, enabling convenient access to patient information and fast user switching.

**Our approach to Transforming Cancer Care through the use of world-class digital health technology and information is supported by five digital themes**


- Send clinical documents and discharge notes to our Merseyside GP practices electronically and securely, so that patient records can be updated automatically, improving care continuity and removing paper from the process.
- Introduce speech recognition that will work with our computer systems. This will allow clinicians to capture and document patient details quickly and accurately, saving time and speeding up information availability and quality.
- Continue to support the development of a regional clinical portal, which will provide clinicians with access to a complete patient record into which all care organisations can provide input.

# Transforming Cancer Care: Our new clinical model

**Our new clinical model will be underpinned by our 'Connecting for the Future' programme for digital transformation - across CCC and more widely.**

**The digital patient:**

To improve the health and wellbeing of our patients, we need to make it easy for them to manage their condition, connect with services and access help and guidance from wherever they are. To enable this to happen, we will:

- Launch an online patient portal, providing access to medical records, appointment details and guidance on accessing support and advice.
- Develop useful mobile phone apps, which will help our patients understand and manage their condition.
- Introduce kiosks that will enable our patients to check in for their appointments quickly and securely, whilst also providing an opportunity to review and update their contact preferences.
- Introduce a telehealth service, which will enable our clinicians to monitor data on certain aspects of a patient's health remotely, without the patient having to attend the clinic in person.
- Improve the experience and support the health and wellbeing of our patients through better digital signage, education and entertainment services whilst in hospital.

**Leading digital developments across the system: Digit@LL:**

Digit@LL
Cheshire and Merseyside Digital Strategy
2018 - 2023

Digit@LL is the digital strategy for C&M to 2023. The objectives of the programme are to:

- **Engage patients/citizens:** Actively engage and co-produce with those we are here to service.
- **Empower**: Deliver a set of digital health tools for citizens and staff.
- **Enhance:** Support all Places to have integrated systems meeting a minimum level of digital maturity with brilliant basics everywhere.
- **Connect:** Deliver a connected information exchange with a single Information Governance framework.
- **Innovate:** Fully exploit the data and intelligence available across C&M to maximise the effectiveness of our services.
- **Secure:** Support all organisations to deliver robustly managed Cyber Security services.

As part of the programme, we will:

- Empower individuals to care for themselves and take control of their health and wellbeing.
- Empower staff to have access to high quality information and the digital resources they need to deliver safe, high quality, efficient care.
- Achieve a joined-up, efficient and informed patient journey, based on secure, real-time patient data; and
- Make C&M the area innovators want to come to for digital excellence.

# Collaborative system leadership

**Our new clinical model provides an excellent platform for working across the health and care system. Over the next three years we will focus increasingly on collaborative and systemwide working.**

**Collaborative System Leadership:**

- ✓ Leadership role in the development of a systemwide ten-year strategy and implementation plan for cancer across C&M.
- ✓ Continue to contribute to - and lead - locally and nationally in key areas of care and research, including through embedding our new clinical model.
- ✓ Play a significant role in the design of a radiotherapy network with Greater Manchester and South Lancashire, covering a population of over 6 million people.
- ✓ Play a significant role in the design of leading-edge integrated care and research models across Cheshire and Merseyside.

Our system values our clinical expertise in providing outstanding non-surgical cancer care. However, we will only continue to deliver for our patients if we broaden our influence across the whole cancer pathway in future, working closely with all of our partners. We will therefore play an increasing role across C&M, and more widely, over future years, focussed on delivering the benefits of closer system integration.

**System leadership across C&M:**

Cheshire & Merseyside Health & Care Partnership

Cheshire & Merseyside Cancer Alliance

The C&M Cancer Alliance (reporting to the Cheshire and Merseyside Health and Care Partnership) affords CCC an invaluable opportunity to work with all partners to shape the system leadership agenda. The early progress made by the Alliance with its transformation priorities, alongside its trailblazer status for delivery, mean that it is an ideal partner and delivery vehicle to help CCC shape the future of cancer care for the benefit of patients in C&M.

CCC has the support of the Alliance to be an active leader in the development of a ten-year plan for cancer across C&M. This will be a systemwide plan taking in all aspects of the cancer pathway – from screening and prevention through to specialist care.

We will also work through the Alliance to deliver a successful bid for years three and four of the National Cancer Transformation Fund, and to improve access to clinical trials for C&M.

We will also continue to lead and contribute to systemwide work in key areas of care and research, for example:

- **Leadership for palliative care:** We are working with partners to empower people to live well before dying through the C&M Programme Board for Palliative and End of Life care. The board will ensure that our care provides personalisation and choice at the end of life, integrates services, provides as much care as possible out of hospital, and continuously improves patient experience.
- **Leadership for specialist cancer nursing:** CCC plays an active role in the Lead Cancer Nurses Clinical Quality Group - an expert forum for promoting clinical excellence and developing policy for cancer nursing. It provides expert advice to a wide range of healthcare professionals across the region, as well as developing the nursing-specific elements of the Cancer Alliance work programme.
- **Digitising care across the system:** We are working with partners to implement Digit@LL – the C&M digital strategy (see page 13).
- **Partnerships with Universities:** We will focus on leadership for research and education on a greater scale and impact across C&M, to be done in a strategic partnership with our University partners to support economic re-generation. This will allow us to play a key role in improving health outcomes for the region and develop a national and international profile as leaders in cancer care.

# Collaborative system leadership

**Our new clinical model provides an excellent platform for working across the health and care system. Over the next three years we will focus increasingly on collaborative and systemwide working.**

**Regional leadership:**

We will work with commissioners and our provider partners to develop proposals for chemotherapy and radiotherapy clinical networks at regional level. Creating common systems and protocols for care and management will provide an opportunity for CCC to share its outstanding practice, and to learn from them in return, and therefore increase consistency of use of standards and reduce unwarranted variation in care. For example, CCC are already leading the way nationally in the development of 'at home' chemotherapy services, in co-ordinating chemotherapy across multiple sites, and in introducing innovative treatments – all of which could benefit patients more widely.

We will explore a network alliance for radiology with the Royal Liverpool Hospital and Aintree Hospital (subject to proposed merger) and other Trusts. This will help us to lead efforts to drive quality and consistency in radiology reporting, tackling an identified system wide need.

**National leadership – building on our strengths:**

CCC clinicians are acknowledged national leaders in areas including breast, lung and pancreatic cancer, and haemato-oncology. Our research and innovation strategy (see page 16) sets out how we will build on these over the next four years, as well as extending our focus to qualitative research. In addition, our clinicians will continue to shape the national agenda for cancer care and treatment through membership of national reference panels (influencing new clinical guidance), and through bridging the gap between research and clinical practice.

Our new model of care will be a national exemplar in cancer treatment. For example:

- It will underpin a single common infrastructure for the management of chemotherapy and radiotherapy services across the entirety of C&M.
- It will provide a nationally-leading service for chemotherapy closer to home (Clatterbridge in the Community). This service is already growing rapidly, and is expected to provide over 2,500 treatments per year by the end of 2018; and
- Our new hospital will have fully integrated acute care on the same site – the only standalone cancer centre with this in England.

Page 18 sets out how our focus on innovation will support this continued national leadership in care.

**System integration beyond cancer services:**

Health and care economies across the country are currently considering how their models of care need to change in order to integrate services around patients and populations, and therefore how organisational, governance and assurance models need to change to support them. These changes have the potential to unlock major benefits for patients and citizens.

CCC will make an increasing contribution to systemwide change. We will play a full and leading role in developing the integration agenda across C&M, including as members of the Health and Care Partnership for C&M. We will also continue our collaboration and benchmarking work with the Federation of Specialist Hospitals.

CCC are leading the way nationally in development of chemotherapy in patients' homes.

# Investing in research and innovation

**We will build on CCC's pioneering research developments in order to raise our research profile nationally and transform CCC into a 'research active hospital.'**

**Investing in research and innovation:**

- ✓ Double participation in clinical trials, double the number of CCC-sponsored studies, and become renowned for qualitative research.
- ✓ Ensure continued access to cutting-edge research through ECMC status.
- ✓ Lead the research and innovation agenda through taking an active leadership role in Liverpool Health Partners, the Liverpool Knowledge Quarter, the North West Coast Innovation Agency and the Clinical Research Network ("CRN").
- ✓ Maximise our opportunities to be at the forefront of innovation.

We will build on CCC's pioneering research in order to raise our profile nationally and internationally, and transform CCC into a 'research active hospital.' Our research strategy will bring research into practice and so help us realise our vision of 'excellent research for patient benefit.'

Our new clinical model will fully integrate clinical research teams into the multi-disciplinary team working concept. We will consolidate our existing research strengths into an internationally-recognised understanding of what characterises an outstanding patient experience. Elements of this consolidation include:

- Our new site will provide an environment for research to flourish – including enabling closer working with key partners.
- Patients will enter CCC through local hospitals and Sector Hubs. Therefore we will ensure equitable access to research wherever the patient is.
- Our new IM&T infrastructure will facilitate screening of patient eligibility for research given all patients are potential participants.

**Doubling participation in clinical trials:**

Trial participation gives patients access to novel treatments and care approaches which are not available elsewhere, and they in turn contribute to others' future care through their research participation.

We will increase participant recruitment from 526 to 1000 participants per year by 2020. We will do this through:

- **Smarter working,** including using our new digital platform to proactively identify patients who could participate in trials..
- **Critical selection of studies** including a particular drive to recruit to observational studies (see below); and
- **Promoting our biobank.** The CCC Biobank gives our patients and their families' opportunities to take part in broader research projects translating research from 'bench to bedside.'

**Becoming renowned leaders in qualitative research:**

We will expand our presence in qualitative research (from 11% to 20% of our portfolio). This will reflect CCC's caring and compassionate strengths, and will enhance the knowledge base which underpins our holistic approach to care. This will be supplemented by a Patient Panel for Research, including lay advocacy for the design and delivery of trials.

**Double the number of studies for which CCC acts as sponsor:**

We have invested heavily in academic oncology in recent years. We will now go further, doubling the number of studies for which we act as sponsor. This will bring a number of benefits including:

- Raising the profile of CCC as a national opinion leader for research.
- Making CCC an exciting and attractive Trust for talented research-focused clinicians, and providing a clear research development pathway for our 'home-grown' research and clinical fellows.
- Bringing forward academic collaborations for a 'bench to bedside' approach, ensuring that our research is of direct benefit to patients.
- Diversifying research sponsorships and income.

# Investing in research and innovation

**We will build on CCC's pioneering research developments in order to raise our research profile nationally and transform CCC into a 'research active hospital.'**

**Developing a 'research active workforce'**

By 2022 we will have 80% of our consultants enabling recruitment into research (up from 50% currently). We will do this through:

- A review of Consultant job plans and investing in Consultant time specifically allocated to research.
- Developing the next generation of researchers through our Clinical Fellows programme.
- Expanding our recently-developed 'research focused clinics.'
- Continued participation in national programmes and regional partnerships to promote research posts and expertise.

**Ensuring continued access to cutting-edge research and treatments through ECMC status:**

The Experimental Cancer Medicine Centre Network ("ECMC") is a collaboration of world-leading scientists and clinicians who bring together expertise and techniques to drive the discovery, development and testing of new cancer treatments and biomarkers in early phase studies and trials. CCC is the current NHS partner for the Liverpool ECMC.

ECMC status brings national and international recognition for our research, as well as access to novel therapies, drug developments, trials and partnerships otherwise unavailable to our researchers and patients. We will prioritise maintaining ECMC status when it is renewed in 2022.

Complementing this, we will also nurture and expand our strategic relationships with Pharma, enabling access to novel agents, funding for investigator-led and commercially-funded studies for which CCC is a participating site - generating investment income.

**Leading research and innovation across C&M, nationally and internationally:**

In addition to research excellence within CCC, our research strategy provides a platform for collaboration and research more widely, and therefore to realise benefits for our patients and the local economy, we will:

- Work with **Liverpool Health Partners** to maximise the benefit of their Joint Research Office (JRO) infrastructure – bringing together academic and clinical partners for research and clinical trial design and delivery.
- Work with the **North West Coast Clinical Research Network** to promote all types of cancer research across C&M, with the aim of reaching the top 20% of research areas for participant numbers nationally by 2022.
- Work with the **Innovation Agency** (the Academic Health Science Network for the North West Coast) to support the adoption – and where applicable commercialisation - of our research into practice. This includes the adoption of proven innovation in relevant medical devices, digital technologies and innovative treatments in the Trust.
- Work with partners to support the development of **personalised medicine** in line with the next stages of the 100K genome project.

The national and international reach of CCC's research portfolio is outlined at **Appendix C.**

# Investing in research and innovation

**We will maximise our opportunities as a specialist trust to be at the forefront of innovation. We will adopt new clinical and digital technologies to transform care and apply innovative approaches to service delivery.**

**Maximising our opportunities to be at the forefront of innovation:**

CCC has a strong tradition of innovation and is recognised nationally in a number of areas for 'national firsts' – including developing proton therapy for eye cancers (right) and Papillon treatment for rectal cancers.

We will continue to lead the way in innovation which bridges research and clinical care. For example, immunotherapy is one of the most promising treatments in the last decade. It represents a paradigm shift offering significant benefits in cancers previously responding poorly to standard chemotherapy treatments. At CCC we are proud to be at the forefront nationally in leading service innovation for delivery of immunotherapy treatments and management of side effects ensuring our patients have access to outstanding care.

We will further develop this innovation culture that allows novel approaches to flourish.

**Building innovation into everything we do:**

Innovation is no less important for our corporate and support services than for our clinical teams, all of whom will need to innovate and work differently in future. Our innovation priorities will enable us to become an organisation in which *all* of our teams feel supported to innovate, in relation to *all* aspects of the service they provide. We will:

- Develop and implement new diagnostic and treatment technologies and drugs so that patients in Cheshire and Merseyside have early access to advancements in care.
- Use the learning from our new clinical model to influence the local, regional and national development of new service delivery models (for example in ambulatory acute oncology care and immunotherapies).
- Employ digital technologies to maximise the delivery of care closer to home using telemedicine.
- Ensure our patients have access to their care records online.
- Empower and enable patients to co-ordinate their care and communicate with CCC using latest digital technologies.
- Transform our workforce through leading the way on novel role development in specialist cancer care, maximising the potential of our clinical and non-clinical staff. For example, we are actively developing new roles including physician associates, non-medical prescribers, care navigators, allied health professionals and clinical nurse specialists.
- Build on our track record of commercial innovation, through maximising the potential of our subsidiary companies (PharmaC and PropCare) and Joint Venture (Clatterbridge Private Clinic), as well as seeking new commercial ventures and partnerships linked to our investment in research (see above).
- Equip our workforce with improvement skills and techniques through a consistent approach to Quality Improvement (see page 19).

PharmaC PropCare Clatterbridge Private Clinic

# Developing our outstanding staff

**We will support our people to focus on improvement and excellence in everything they do.**

**Developing our outstanding staff:**

- ✓ Embedding our values in everything we do.
- ✓ Continuing to embed a culture of quality, transparency, and excellence.
- ✓ A consistent approach to quality improvement.
- ✓ Developing a comprehensive approach to Education and Training.
- ✓ A focus on engaging and empowering staff.
- ✓ Leadership development and succession planning to meet our workforce challenges.

CCC's successes and its current strengths are down to its outstanding people. However, we know that remaining an outstanding organisation will require a constant focus on improving our services and on developing our people. This will be all the more important as we support staff through the major changes to ways working associated with our new clinical model.

Our organisational development strategy will therefore support our people to focus on improvement and excellence in everything they do.

**Embedding our values in everything we do:**

This strategy is grounded in and fully aligned to our values. Our Board and senior leaders are fully committed to ensuring that our values remain front and centre as it is implemented. Our Council of Governors, new staff leaders forum, and staff and patient feedback will hold us to account for this as implementation proceeds.

We will also take a number of specific actions to further embed our values in everything we do. We will:

- Promote our values through our new clinical model, including embedding multi-disciplinary team working and supporting clinical teams to develop a culture of shared responsibility and learning.
- Embed values-based recruitment, appraisal, reward and recognition for all staff.
- Ensure that Directorate priorities and staff objectives are explicitly linked to Trust values.
- Promote 'Freedom to Speak Up' (the national integrated whistleblowing policy to standardise the way NHS organisations support staff who raise concerns).

**Continuing to embed a culture of quality:**

We will support people from 'Floor to Board' to strengthen their focus on enhanced quality. We will strengthen Directorate performance management through consistent dashboards and templates, underpinned by improved data quality and timeliness through our investment in data infrastructure.

Consistent reporting will then form the basis of a trust-wide focus on transparency which will include embedding the principles of good governance throughout the organisation, training staff in risk reporting and escalation, including specific consideration of risk appetite at Board level, and embedding a consistent approach to learning from mistakes. This will include robust mechanisms to ensure learning is spread across the organisation –including between sites as our new clinical model is implemented.

**A consistent approach to quality improvement (QI):**

However, embedding a culture of quality, transparency and excellence is not just about managing risk and performance. It is also about challenging ourselves to continuously improve the service we provide to our patients. Building on the CCC approach to change management, we will adopt a consistent methodology for QI. We will then work with the Advancing Quality Alliance (AQuA) to support rollout across the organisation – enabling staff to design and implement improvements in their areas.

# Developing our outstanding staff

**We will support our people to focus on improvement and excellence in everything they do.**

**A consistent approach to quality improvement (continued):**

Our QI approach will be underpinned by explicit permission from the Board for teams to work together on changes for patient benefit, supported by technology enabling real time reporting of innovation and best practice. A consistent QI approach will be particularly important in implementing the 'team working' elements of our new clinical model – giving multi-disciplinary teams a common framework and language for making improvements and applying our values in practice.

**Developing a comprehensive approach to Education and Training:** We are currently working in partnership with the Christie NHS FT to define our ambition as a leader in cancer education and training. We will work collaboratively to shape the future of clinical education and agree how we will deliver outstanding learning opportunities for all of our staff.

**Engaging and empowering our staff:**

We know that our staff are proud to work at CCC, but that they want to see our strategic choices reflect our values, culture and ethos in delivering outstanding patient-centred care.

We have engaged widely with staff in developing our plans. We know that this engagement must increase as we move to implement change. We will therefore reform our bi-monthly staff leaders forum, to provide an opportunity for frontline leaders to share practice and any emerging concerns from their teams, as well as horizon-scanning. The forum will also provide an opportunity to discuss and test our strategic plans with staff. This will build on our existing work to communicate our strategy and priorities, with the aim of helping all staff to understand their role within – and contribution to – CCC as a whole.

We will also place staff engagement firmly on the Board agenda. The Board have committed to implement key actions arising from our staff survey, based around the three priorities of staff health and wellbeing, staff involvement in change, and improving the quality of appraisals.

**Developing future leaders – for CCC and across the system:**

We will focus on developing leadership at every level. We will:

- Make **development programmes** available to leaders at all levels.
- Introduce a **consistent leadership competency framework** (NHSI Developing People: Improving Care).
- Introduce **regular 360 degree feedback** reporting.
- Invest in **electronic systems for appraisal and talent mapping.**
- **Expand links with Colleges/Universities** and our apprenticeships to help "grow our own."

Workforce shortages in key specialisms are amongst the most significant risks to the achievement of our long-term ambitions. Our **talent management and succession planning** approach will ensure that we are developing our future leaders from within CCC – and that we remain attractive to talented professionals nationally and internationally. The significant opportunities provided by our new clinical model and expanding research portfolio are a key part of this offer. Our current and future leaders will also be supported to develop a system leadership perspective and skills, as part of our leadership programmes.

# Looking ahead - to 2027 and beyond

**Our priorities to 2022 provide a platform for thinking about longer-term challenges facing our patients, staff and population and our response.**

The first phase of this strategy focusses on our priorities to 2022. It amounts to a very significant programme of change, across all areas of our work. However, we must not consider these changes in isolation – and must ensure a constant focus on the future.

Our strategic objectives for the next four years are therefore complemented by early thinking about longer-term change – across a 10 year time horizon (and indeed beyond), to respond to changes in the NHS planning and commissioning context.

**The Cancer Challenge in 2027…**

- 1 in 2 patients will be diagnosed with cancer in their lifetime. Absolute numbers of diagnoses will increase – despite improved cancer prevention – as prevention and early intervention reduces mortality from other conditions.
- Up to 4 in 10 cancers will remain preventable and we will still see patients with advanced disease presenting via emergency care.
- Outcomes and survival are continuing to improve, in part due to ever-faster innovation. For example, artificial intelligence will transform early diagnosis and cancer genomics will enable personalised, precision treatment.
- Cancer will effectively become a chronic, long-term condition for many of our patients.
- Although we are closing the outcomes gap with the national average, deprivation and other socio-economic factors are likely to pose a continued challenge in parts of the region**.**
- Pressure on the NHS in general, and the costs of cancer care in particular will continue to increase – leading to continued scrutiny of care models and drives to improve efficiency.

**How we must work to meet the challenge…**

- There is a significant need to integrate prevention and public health with the delivery of care, in order to tackle the wider determinants of cancer.
- There is evidence that earlier screening and closer integration could support better long term survival outcomes and our local C&M strategy needs to consider how best to respond.
- As people increasingly live beyond cancer, we need to think differently about our access models to support their ongoing care. There is an opportunity to apply the learning from the CCC "networked" future clinical model.
- We must support staff to respond to the potential of new treatments – as well as to shape them through research.
- These new clinical models, and the need for flexibility and innovation, will require us to think differently about our workforce – including the skills they will need throughout their careers.
- This can only be achieved by working collaboratively across the system, based on a single plan.

**We will work with all our partners to create a clear, agreed view about what needs to happen across the system in order to get the best cancer outcomes for our population (looking at all aspects of the pathway), and then further develop our role in supporting that change. We are confident that the plan to 2022 will create an excellent platform for CCC's continuing contribution to cancer transformation.**

# Bringing it all together - what will our strategy mean for patients, staff and our partners?

**Based on extensive engagement and 'active listening' through the strategy development process, we know that…**

| Our **patients** want faster access to wrap-around care – treating the person, not just the cancer – and more opportunities to take part in clinical trials. | Our **staff** want to co-lead implementation of our future clinical model, opportunities to progress their careers at CCC, and support for innovation and new ideas. | Our **partners** want us to integrate research and care across C&M to support our contribution to delivering the best possible cancer outcomes. |
|---|---|---|
| Our new clinical model will deliver care which is faster and closer to patients' homes. Care will be provided by a multi-disciplinary teams, available for extended hours. CCC care will be linked more closely to other cancer care and wider support – resulting in a single plan for all aspects of a patient's care<br><br>The number of patients involved in clinical trials will double, and the range of trials will expand to include qualitative research into best practice in 'whole-person care.'<br><br>Our staff will continually seek to improve the services they provide, including in response to patient feedback. | Our new clinical model and QI approach will give staff the opportunity to work together - across professions - to provide the best possible care and to change and improve their services.<br><br>Our development programmes will give our current and future leaders skills to lead not only in CCC, but also across our health and care system and nationally, in relation to both care and research.<br><br>Our greatly expanded research base and retained ECMC status will provide exciting opportunities for careers spanning cutting-edge research and outstanding care. | Our investment in CCC Liverpool and our hub based clinical model – supported by our significant investment in technology – will secure the capacity required to meet anticipated demand and access standards.<br><br>CCC clinical and managerial leaders will play an increasing role across the system in relation to all aspects of cancer care, treatment and prevention.<br><br>Our future research agenda –underpinned by our move to Liverpool – will significantly increase cross-system research collaboration, benefitting both patients and the local economy. |

*"It is really exciting to see CCC's ambitions of influencing the wider system. It is refreshing that this strategy is being driven by a desire to provide the best possible care to patients. I certainly think that the more holistic approach to care combined with wider system engagement is a fantastic model"*

**John Archer – Principal Clinical Scientist**

*"I am living proof that research is saving my life. I was given 6 months to 2 years to live. I am now 3 years and 8 months later, still going strong"*

**Tony - CCC patient and participant in a clinical trial.**

# Implementation: Delivering the change

**We will manage major change safely and effectively using evidence–based best practice approaches.**

Implementation arrangements are in place for all elements of this strategy, overseen by the CCC Board.

**Funding:**

Funding has been identified and secured for all of the programmes outlined in this strategy. This includes:

- Significant investment of £162m to underpin transformation of our services through the building of our new hospital in central Liverpool and the refurbishment our current hospital site.
- £5.1m investment in IT/digital, supporting our new clinical model through the GDE programme.
- Significant investment in additional workforce to support our clinical model and OD strategy, starting with £2.2m in 18/19
- An additional £1.8m investment in research (supporting our research and innovation strategy).

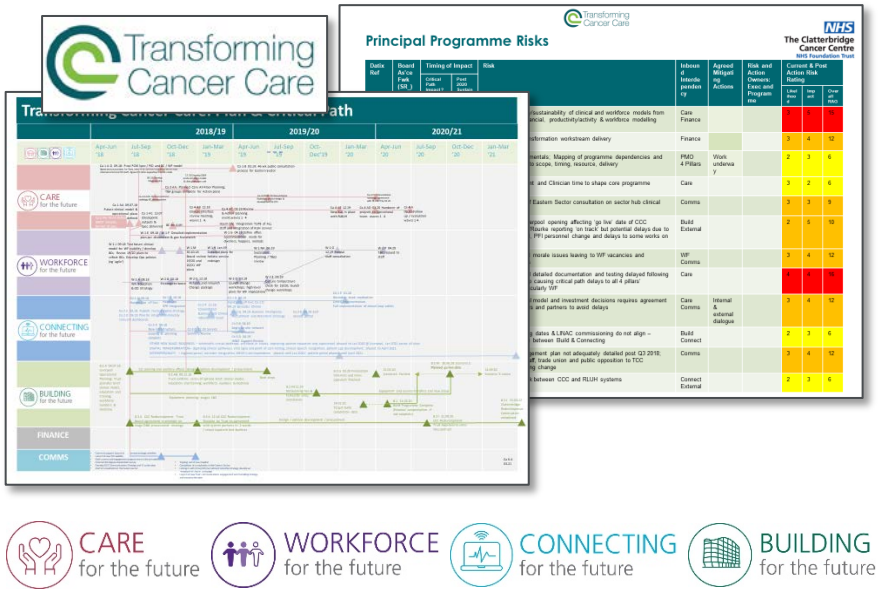
Any further service developments during this time are contingent upon business cases and securing additional income.

**Governance:**

Implementation of the TCC Programme is overseen by our Executive Director of Transformation & Operations and a dedicated Programme Management Office (PMO), including risk assessment, moderation and escalation as well as programme co-ordination.

Key programme actions and interdependencies have been mapped to 2021, providing a risk-assessed critical path to guide implementation. It will also provide external assurance of risks and mitigation plans.

The PMO will be overseen by the CCC Finance and Business Development Committee, providing operational oversight and assuring the CCC Board (including escalation where required).




Clear board governance arrangements are also in place to oversee the delivery of other components of the strategy, including the Research and Innovation strategy and Organisational Development strategy (overseen by the Quality Committee).

These governance arrangements therefore follow best practice in ensuring clear oversight of delivery and the unambiguous accountability of the CCC Board for aspects of change. However, as the strategy itself makes clear, CCC cannot work in isolation. We will therefore work closely with our partners in implementing relevant aspects of change – in particular the Cheshire and Merseyside Cancer Alliance. The Alliance also provides the main vehicle for thinking about longer-term change beyond 2022 (see p. 21).

# Implementation: Delivering the change

**We will manage major change safely and effectively using evidence–based best practice approaches.**

We will also work closely with our **Council of Governors** (through its strategy sub-committee) as the strategy is implemented – and expect to provide regular updates for discussion and feedback. The committee will continue to provide valuable strategic advice as well as links to local communities and key partners.

**Engagement:**

Effective engagement with staff, patients and their families and key partners is vital to the success of every aspect of the strategy. Our key engagement activities are set out as part of 'developing our outstanding staff' above, including a communications and engagement cascade to all staff through senior leaders forum, which was re-formed with an extended remit and membership (taking in frontline clinical leaders) in September 2018.

This will be supported by a specific engagement programme for TCC, which includes:

- A programme of staff communications and engagement on our new clinical model. Our goal is that every member of our staff feels personally involved in the implementation of the new clinical model – as a prelude to further, continuous improvement in the longer-term. We will work through existing departmental staff groups to ensure comprehensive engagement.
- An external 360 degree stakeholder survey.
- Developing a dedicated communications strategy to accompany our digital transformation (GDE programme).
- Public consultation about implementation arrangements in the Eastern sector as part of our broader plans (from Autumn 2018).

We are currently revising our communications strategy. This will be published in January 2019 and will describe a communications approach which is aligned to our new clinical model and strategic objectives.

**Realising wider social and economic value:**

As part of the construction of the new Cancer Centre, the Trust's wholly owned subsidiary PropCare is working with partners to ensure the construction project makes a contribution to the local economy and communities in the area.

The project's social value committee oversees a community benefit plan, which has targets across a number of areas. These include the use of local labour and local suppliers, the creation of sustainable apprenticeships, a review of the number of women on the project, and work with local schools and colleges on digital engineering and construction as a career choice.

The project also seeks ways of working with third sector organisations, for example through the use of their income generating services, or through provision of help and expertise from project staff to support them in their operation.

The project is meeting or exceeding its targets for the generation of social value and this work will remain an important part of the project as it moves towards completion.

# Implementation: How will we measure success?

**We will track implementation of this strategy through a small number of 'headline' metrics, underpinned by more detailed reporting.**

We track a large number of measures related to all aspects of the care we provide, as well as how this translates into clinical outcomes and positive experience for our patients. Listed opposite are the headline measures which we will use in tracking the implementation and success of this strategy. For this reason they:

- **Provide a headline picture of progress against the strategy's objectives as a whole.** Identifying a small number of headline measures allows a simple mechanism for tracking progress with the strategy as a whole – including accounting for progress to our staff, partners and patients. Behind these headline measures, we will track a much larger range of indicators in order to guide implementation teams.
- **Include a mixture of process, output and outcome measures.** This will allow us to track both specific actions in the short term (process and output measures) and ensure that this is translating into real change for our patients and staff in the longer-term (outcome measures). Although our ultimate focus is on outcomes, we must ensure that changes can be related effectively to specific actions we have taken as part of this strategy.

All strategic priorities will be monitored within the context of maintaining our excellent quality, operational and financial performance. It is also important to note the context of significant anticipated increases in demand for many of our services in coming years.

Further information on the relationship between the key elements of this strategy and desired outcomes and benefits (for patients, families, staff and partners) is enclosed at **Appendix D.**

| Strategic priority | Key success measures (headlines) | Baseline | Target (2022) |
|---|---|---|---|
| CCC Liverpool and our new clinical model | 62 day performance (incorporating 7 day first seen and 24 day treatment standards). | >85% | Sustained |
| | CCC patients have seamless access to all supporting acute services. | n/a | In place |
| | Improved clinical outcomes – demonstrating outcomes comparable to the best cancer centres in our peer group. | Significant evidence of development | |
| | Accessibility of a "sector hub" within 45 minutes travel - providing more comprehensive and equitable cancer care closer to home. | Not in place | 90% coverage |
| | Maintain or improve patient experience (Friends and Family Test and Inpatient Experience Survey) | Top decile | Top decile* |
| Investing in research and innovation | Number of patients recruited into clinical trials. | 526 | 1000 |
| | Percentage of research portfolio consisting of qualitative or observational studies. | 11% | 20% |
| | ECMC status. | Achieved | Retained |
| Developing our outstanding staff | Staff Engagement score (out of 5). | 3.96 | Top decile* |
| | Staff agreeing that "Our values and behaviours are embedded within the culture of CCC" (staff survey local) | 73% | 80% |
| | Staff contribution to Quality Improvement (NHS Staff Survey, KF7). | 75% | Best in class* |
| System leadership – Performance across C&M** | Total transformation funding provided by the National Cancer Programme Team to C&M. | £9M | £20M |
| | Overall patient satisfaction with cancer care. | 91% | Best in class* |
| | Survival rates - one year*** | 72-75% | 75% |
| | Survival rates - ten years*** | 49.8% | 57% |
| | Early stage diagnosis (Stage 1 or 2)** | 49-55% | 62% |

* "Best In Class / Top Decile" refers to the Acute Specialist Trust grouping from the NHS Staff Survey.
**Early stage diagnosis planned for 2021 delivery as per national cancer strategy.
***For patients diagnosed in 2020 (baseline represents all England position)

# **APPENDIX A:** Our priorities form a mutually-reinforcing programme of action to allow us to realise our vision.

Our two supporting strategic priorities – maintaining excellent quality, financial, and operational performance and being enterprising cut across all of our strategic actions.

Which of our strategic priority actions…

Support which other actions…

| | | A new flagship hospital in Liverpool. | A new 'tiered' clinical model | Integrate haemato-oncology services across the region. | Global digital exemplar programme | Play a pivotal role in the C&M Cancer Alliance. | Work through the Alliance to develop a ten-year plan. | Double patient participation in clinicat trials | Become renowned for qualitative research. | Double number of studies with CCC as sponsor. | Develop a 'research active workforce.' | Maintain ECMC status | Culture of Safety & Quality | Quality Improvement | Engagement | Leadership development and succession planning | Values & Behaviours |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CCC Liverpool and our new clinical model | A new flagship hospital in Liverpool. | | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | A new 'tiered' clinical model | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Integrate haemato-oncology services across the region. | | ✓ | | | ✓ | | | | | | | ✓ | ✓ | | | |
| | Global digital exemplar programme | ✓ | ✓ | | | ✓ | | ✓ | | | | | ✓ | ✓ | | | ✓ |
| System leader-ship | Play a pivotal role in the C&M Cancer Alliance. | ✓ | ✓ | ✓ | ✓ | | ✓ | | | | | ✓ | | ✓ | ✓ | ✓ | ✓ |
| | Work through the Alliance to develop a ten-year plan. | | ✓ | | ✓ | ✓ | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Investing in Research and Innovation | Double patient participation in clinical trials | | ✓ | | | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | | ✓ |
| | Become renowned for qualitative research. | | ✓ | | | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| | Double number of studies with CCC as sponsor. | | ✓ | | | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| | Develop a 'research active workforce.' | | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | | ✓ |
| | Maintain ECMC status | | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | ✓ |
| Developing our outstanding staff | Culture of Safety & Quality | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ |
| | Quality Improvement | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ |
| | Engagement | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ |
| | Leadership development and succession planning | ✓ | ✓ | ✓ | | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| | Values & Behaviours | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |

# **APPENDIX B:** New Clinical Model – Service Availability by location type

| Element of Networked Model | Rationale for element | Services available |
|---|---|---|
| **Home, work or community settings** (population covered 1+) | Care should be provided as close to patients as possible, including maximising the range of services we can provide in home or work settings. | • Chemotherapy – our unique CCCChemo@home and CCCChemo@work services.<br>• Telehealth services<br>• Patient portal – patient access to their own care and information. |
| **Local Hospital** (200,000) | The majority of both treatment and follow-up appointments for common cancers (more than 1400 new patients per year) should be provided locally. | • Acute oncology<br>• Chemotherapy levels I and II<br>• Outpatient follow-up appointments<br>• Multi-disciplinary team ("MDT") input |
| **Clatterbridge Sector Hub** (500,000) | Our four sector hubs (one of which is co-located with the Centre) will provide the scale necessary to host a seven-day service provided by multi-disciplinary teams of tumour-site-specific specialists for common cancers. They will provide optimal clinical care for first appointments for common cancers. They will then co-ordinate 'whole person care' by linking with relevant local services and other elements of cancer care (for example surgery) to ensure that patients' care if co-ordinated.<br>Sector hubs will also provide treatment for most intermediate cancers (500-1400 new patients per year) – including head and neck (at three hubs), skin, gynae, HPB, bladder and kidney cancers. First appointments for intermediate cancers will be either at The Centre, or at specific centres of excellence for specific cancers (see next page).*Sector hubs will also provide local hospital services.* | • Acute oncology and assessment unit<br>• Chemotherapy levels I, II and III<br>• First and follow-up outpatient appointments<br>• Follow-up outpatient appointments<br>• On-site supportive care<br>• MDT input<br>• Oncologist base<br>• Phase III clinical trials<br>• Outreach clinical trials team<br>• Radiotherapy in 3 Clatterbridge sector hubs (image guided radiotherapy and Intensity-modulated radiation therapy) |
| **The Centre** (2 million) | Our new hospital will provide a centre of excellence for rare cancers (fewer than 500 new patients per year – including testes, penile, brain and ocular cancers) and the most complex treatments which require centralised specialist expertise. It will also provide inpatient beds and access to critical care for our sickest patients. It will allow us to provide a wider range of innovative and experimental treatments linked to clinical trials.<br>*The Centre will also provide sector hub and local hospital services.* | • Comprehensive acute oncology service<br>• Chemotherapy levels I, II, III and IV<br>• Inpatient beds<br>• Outpatient new and follow up appointments<br>• Radiotherapy (image guided radiotherapy and Intensity-modulated radiation therapy)<br>• Complex radiotherapy<br>• On-site supportive care<br>• On site MDT input<br>• Oncologist base<br>• Phase I onwards clinical trials<br>• On site clinical trials team |

# **APPENDIX B:** New Clinical Model – Cancer pathways by location (subject to public consultation where appropriate)

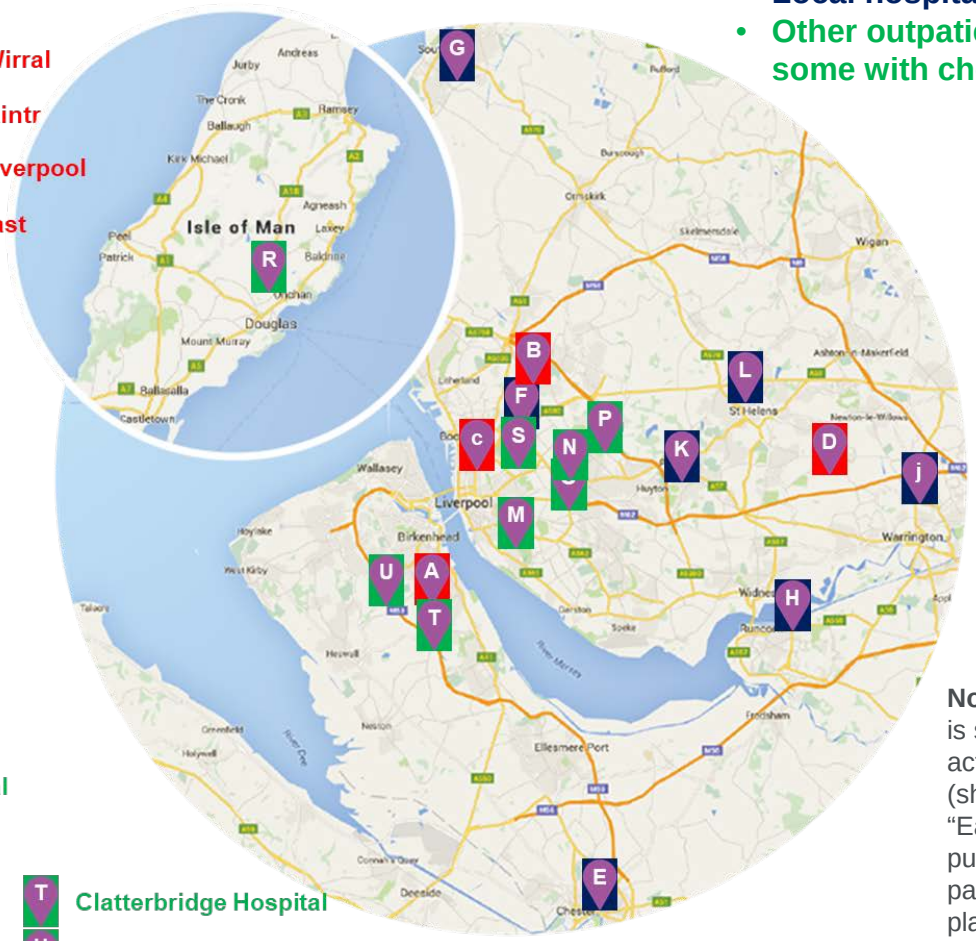
| Cancer type | | 1st CCC Consultant appointment | Clatterbridge Consultant follow-up appointment | Treatment (SACT) delivery and on treatment review* |
|---|---|---|---|---|
| Common cancers (more than 1400 new patients per year) | Breast | 4 Clatterbridge sector hubs | Nearest local hospital | Nearest local hospital |
| | Lung | 4 Clatterbridge sector hubs | Nearest local hospital | Nearest local hospital |
| | Colo-rectal | 4 Clatterbridge sector hubs | Nearest local hospital | Nearest local hospital |
| | Prostate | 4 Clatterbridge sector hubs | Nearest local hospital | Nearest local hospital |
| | Rectal | CCC-Liverpool, CCC-Wirral | Nearest local hospital | Nearest local hospital |
| | Prostate | CCC-Liverpool, Broadgreen Hospital | Nearest local hospital | Nearest local hospital |
| Intermediate cancers (500-1400 new patients per year) | Head and Neck | CCC-Aintree | CCC-Wirral, CCC-Aintree | CCC-Liverpool, CCC-Wirral, CCC-Aintree |
| | Skin | CCC Liverpool | CCC-Liverpool, St Helens | 4 Clatterbridge sector hubs and community |
| | HPB | CCC-Liverpool | CCC-Liverpool | 4 Clatterbridge sector hubs and local hospitals |
| | Gynae | CCC Liverpool, Liverpool Womens[TBC] | CCC-Liverpool, CCC-Wirral, East area hub (site TBC) | 4 Clatterbridge sector hubs |
| | Bladder | CCC-Wirral, Broadgreen Hospital | CCC-Liverpool, CCC-Wirral | 4 Clatterbridge sector hubs |
| | Kidney | CCC-Liverpool | CCC-Liverpool | 4 Clatterbridge sector hubs |
| | Cancer unknown primary | Linked to acute oncology with the trials service at CCC-Liverpool. OPD MOU at CCC-Liverpool and three hubs. | | 4 Clatterbridge sector hubs and local hospitals |
| Rare cancers (fewer than 500 new patients per year) | Testis | CCC-Liverpool | CCC-Liverpool | CCC-Liverpool |
| | Penile | CCC-Liverpool | CCC-Liverpool | CCC-Liverpool |
| | Brain/CNS | CCC-Liverpool | CCC-Liverpool<br>CCC Aintree/Walton Neuro | CCC-Liverpool<br>CCC Aintree/Walton Neuro |
| | Sarcoma | CCC-Liverpool | CCC-Liverpool | All sector hubs |
| | Ocular | CCC-Liverpool<br>CCC-Wirral (Protons) | CCC-Liverpool<br>CCC-Wirral | CCC-Liverpool<br>CCC-Wirral |
| Haematological Cancers (North Mersey) | Lymphoma | CCC-Liverpool, CCC-Aintree, Southport General Hospital | CCC-Liverpool, CCC-Aintree, Southport General Hospital | CCC-Liverpool, CCC-Aintree, Southport General Hospital |
| | Myeloma | CCC-Liverpool, CCC-Aintree, Southport General Hospital | CCC-Liverpool, CCC-Aintree, Southport General Hospital | CCC-Liverpool, CCC-Aintree, Southport General Hospital |
| | Leukaemia | CCC-Liverpool, CCC-Aintree, Southport General Hospital | CCC-Liverpool, CCC-Aintree, Southport General Hospital | CCC-Liverpool, CCC-Aintree, Southport General Hospital |
| | Stem cell transplant | CCC-Liverpool | CCC-Liverpool | CCC-Liverpool |

*All SACT will be risk stratified and treatment delivered in the most clinically appropriate place

**Specialist inpatient care for patients with haematological cancers will be provided at CCC-Liverpool

# **APPENDIX B:** New Clinical Model – Service Locations

- **Clatterbridge Sector hub and The Centre**
- **Local hospitals**
- **Other outpatient sites (tumour hubs – some with chemotherapy)**




- **A** Clatterbridge Cancer Centre – Wirral
- **B** Clatterbridge Cancer Centre – Aintr
- **C** Clatterbridge Cancer Centre - Liverpool
- **D** Clatterbridge Cancer Centre - East
- **E** Countess of Chester Hospital
- **F** Aintree University Hospital
- **G** Southport Hospital
- **H** Halton Hospital
- **j** Warrington Hospital
- **K** Whiston Hospital
- **L** St Helens Hospital
- **M** Liverpool Women's Hospital
- **N** Broadgreen Hospital
- **O** Liverpool Heart & Chest Hospital
- **P** Alder Hey Hospital
- **R** Nobles Hospital, Isle of Man
- **S** Walton Centre
- **T** Clatterbridge Hospital
- **U** Arrowe Park Hospital

**Note:** Location/Plan for site "D" is subject to public consultation activity from Autumn 2018 (shown in the middle of the "East" sector for reference purposes only). Where pathways change linked to the planned new clinical model, appropriate engagement will take place.



*Excellence in care, research and innovation*

# **APPENDIX C:** CCC Research – our national and international reach

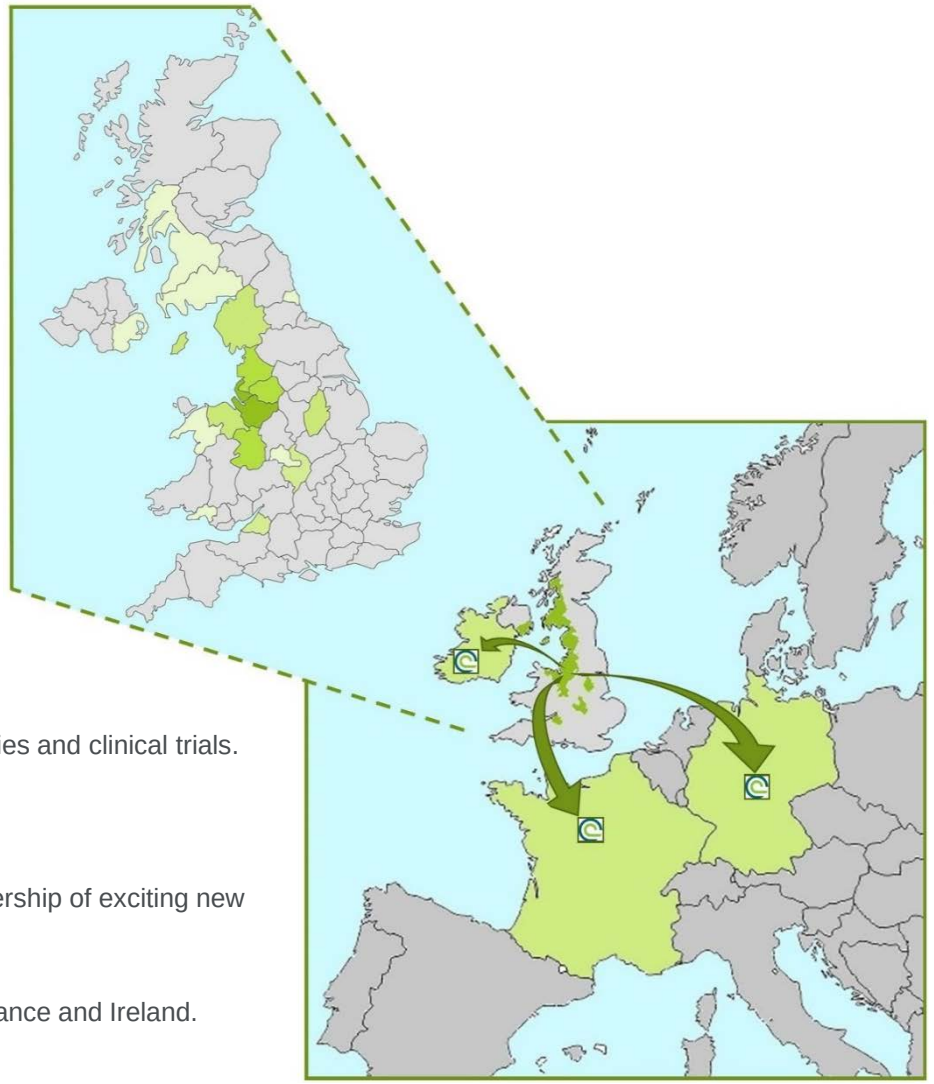
**Offering an opportunity to take part in research to all**

We provide excellence in care, research and innovation by staying at the forefront of new treatments, therapies, technologies and techniques to deliver more effective and personalised treatments than ever before.

CCC has a strong, dynamic portfolio of clinical trials and research studies that brings the best in novel treatments and care to our patients.

Being 1 of only 15 CRUK funded ECMC (experimental cancer medicine centres) in the UK means we can offer early phase trials and cutting edge treatments.

CCC not only serves our region but also patients from all over the UK benefit from our service and expertise in compassionate cancer care and research.



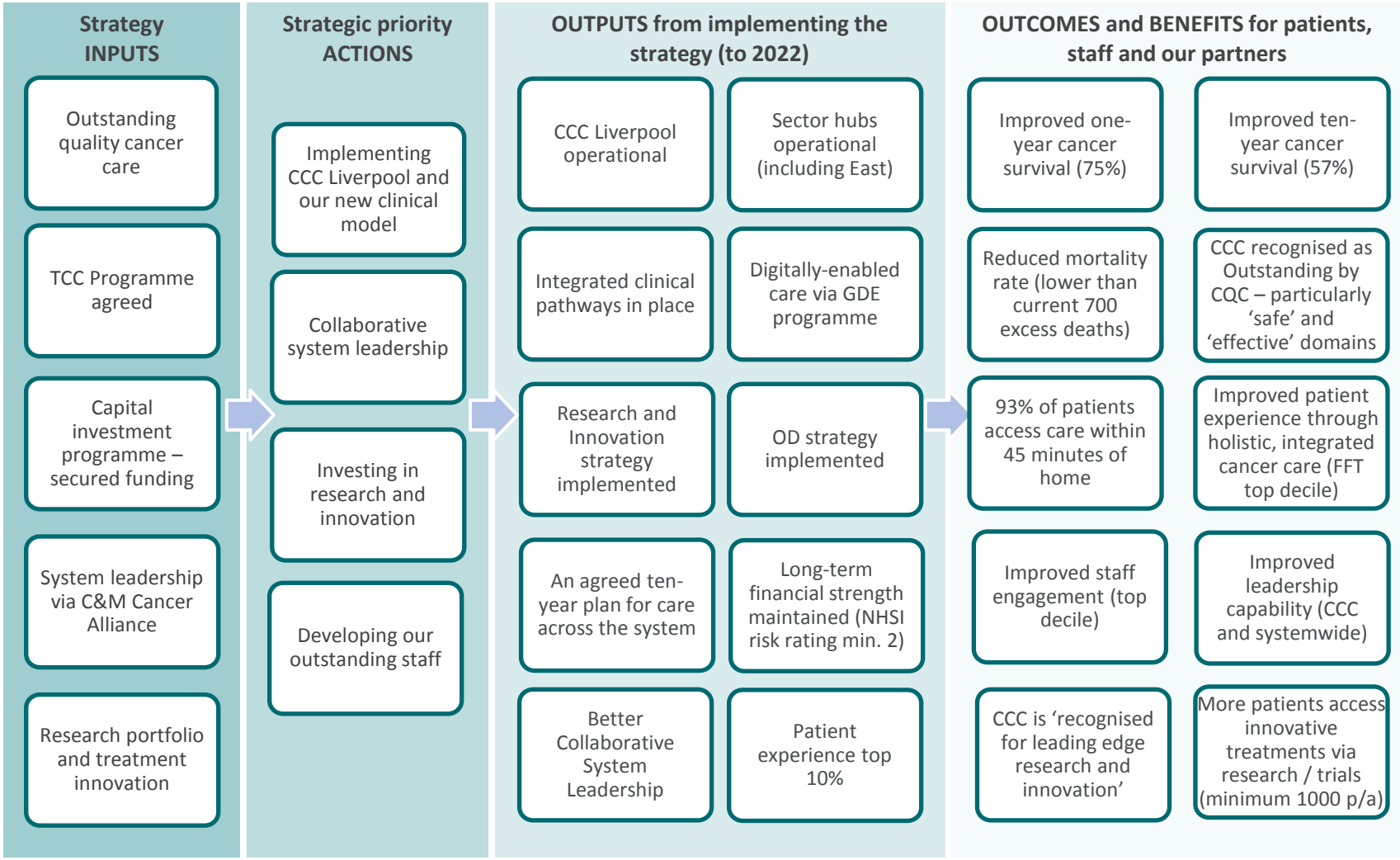
Patients from all around the UK come to CCC to access novel therapies and clinical trials.

**CCC Sponsored Research**

We are proud to support our research focused clinicians in their leadership of exciting new interventional studies by acting as Sponsor for clinical trials.

CCC-led studies are available to patients in hospitals in Germany, France and Ireland.

# **APPENDIX D:** Linking our strategic Priorities to Long-term Outcomes and Benefits



# Transforming Specialist, Non-Surgical, Cancer Care in the Eastern Sector (Halton, Knowsley, St Helens and Warrington)

## Outline Clinical Model

## 1. Purpose

**1.1.** The purpose of this document is:

- to meet NHSE assurance Stage 2, and
- to give clarity to the high-level principles that were stated in the Clatterbridge Cancer Centre 3-year strategy

## 2. National Context

**2.1.** The NHS has a National Cancer Transformation Programme with a national strategy for England (2015 – 2020); Cancer Care is also a key priority of the NHS Long Term 10 year Plan (LTP) 2020 -2030. This is in the context of a national shortage of Oncology Consultants. There is an existing national chemotherapy and radiotherapy service specification (Appendix A).

## 3. Regional Context

**3.1.** The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) provides oncology services (Chemotherapy, Radiotherapy and immunotherapy) to the majority of people in Cheshire and Merseyside and plans to deliver transformation through Cancer Care Sector Hubs. This will facilitate provision of a more holistic approach to patient care, concentration of expertise and supports a sustainable workforce.

## 4. Local Context

**4.1.** The Eastern Sector Cancer Transformation Programme is the process to determine the model of care for the four common cancers (Lung, breast, colorectal and prostate) and then to evaluate where that is best located for the benefit of the collective population of the four boroughs i.e. either at St Helens & Knowsley Teaching Hospitals NHS Trust (STHK) or Warrington & Halton Hospitals NHS Foundation Trust (WHH). The service will be delivered by Clatterbridge in partnership with one of the trusts.

**4.2.** The Evaluation Process Document was sent to the two local acute provider Trusts on 26th June 2019.

### 4.3. Principles of service delivery for the Eastern Sector Cancer Hub

4.3.1. A set of key principles for the delivery of the Eastern Sector Cancer Hub have been described in the CCC future service model. This section will attempt to provide further detail to these principles and/or frame relevant questions.

### 4.4. Improved Access

4.4.1. This will be implemented over time through flexible working, flexible services, 7 day working, longer days service 52 weeks per year. Concentrating the workforce in one service will enable peer support and facilitate resilience for holidays, bank holidays, sickness, etc. This approach will provide the opportunity for patients to access core and support services in a ‘one-stop’ setting.

**4.5. Multi-disciplinary team- based service with improved coordination of care**

4.5.1. This concentrates clinical expertise facilitating:

- colocation of core clinics, support services (imaging, pathology, pharmacy), wraparound services (benefits advice, cancer information, dietetics, wigs, prosthesis and counselling) and Palliative care;
- coordination of appointments – "right clinician first time"
- new ways of working such as virtual clinics, and;
- Improved patient experience

**4.6. Holistic Needs Assessment (HNA) responsive to changing need**

4.6.1. National guidance recommends that HNA should be offered at stages in the patient journey including diagnosis, change in or new treatments and end of treatment by appropriately trained staff.

**4.7. More coordinated patient focussed care**

4.7.1. CCC team responsible for co-ordinating drug and radiotherapy treatments including linking with GPs and surgical teams with use of digital technology.

4.7.2. CCC will hold lead role for national service specification for Chemotherapy and Radiotherapy.

**4.8. Faster access to more personalised holistic care**

- First appointment within **7 days of referral** for treatment
- **treatment to commence within 28 days.**
- Shared Decision Making – taking patient's preferences into account
- Specialist personalised care

**4.9. Care close to home where appropriate**

4.9.1. For the majority of patients with the four common cancers the first outpatient appointment will be at the sector hub; the majority of the follow-up appointments can be delivered on local sites.

4.9.2. Systemic anti-cancer treatments (SACT) can continue to be provided in local centres (CanTreat and the Lilac Centre).

4.9.3. This model through the concentration of expertise will enable some intermediate and complex cancer outpatient care to move from the Clatterbridge Hospital site to the sector hub (approx. 2700 appointments/year) bringing care closer to home for many more local people.

**4.10. Access to a dedicated 'urgent' care unit**

4.10.1. This approach will increase the options for the provision of urgent care in and out of hours, supported by 7 day working, through the provision of an ambulatory care setting that has acute oncology competencies within it. The benefits of this are:

- ensuring that, where appropriate, patients are seen by staff who know them and have specialist knowledge of complications and side effects of treatment regimes;
- A&E is avoided wherever possible;
- reduced hospital admissions, and;
- improved patient outcomes.

**4.11. Routine screening for entry into clinical trials will be available for all patients.**

4.11.1. Reducing the inequity in access to clinical trials by providing unified Research and Development process i.e. single sign-on.

**4.12. Recruitment and Retention**

4.12.1. Because this model will provide coordinated care, peer support, training places, better outcomes for patients, and opportunities in research and development it will enhance recruitment and retention of staff in a challenging market, with:

- all members feeling part of a team;
- complementary governance/HR arrangements across CCC/Provider, and;
- having a 'space' to network as a team.

**4.13. Model needs to be future proof**

4.13.1. The estate must be capable of hosting a radiotherapy unit if national review says it is required for capacity and equity of patient experience

**5. Summary**

**5.1.** The model described above provides a coordinated, sustainable future proofed service in line with national guidance.

**6. Conclusion**

**6.1.** Adherence to the design principles stated above will achieve desired outcomes for patients, workforce and local health economy.

# What is the current service model?

There are workforce issues which impact on the above – it is a national problem but this way of working may adversely impact on recruitment and retention for C&M

Cancer consultants work at clinics (Monday – Friday) across 4 sites at: St Helens & Knowsley Teaching Hospitals NHS Trust (x2) Warrington & Halton Hospitals NHS Foundation Trust (x2).

Quite often work as a solo consultant and without MDT support or the opportunity to have joint consultations with the patient's surgical team for example.

Chemotherapy is mostly delivered in local planned care hospitals – Halton Hospital and St Helens Hospital

Can result in delayed appointments and as a consequence take longer to start treatment.

Not all patients have the opportunity to access clinical trials whereas there is more opportunity for people attending the Clatterbridge hospital site.

Patients who become unwell during treatment usually have to go to A&E which is often not the best place for people having chemotherapy or radiotherapy to go.

This impacts on the consistent achievement of the cancer standards such as first definitive treatment within 62 day of GP referral; this has a potential impact on outcomes

# What is different about a Sector Hub?

Eastern Sector to be future proofed with the estate to host a radiotherapy unit if required

Multi-disciplinary team based service with improved convenience; seven day services, extended days, 52 weeks / year. Holistic needs assessment for all patients.

More coordinated patient focussed care; CCC team responsible for co-ordinating drug and radiotherapy treatments including linking with GPs and surgical teams with use of digital technology.

Potential to facilitate community, home or work based provision of chemotherapy in the future.

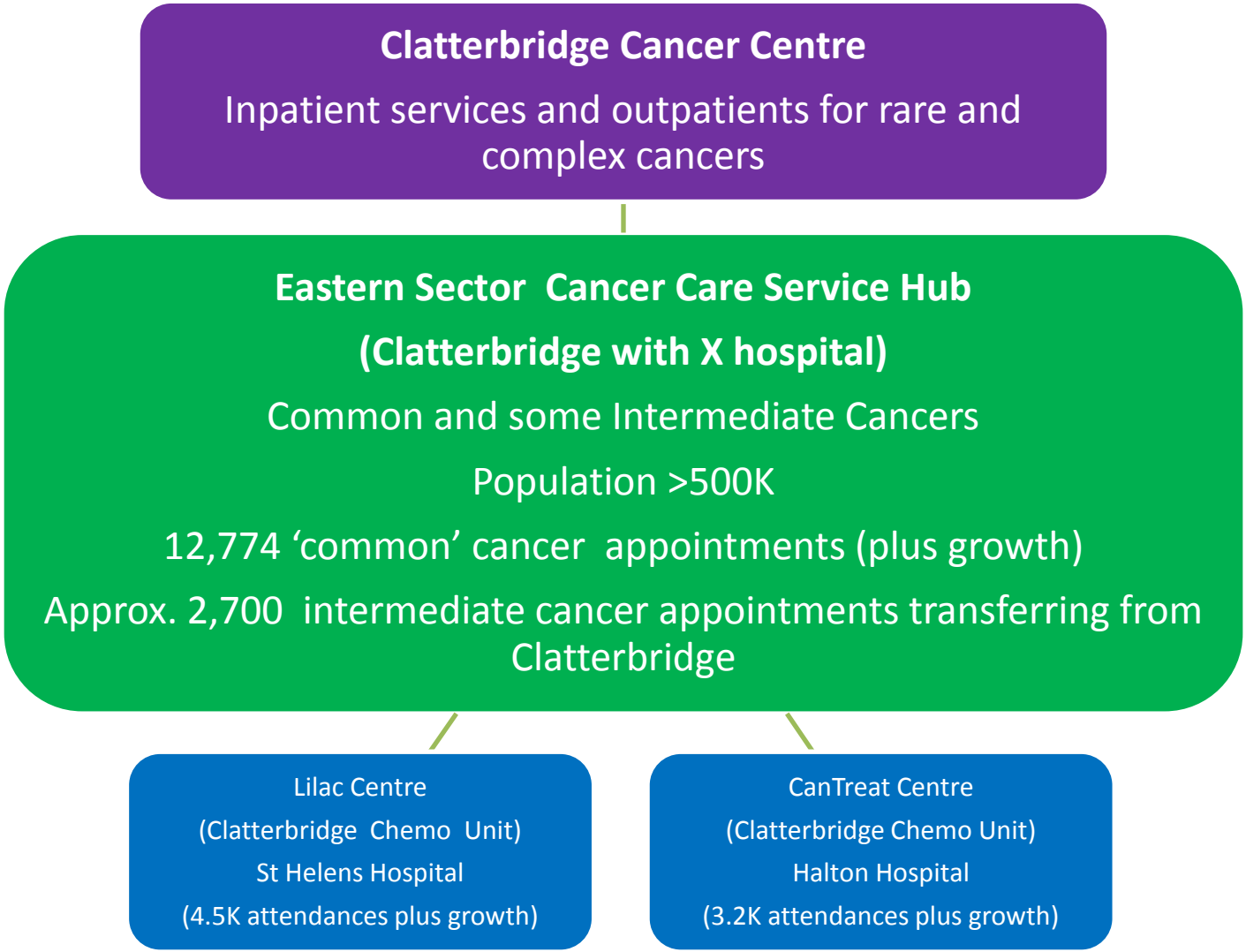
Faster access to more personalised holistic care; 1st appointment within 7 days of referral post diagnosis and treatment to commence within 28 days.

Improved access to research – routine screening for entry into clinical trials

Dedicated ambulatory urgent care oncology service.

Some intermediate cancer outpatient care will move to the sector hub (approx. 2700/year) bringing care closer to home for many local people.

# Proposed Model - Sector Hub



# What will the new service look like?

- One location providing multi-disciplinary first outpatient appointments following diagnosis include Doctors, Specialist Nurses, therapists, benefits advisors, frailty assessments, dietary advice, Macmillan support etc.
- The patient will then have a personalised plan which is developed for them as a whole person and will link into community services in their area.
- An urgent care service to avoid A&E attendance where possible, which is better for people having Chemotherapy / Radiotherapy.
- Reduced waiting times and quicker access to the appropriate treatment.
- Increased access to more clinical trials and research and new innovative treatments and therapies closer to home.
- Potential for a Radiotherapy Unit at the new centre.
- This will Support the consistent achievement of the 62 day waiting standard.

# The proposed benefits

| | |
|---|---|
|  | **Reduced waiting times**; sustainable delivery of access targets and first CCC appointment within 7 days and treatment with 24 days of referral |
|  | **Improved access to clinical trials**; assessing all patients for eligibility to enter suitable clinical trials and improving access to R&I resource. |
|  | Ensuring the majority of new patients have access to a wider range of treatment(s) closer to patient's homes. |
|  | Improved access to the same, comprehensive range of support services no matter where patients live at their 1st CCC Outpatient appointment. |
|  | 90% of patients residing within 45 minutes of their nearest Sector Hub. |
|  | Improved emergency pathways and reduced unplanned admissions. |
|  | Improved outcomes and patient experience, a greater range of Chemotherapy treatments provided locally in each Sector, sub-specialisation and a MDT approach to cancer care. |

# Treatments

- Majority of chemotherapy treatments for common cancers would still be delivered in local hospitals e.g. Halton Hospital and St Helens Hospital as they are now.
- Most follow up appointments will be held locally.
- Rare cancers will still be treated at The Clatterbridge Cancer Centre main site.

# Inpatient care

- Inpatient care will move to The Clatterbridge Cancer Centre – Liverpool in 2020
- It will be a state of the art cancer centre
- On-site access to intensive care
- Benefitting from medical and surgical expertise at the Royal Liverpool Hospital

# Urgent Care

- The Hub could provide urgent care specifically for cancer patients.
- This could mean they may not need to go to A&E when they become unwell during treatment.

# NHS Halton, Knowsley, St Helens and Warrington Clinical Commissioning Groups (CCGs)

## Pre-Consultation

## Engagement Findings Summary

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ParticipateUK
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# Introduction and Methodology

Participate Ltd has been commissioned by NHS Halton, NHS Knowsley, NHS St Helens and NHS Warrington Clinical Commissioning Groups (CCGs) to support a process of pre-consultation engagement in regards to the proposal to transform specialist, non-surgical cancer care services.

The key aim of the engagement process was to ensure a robust and transparent approach that enabled stakeholders to shape options for consultation.

The following summary outlines the findings from the engagement with a variety of stakeholders.

**Engagement Methodology**

The engagement approach ensured a range of stakeholders were given the opportunity to be involved in the pre-consultation engagement discussions across the four CCG areas. Following an extensive mapping exercise to identify stakeholders the following engagement activities were undertaken. Overall the engagement aim has been to give targeted opportunities for engagement for those with a stake in cancer care to gather quality insight to shape the options development process. Methods included:

- Invitation to join a stakeholder panel to over 150 stakeholders involved in cancer care
- Three stakeholder events
- 10 focus groups with service users
- 10 interviews with specialist cancer care professionals
- Distribution of a feedback form on four CCG websites and through the stakeholder network
- Updates, briefings and forums undertaken by the four CCGs.

The insight gained from all of the pre-consultation engagement to date has been invaluable and will be used to shape the formal consultation process (expected to be summer 2019), and provide further clarity of the issues that stakeholders have raised, which the programme is required to review and take into account as part of the process.

# *Summary of Findings*

The data sections within the full engagement report (available on all CCG websites) sets out the analysis and detailed feedback from each of the following dialogue methods including: feedback forms, stakeholder events, focus groups and in-depth interviews.

The overall themes, which have emerged throughout these dialogue methods, are outlined within the summary of findings section below.

**Need for Change**

- Across the board, respondents asked that current services perceived to be working well to be recognised and used as best practice examples
    - This included clinical services and support services outside of the NHS
- A shortage of oncologists, equality in cancer care and patients needing to travel to access the right care were identified as key aspects of the need for change
- Most patients were very satisfied with the care they had received overall. Suggestions for improvement included:
    - Better signposting to support services inside and outside the NHS
    - More thought around the way information and patient choices are provided e.g. just the right amount with help available to digest and understand the information given, along with an opportunity to come back with queries easily
    - Better appointment scheduling to decrease waiting times at appointments
    - Better follow up post treatment or after diagnosis
    - Increased understanding and empathy for patients with disabilities and other conditions
    - Equal access to clinical trials and understanding around the process and outcomes
    - Training for staff around treating people from different protective groups equally
- Feedback on the whole was that A&E is not the right place for cancer patients undergoing treatment in an urgent care situation
- All agreed a multidisciplinary team working environment was the ideal approach to be using without consultants working alone.

**Evaluation Criteria**

- Panel members attending the events were asked specifically to rate and discuss the evaluation criteria (full detail on page 73 of the engagement report). Clinical quality came out as the most important criterion, closely followed by patient access. Strategic fit was rated the least important
- Professionals were asked what they felt were the most important factors to consider when offering the best possible cancer care. The key factors identified were:
    - Accessibility
    - Collaborative working/cross pollination of expertise/team working
    - Timely service
    - Centralised location
    - Culture and flexibility to enable quick decisions.

**Patient Access and Pathways**

- Trust professionals discussed pathway disruption currently occurring when patients from the Trust have to go to another Trust for their first appointment
- Some professionals also mentioned there can be changes in pathways and that this could be eliminated with collaborative flexible working
- All respondents thought patients should have equal access to cancer care services across the sector and clinical trials
- Some professionals felt there was limited cross pollination across surgical and none surgical care. Patients weren't aware of a gap in communications across the teams, but did wonder why the two were not being looked at in unison during the proposal developments.

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- All professionals stated that the Hub was a good idea and could improve the quality of care by:
    - concentrating resources,
    - creating a centre of excellence,
    - developing a multidisciplinary team across the sector,
    - consolidating and improving services,
    - centralising outpatient services, and

  - opening up opportunities for clinical trials.
- Mixed views were found amongst the stakeholder panel and patients about the proposed Hub:
  - Those who agreed thought it would improve continuity of care, provide easier access to services and enable better signposting to support services
  - Those with reservations about the proposals thought it could create another tier of care and were not convinced as to whether care would improve. Some were also concerned about potential changes to current services.
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- The term 'hub' was also seen as confusing. Overall participants asked that the language used be more accessible without the inclusion of NHS 'jargon'.

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- A variety of service suggestions to include in the Hub were outlined by the participant's, the most commonly mentioned being:
  - Signposting to local support services
  - Holistic needs assessments
  - An information point for advice and guidance
  - Pharmacy on site
  - 24-hour urgent care
  - Therapies
  - Lymphedema services
  - Rehabilitation
  - Counselling for patients and families

- Other suggestions included:
  - Radiotherapy
  - Peer support
  - Pampering
  - Benefits advice
  - Wig specialists
  - Pain advice.

**Infrastructure and Development**

- Professionals emphasised the need for a collaborative approach to the proposals, ensuring patients are also involved throughout the Hub development
- They also suggested learning from best practice examples within the sector, in terms of working practices and overall care provision
- Ensuring the Hub is patient centred and future proofing it by building in robustness were also factors the professional's thought should be included
- They were keen to point out that any decisions should not be politically focused
- Panel members emphasised the need for good IT support and communications
- The panel members and service users raised concerns about how the Hub would be staffed and wanted to better understand how this would work with current services
- All agreed getting the environment right was essential such as offering quiet spaces and adequate parking
- Other suggestions included:
  - Appropriate seating
  - Good signage to find your way around the building
  - Refreshments
  - Virtual consultations
  - Creche
  - Disabled access
  - Generally avoiding a hospital type feeling.

**Location and Travel**

- The location of the Hub was discussed in depth across the groups interviewed with the main concern being distance for patients to travel to receive care. Some, however, thought centralising the Hub could make access easier. Professionals were more likely to say patients would be happy to travel for specialist care
- Patients thought up to 30 minutes was long enough to travel for specialist care with cars being considered the main mode of transport
- Public transport was not thought to be ideal for patients undergoing treatment, but should be offered. Volunteer drivers, shuttle buses, designated drivers and support with travel costs were suggested e.g. toll bridges

- Focus group attendees asked for the cost implications of the proposed hub to be taken into consideration
- Service users thought there should also be more consideration around appointment times for patients in relation to distances to travel and condition of the patient before and after treatment
- They also wanted the proposals to consider the impact on low income patients with regards to travel and parking
- Some also highlighted the need to consider disruption to families with young children during treatment and how local services enable them to carry on as 'normal a life as possible'
- All respondents emphasised the need for adequate and appropriate parking with opportunities for support for parking costs.

The full engagement report has been shared with the project team. The full report is being reviewed by the CCGs and will feed into the options development process.

# NHS Halton, Knowsley, St Helens and Warrington Clinical Commissioning Groups (CCGs)

## Pre-Consultation Engagement Findings Report

## January 2019

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# Document Control Sheet

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| **04** | 13-3-19 | Louise Bradley | Addition to shaping the options section |

# Contents

# Introduction

Participate Ltd has been commissioned by NHS Halton, NHS Knowsley, NHS St Helens and NHS Warrington Clinical Commissioning Groups (CCGs) to support a process of pre-consultation engagement in regards to the proposal to transform specialist, non-surgical cancer care services.

The key aim of the engagement process was to ensure a robust and transparent approach that enabled stakeholders to shape options for consultation.

The following report outlines the findings from the engagement with a variety of stakeholders.

**Context**

Excellent specialist cancer care services are provided across Cheshire and Merseyside. With the Clatterbridge Cancer Centre ranking as one of the best in the country. Local people in the Halton, Knowsley, St Helens and Warrington areas are able to access these specialist services.

Identified challenges and increased demand for cancer care means the CCGs need to look at ways of changing how they deliver some services in the future, to ensure they continue to provide the best possible care for patients. A model of care is being drawn together to make sure cancer care services deliver what is needed for its patients in the best way possible.

The model outlines that inpatient care will be provided from the new Clatterbridge site in Liverpool. However, it is proposed that the majority of outpatient care and other support services will be delivered in a local Hub. The proposed Hub would work with other local hospitals offering improved local access to a range of specialist cancer services without travelling to the main cancer centre.

Challenges identified include:

- The number of people diagnosed with cancer is rising, which means that every year services need to respond to growing demand

- Consultants working alone - providing cancer services in this way can mean that patients sometimes wait too long for treatment and support service appointments
- The range of support services that patients' access can vary depending on where they live and where they go for their first appointment
- Access to clinical trials can vary, meaning that some patients can access new treatments not available to others
- If cancer patients become unwell (out of hospital) they are generally directed to A&E, which is not always the best place for people receiving cancer treatment
- Access to new and more complex therapies currently means travelling to Clatterbridge Cancer Centre on the Wirral.

# Engagement Methodology

The engagement approach ensured a range of stakeholders were given the opportunity to be involved in the pre-consultation engagement discussions across the four CCG areas. Following an extensive mapping exercise to identify stakeholders the following engagement activities were undertaken. Overall the engagement aim has been to give targeted opportunities for engagement for those with a stake in cancer care to gather quality insight to shape the options development process.

| Method | Number | Output |
|---|---|---|
| Stakeholder Panel Events | 3 | 162 representatives from forums, groups and organisations that have a stake in local cancer care were invited to join a Stakeholder Panel. This included Healthwatch's, cancer charities, Trust staff and patient support groups.<br>Around 40 representatives attended each event and participated in discussions. These stakeholders were asked to disseminate insight across their networks and feedback at events. They also reviewed and fed into the evaluation criteria. |
| Focus Groups | 10 | 69 service users and/or carers across the 4 CCG areas took part in detailed focus group discussions. |
| In-Depth Interviews | 10 | 5 interviews with front line professionals from STHK.<br>5 interviews with front line professionals from WHH. |
| Feedback Form | 71 people completed the form. Mix of Professionals and patients/carers | Feedback form put onto CCG websites, promoted through distribution of the Case for Change by CCG leads and by sending the link to the stakeholder panel. Aim was not for quantity, but quality of insight generated. |

In addition to the activities outlined, each of the CCGs undertook direct engagement with local authorities, political stakeholders, internal and external media channels, GP commissioning leads, governing bodies, partner organisations etc. A full outline of activities by each CCG can be found in the following tables.

| Activity description | Media channels used | Documents distributed | Audiences | Date | Numbers reached |
|---|---|---|---|---|---|
| **Halton CCG** | | | | | |
| Web page on NHS Halton CCG website. | Public website | Case for Change document and info | Public and stakeholders | 05-Sep-18 | No data, less > than (0.4%) |
| Eastern sector cancer hub stakeholder panel | Email, personal call and visit | Case for Change document and info | 3 sectors | 18-Sep-18 | 30 |
| Eastern sector cancer hub stakeholder panel | Email, personal call and visit | Case for Change document and info | 3 sectors | 18-Sep-18 | 12 Halton organisations |
| Information sent to MPs, councillors and (Overview Scrutiny Committee) Halton health policy and performance board | Letters and links | Case for Change document and info | Political | 24-08-18 other dates unknown | 2 MP's, all councillors and (OSC) committee |
| Widnes and Runcorn cancer resource centre | Visit and catch up | Case for Change document and info | Booking to see other users and groups | 27-Sep-18 | to all their members on line and face to face. |
| Primary care | Email bulletin | Case for Change document and info | | 16-Nov-18 | |

| Activity description | Media channels used | Documents distributed | Audiences | Date | Numbers reached |
|---|---|---|---|---|---|
| **Knowsley CCG** | | | | | |
| Knowsley CCG Staff Communication | Chat with the Chief | Verbal | Knowsley CCG staff | 30/05/2018, 04/10/2018 | 30-40 staff (varies depending on staff availability to attend) |
| Knowsley CCG Staff Communication | Email | Public Facing Case for Change | Knowsley CCG staff | 05/10/2018 | Approximately 80. |
| Knowsley Metropolitan Borough Council Communication | Stakeholder Briefing | Public Facing Case for Change & Stakeholder Briefing | Chief Executive (+ Local Councillors / Elected Members) | 19/07/2018, 21/12/2018 | 1 (+ approximately 40 Councillors / Elected Members from LA Chief Executive dissemination) |
| STHK & WHH Communication | Stakeholder Briefing | Public Facing Case for Change & Stakeholder Briefing | STHK & WHH Chief Executives | 19/07/2018, 02/01/2019 | 2 |
| Healthwatch Knowsley Communication | Meetings | Verbal | Healthwatch Knowsley | 26/07/2018, 30/10/2018, 26/11/2018 | 1 |
| Healthwatch Knowsley Communication | Stakeholder Briefing | Stakeholder Briefing | Healthwatch Knowsley | 31/07/2018, 02/01/2019 | 1 |
| Knowsley CCG Cancer GP Clinical Lead Communication | Stakeholder Briefing | Stakeholder Briefing | Knowsley CCG Cancer GP Clinical Lead | 30/07/2018, 02/01/2019 | 1 |
| Knowsley OSC Chair Communication | Stakeholder Briefing | Public Facing Case for Change & Stakeholder Briefing | Knowsley OSC Chair | 01/08/2018, 21/12/2018 | 1 |
| Warrington Hospital & Whiston Hospital Site Visits / Exec Meetings | Meetings | Proposed ESCT Estates & Infrastructure specification | Knowsley CCG Long Term Conditions GP Clinical Lead | 09/08/2018, 22/08/2018 | 1 |
| Knowsley MPs Communication | Stakeholder Briefing | Public Facing Case for Change & Stakeholder Briefing | MPs | 24/08/2018, 21/12/2018 | 3 |

| Activity description | Media channels used | Documents distributed | Audiences | Date | Numbers reached |
|---|---|---|---|---|---|
| Knowsley MPs Communication | Meetings | Presentation | MPs | 07/09/2018 | 3 |
| Local Stakeholder Groups Communication | Email | introductory mailing to stakeholder groups | Public | 29/08/2018 | 25 (+ extended networks for each borough) |
| Knowsley Elected Members Communication | Meetings | Presentation | Local Councillors | 30/08/2018 | 40 |
| Information Uploaded | CCG Website | Case for Change, survey and information | Public | 03/09/2018 | |
| Stakeholder Panel Events | Meetings | Presentation | Local Stakeholders | 18/09/2018, 09/10/2018, 04/12/2018 | 25 (+ extended networks for each borough) stakeholders invited to events |
| Knowsley CCG Protected Time Event (PTE) Communication | Meetings | Presentation | CCG GPs, Practice Nurses, Practice staff teams, CCG staff | 26/09/2018 | 110 |
| Media Statement | Statement | Statement | Community | 28/09/2018 | 6 media organisations |
| Knowsley CCG Governing Body Communication | Meetings | Briefing Paper | CCG GPs, staff, stakeholders, public | 04/10/2018 | 20 |

| Activity description | Media channels used | Documents distributed | Audiences | Date | Numbers reached |
|---|---|---|---|---|---|
| **St Helens CCG** | | | | | |
| Information uploaded | CCG Website | Case for Change, Survey and information | Public | 03-Sep | |
| Verbal update | Meetings | signposted to CCG website | Third Sector, Voluntary and Partners | 13-Sep | 18 |
| MPs | Briefing | Case for Change and briefing | MPs | 24-Aug | 2 |
| Local Councillors | Briefing | Case for Change and briefing | Local Councillors | 24-Aug | 48 |
| Overview and Scrutiny Committee Leads | Briefing | Case for Change and briefing | OSC Leads | 24-Aug | |
| Verbal update | Meetings | signposted to CCG website | Patient Experience and involvement Group | 19-Sep | 12 |
| Media Statement | Statement | Statement | Community | Sent to Star 27/08/2018 and published 03/10/2018 | 1 |
| Case for Change distribution | | Case for Change hard copies | Carers Centre, Healthwatch, | WC 24 September | |
| GP / Commissioning Bulletin | Bulletin | Case for Change and survey | Member practices | 19/09/2018 and 3/10/2018 | 34 practices and CCG staff |
| Engagement Newsletter | Newsletter | signposted to website | CCG members | 28-Sep | 70 + |
| Healthwatch | Briefing | Case for Change and briefing | | 24-Aug | |
| Key Stakeholders for event | | Information sent to participate re invitations for stakeholder events | | | |
| Equality groups | | Information sent to participate for focus groups and telephone conversations | | | |
| Governing Body | Paper | Update paper | Governing Body Members and Public | 01-Feb | |

| Activity description | Media channels used | Documents distributed | Audiences | Date | Numbers reached |
|---|---|---|---|---|---|
| **Warrington CCG** | | | | | |
| Documents on website | Website | Case for Change uploaded | Members of the public | 11-Sep-18 | 58 hits |
| Press Release | Warrington Guardian | | Members of the public | 01-Oct-18 | 171,966 readership |
| Public Newsletter | Email | Case for Change | Interested members of the public, PPGs and third sector organisations | 27-Sep-18 | 130 |
| CCG Health Forum | Email and discussion at meeting | Case for Change | CCG strategic patient/ public feedback | 23-Sep-18 | 69 |
| PPG Network | Email | Case for change | PPG representatives | 03-Oct-18 | 51 |
| Cancer Health and Wellbeing Event | Event | Case for change | Patients and families who have been affected by Cancer | 04-Oct-18 | Approx. 50 |
| Equality Groups | | Information provided to Participate for further focus groups/telephone conversations | | | |
| Commissioning bulletin | Email bulletin | Case for Change | CCG staff and primary care staff | 16-Nov-18 | 407 |
| Overview Scrutiny Committee Leads | email | Case for change | Councillors | 24-08-18 other dates unknown as Knowsley CCG lead on this | 9 |
| MPs | | | | Knowsley CCG lead on this | 2 |
| Local Councillors | | | | 24-08-18 other dates unknown as Knowsley CCG lead on this | 58 |

# *Shaping the Options Development Process*

Pre-consultation engagement regarding this programme has taken place via the following methods in 2018; 3 Stakeholder Panel events (18th September 2018, 9th October 2018 and 4th December 2018), Cancer Clinician Interviews, Focus Groups with service users and the distribution of a feedback form.

From the first 2 Stakeholder Panel events a number of queries were raised about the Sector Hub, its model, the rationale behind the concept and why it is required. The 3rd Stakeholder Panel event aimed to provide some further clarity in terms of the rationale behind the Sector Hub, why change is required, the current status of the programme and work ongoing to date, and also the regulatory requirements that the programme is subject to and is required to comply with. A key aspect of the 3rd Stakeholder Panel event was to rotate programme staff (including GP Cancer Leads) around the tables to allow participants to ask any questions that they had on the programme.

As requested by the participants at the initial Stakeholder Panel event, the programme commenced some travel mapping work to assess methods of attending hospitals; this included a public transport / bus journeys exercise and a travel audit by The Clatterbridge Cancer Centre NHS Foundation Trust, St Helens & Knowsley Teaching Hospitals NHS Trust and Warrington & Halton Hospitals NHS Foundation Trust to identify the method of transport that patients have used to attend appointments, in additional to identifying current support for cancer patients accessing cancer services in relation to transport costs, car parking and MacMillan support services available.

At the 2nd Stakeholder Panel, participants were asked to review and rank the criteria sections of an estates and infrastructure request sent to local Trusts to understand their ability to deliver a Sector Hub within the Eastern Sector. Clinical quality was selected by the Stakeholder Panel as the most important evaluation criterion. The other criteria were rated quite similarly. Feedback from this exercise will be fed into the programme team to aid the overall evaluation of the each Trusts ability to hosts a Sector Hub.

Clinician interviews have been undertaken with cancer services staff to understand their views on current service provision and whether they feel that the proposed reconfigured

clinical service model will provide benefits to patient care. Feedback from the interviews provided support for the proposed reconfigured clinical service model, and an understanding that political views on the proposed pathways changes should not be an obstruction to the delivery of an improved model for patients diagnosed with cancer.

The Focus Groups undertaken across all 4 boroughs has allowed service users to provide feedback on their experience of cancer services and their views on the proposed reconfigured clinical service model. Patients have broadly supported the changes to clinical pathways; however concerns have centred around whether there will be an impact to some patients who travel on public transport and are required to travel further than at present for their 1st outpatient appointment under the proposed pathway plans.

In addition to the above, in January 2019 senior clinicians from The Clatterbridge Cancer Centre NHS Foundation Trust, St Helens & Knowsley Teaching Hospitals NHS Trust and Warrington & Halton Hospitals NHS Foundation Trust met and agreed on the proposed clinical service model for the programme.

A further stakeholder panel in March 2019 will aim to provide the following:

1) Feedback on the status of the programme;
2) Review of the Pre-Consultation Engagement Report;
3) Draft formal consultation high-level plan.

The insight gained from all of the pre-consultation engagement to date has been invaluable and will be used to shape the formal consultation process (expected to be summer 2019), and provide further clarity of the issues that stakeholders have raised which the programme is required to review and address wherever possible.

# Approach to Analysis

The body of this report contains the detailed analysis and feedback from all responses received. Key themes have been extracted by the specific engagement method and stakeholder group, which is followed in the report with the full data collection.

**PLEASE NOTE:** Some respondents may have taken part in more than one of the engagement activities, therefore there may be some cross over of information collected. A range of engagement methods provides depth to the feedback gathered and will not impact on the overall information collated.

Some of the service user engagement included less service users than intended due to low response rates from participants. Where relevant this is highlighted in the service user write ups.

The feedback forms, although quantitative, must be treated with some caution as they are based on a relatively small sample of 71 respondents. The information is shown in charts and tables to illustrate the findings clearly. Cross tabulations have been undertaken to provide further information where relevant, these should also be treated with caution due to their small sample sizes.

All responses are anonymous, however, it may be possible to identify individuals from their comments in some cases.

In terms of themes, one response may contain multiple themes. Therefore, where quantified the number of mentions of a theme may exceed the total number of responses.

# *Summary of Findings*

The data sections within this report set out the analysis and feedback from each of the following dialogue methods including: feedback forms, stakeholder events, focus groups and in-depth interviews.

- 71 feedback forms
- 3 stakeholder panel events
- 10 focus groups with service users and carers
- 10 in-depth interviews with healthcare professionals

The overall themes, which have emerged throughout these dialogue methods, are outlined within the summary of findings section below.

**Need for Change**

- Across the board, respondents asked that current services perceived to be working well to be recognised and used as best practice examples
    - This included clinical services and support services outside of the NHS
- A shortage of oncologists, equality in cancer care and patients needing to travel to access the right care were identified as key aspects of the need for change
- Most patients were very satisfied with the care they had received overall. Suggestions for improvement included:
    - Better signposting to support services inside and outside the NHS
    - More thought around the way information and patient choices are provided e.g. just the right amount with help available to digest and understand the information given, along with an opportunity to come back with queries easily
    - Better appointment scheduling to decrease waiting times at appointments
    - Better follow up post treatment or after diagnosis
    - Increased understanding and empathy for patients with disabilities and other conditions
    - Equal access to clinical trials and understanding around the process and outcomes
    - Training for staff around treating people from different protective groups equally

- Feedback on the whole was that A&E is not the right place for cancer patients undergoing treatment in an urgent care situation
- All agreed a multidisciplinary team working environment was the ideal approach to be using without consultants working alone.

**Evaluation Criteria**

- Panel members attending the events were asked specifically to rate and discuss the evaluation criteria (full detail on page 73). Clinical quality came out as the most important criterion, closely followed by patient access. Strategic fit was rated the least important
- Professionals were asked what they felt were the most important factors to consider when offering the best possible cancer care. The key factors identified were:
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    - Culture and flexibility to enable quick decisions.

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- Some professionals also mentioned there can be changes in pathways and that this could be eliminated with collaborative flexible working
- All respondents thought patients should have equal access to cancer care services across the sector and clinical trials
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  - creating a centre of excellence,
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- The term 'hub' was also seen as confusing. Overall participants asked that the language used be more accessible without the inclusion of NHS 'jargon'.

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- A variety of service suggestions to include in the Hub were outlined by the participant's, the most commonly mentioned being:
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- The panel members and service users raised concerns about how the Hub would be staffed and wanted to better understand how this would work with current services
- All agreed getting the environment right was essential such as offering quiet spaces and adequate parking
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**Location and Travel**

- The location of the Hub was discussed in depth across the groups interviewed with the main concern being distance for patients to travel to receive care. Some, however, thought centralising the Hub could make access easier. Professionals were more likely to say patients would be happy to travel for specialist care
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- All respondents emphasised the need for adequate and appropriate parking with opportunities for support for parking costs.

The following pages contain the detailed feedback from all activity. It is recommended that the full report is reviewed by the CCGs as part of the options development process.

# Participant Profiling and Potential Impacts

The focus groups aimed to gather views from a range of service users and carers from across the four CCG areas. Carers and patient groups were the predominant groups accessed. Some individuals within the groups identified as LGBT, disabled and parents of young families. There were some specific findings relevant to these particular groups as follows:

- One person reported experiencing prejudice when trying to access treatment, because of his sexual orientation. The care worker refused to provide treatment to him.
- Some people with disabilities felt their conditions or disabilities were not considered adequately when undergoing treatment, patients wanted their knowledge and experience of their own condition or disability to be taken into account.

  *"There is a lack of understanding, respect and empathy regarding disabilities and patients [own] understanding of their other conditions".*

- Parents with young families described how local cancer care services enabled them to continue as 'normal a life as possible', whilst receiving treatment and attending appointments. Ease of access to services was important to them and therefore they felt travelling distances to receive care would impact on their everyday life significantly e.g. taking children to school, spending time with families etc.
- Many respondents expressed concern about travel to and from appointments on a low income and how this would impact on accessing treatment and care.

The in-depth interviews with front line professionals working in cancer care did not identify any specific groups of people who might be impacted by the proposals other than cancer patients overall. The distance to travel to access care was the most commonly mentioned to impact on patients in poor health or undergoing treatment.

Discussions during the panel events amongst participants outlined the need to look at vulnerable groups and lifestyles in terms of ensuring they can access services. Others talked about the provision of a creche for families and the need for mental health support across the board. Disability access was also mentioned as a required consideration.

Respondents completing the feedback forms identified some patient groups they thought could be impacted by the Hub proposals, these included: the elderly, disabled, people with learning disabilities, carers, children, families and those seriously ill.

The tables below provide a profile of those people completing the feedback form, which can be summarised as follows:

- Responses were collected from across the four CCG areas, with St Helens (22) having the most feedback via this method and Warrington having the fewest feedback forms completed (6)
- 60% were aged between 35-64
- Over half were female and this was the gender identified at birth
- 70% indicated they were White: Welsh/English/Scottish/Northern Irish/British
- The majority described themselves as Christian
- 3% identified as being gay or lesbian, 22 people preferred not to say
- A small proportion 6% indicated they had a disability.

| Profiling Information | Total | Halton | Knowsley | St Helens | Warrington | Other | Prefer not to say |
|---|---|---|---|---|---|---|---|
| **Age** | | | | | | | |
| 16 – 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 – 34 | 8 | 1 | 3 | 3 | 0 | 1 | 0 |
| 35 – 49 | 18 | 3 | 4 | 7 | 2 | 1 | 1 |
| 50 – 64 | 24 | 5 | 3 | 11 | 3 | 1 | 1 |
| 65 – 79 | 5 | 3 | 1 | 0 | 1 | 0 | 0 |
| 80+ | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| Prefer not to say | 15 | 0 | 0 | 1 | 0 | 0 | 14 |
| **Gender** | | | | | | | |
| Female (including trans woman) | 37 | 9 | 8 | 16 | 3 | 0 | 1 |
| Male (including trans man) | 17 | 4 | 2 | 5 | 2 | 3 | 1 |
| Non-binary | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| In another way | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Prefer not to say | 17 | 0 | 1 | 1 | 1 | 0 | 14 |
| **Gender Reassignment** | | | | | | | |
| In gender given at birth | 53 | 13 | 11 | 19 | 5 | 3 | 2 |
| Different gender to one | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Profiling Information | Total | Halton | Knowsley | St Helens | Warrington | Other | Prefer not to say |
|---|---|---|---|---|---|---|---|
| given at birth | | | | | | | |
| Prefer not to say | 18 | 0 | 0 | 3 | 1 | 0 | 14 |
| **Ethnicity** | | | | | | | |
| White: Welsh/English/Scottish/Northern Irish/British | 50 | 12 | 11 | 17 | 5 | 3 | 2 |
| White: Irish | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| White: Gypsy or Irish Traveller | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| White: Any other white background | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| Mixed: White and Black Caribbean | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mixed: White and Black African | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mixed: White and Asian | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| Mixed: Any other mixed background | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Asian/Asian British: Indian | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Asian/Asian British: Pakistani | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Asian/Asian British: Bangladeshi | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Asian/Asian British: Any other Asian background | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Black or Black British: Black – Caribbean | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Black or Black British: Black – African | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Black or Black British: Black - Any other Black background | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other ethnic background – Chinese | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other ethnic background - Any other ethnic group | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| Prefer not to say | 18 | 0 | 0 | 3 | 1 | 0 | 14 |

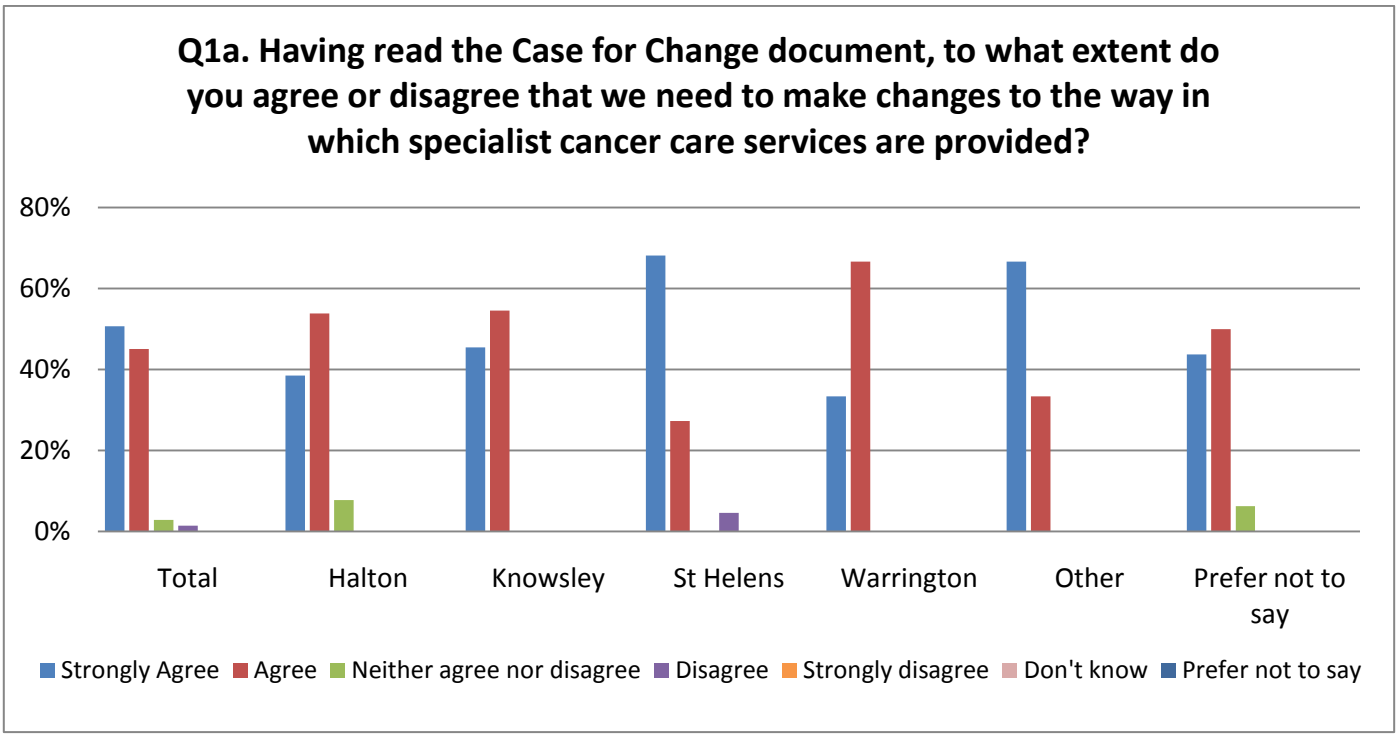
| Profiling Information | Total | Halton | Knowsley | St Helens | Warrington | Other | Prefer not to say |
|---|---|---|---|---|---|---|---|
| **Religion** | | | | | | | |
| No religion | 10 | 2 | 2 | 4 | 1 | 1 | 0 |
| Buddhist | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Christian | 38 | 11 | 7 | 12 | 4 | 2 | 2 |
| Hindu | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jewish | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Muslim | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| Sikh | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Atheist | 2 | 0 | 1 | 1 | 0 | 0 | 0 |
| Any other religion | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Prefer not to say | 20 | 0 | 1 | 4 | 1 | 0 | 14 |
| **Sexual Orientation** | | | | | | | |
| Heterosexual | 47 | 12 | 9 | 17 | 5 | 2 | 2 |
| Gay | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| Lesbian | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| Bisexual | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Prefer not to say | 22 | 1 | 1 | 5 | 1 | 0 | 14 |
| **Disability** | | | | | | | |
| Yes | 4 | 2 | 0 | 1 | 1 | 0 | 0 |
| No | 49 | 11 | 11 | 18 | 4 | 3 | 2 |
| Prefer not to say | 18 | 0 | 0 | 3 | 1 | 0 | 14 |
| **Base** | 71 | 13 | 11 | 22 | 6 | 3 | 16 |

# Feedback Form Data

The following section sets out the analysis of the data collated from the Transforming Cancer Care feedback form. In total there were 71 feedback forms completed.

**Agreement on the Case for Change**

The vast majority of respondents (96%) completing the feedback forms agreed or strongly agreed that changes need to be made in the way specialist cancer care services are provided. People living or working in the St Helens area felt the most strongly about the need for changes.

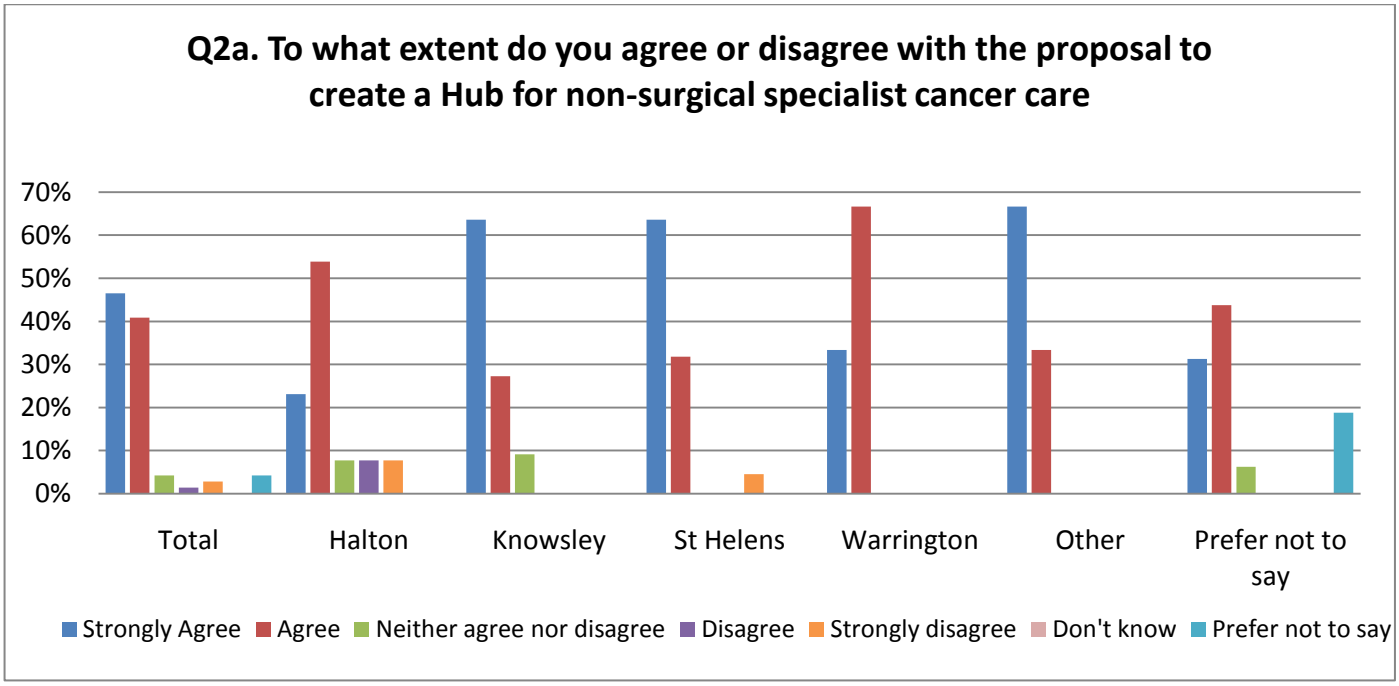



Respondents were asked why they thought changes in specialist cancer care services are needed. Most felt patients currently have to travel too far and they wanted to have access to high quality cancer care and early diagnosis. As indicated in Q2a, many felt a specialised cancer hub would be good, expressing that they felt the current service was not fit for purpose. It was also stated that a team approach was required to provide better services and experience for patients. Please be aware that the table over the page demonstrates the frequency a theme has occurred in a response and as one response can have multiple themes, the frequency may exceed the number of overall responses.

| Q1b. Please explain your reasons for the answer given to Q1a. | Total | |
|---|---|---|
| | Counts | % |
| Base | 71 | 100% |
| Patients currently have to travel too far | 32 | 45% |
| Access to high quality cancer care | 21 | 30% |
| Early diagnosis and treatment is important / waiting times | 19 | 27% |
| A specialised cancer hub would be good | 16 | 23% |
| A team approach to provide a better service and experience | 14 | 20% |
| Current service is not fit for purpose | 13 | 18% |
| To maintain cancer care we have to change things | 8 | 11% |
| Need better access to oncologists | 8 | 11% |
| Better use of consultants and concentration of experience | 8 | 11% |
| Any improvement would be beneficial | 7 | 10% |
| Better streamlining and co-ordination of patient pathways | 6 | 8% |
| Demand for cancer care is increasing | 6 | 8% |
| Access to new therapies important | 6 | 8% |
| Basic service is poor | 5 | 7% |
| Having a dedicated cancer service will relieve some pressure on A&E | 5 | 7% |
| Dedicated cancer hub would avoid infections at hospitals | 4 | 6% |
| There is a shortage of staff | 4 | 6% |
| Current service is good | 3 | 4% |
| Lack of consistency of care from hospital to hospital | 3 | 4% |
| Disjointed system is timewasting and costly | 2 | 3% |
| There is a lack of care in the current system | 2 | 3% |
| First consultation was timely | 1 | 1% |
| Case for change document is biased towards the positives | 1 | 1% |
| Consider the impact of public transport which some patients will need to use | 1 | 1% |

## Agreement on Proposed Hub

When asked about the proposal to create a Hub, 87% were in agreement. Nearly half of which (46%) strongly agreed with the proposal, particularly people living or working in Knowsley and St Helens. A small proportion (4%) disagreed and a further 4% were unsure, stating that they neither agreed nor disagreed.




Overall, the respondents were in agreement with the proposal to create a Hub because they felt it would ensure patients are provided with specialist treatment, continuity and good quality services and care whilst also being easy to access. Many also like the idea of a one stop shop approach.

| Q2b. Please explain your reasons for the answer given to Q2a. | Total | |
|---|---|---|
| | Counts | % |
| Base | 71 | 100% |
| The need to provide specialist treatment | 41 | 58% |
| Easy to access / local service | 41 | 58% |
| Needs to be in one place - one stop shop | 29 | 41% |
| Continuity of care / same doctors or consultants | 14 | 20% |
| Good quality treatment the most important priority | 13 | 18% |
| To ensure sustainability of services / room to grow | 10 | 14% |
| Faster access to services | 9 | 13% |
| Need good public transport for those that don't drive / transport links | 7 | 10% |
| Better than having to attend A&E | 7 | 10% |
| Personalised care - not one size fits all | 6 | 8% |

| Q2b. Please explain your reasons for the answer given to Q2a. | Total | |
|---|---|---|
| | Counts | % |
| Base | 71 | 100% |
| Care should be consistent - not better in some areas | 6 | 8% |
| None | 5 | 7% |
| For better patient outcomes | 5 | 7% |
| Reducing stress for patients / carers | 5 | 7% |
| Easier for staff to be based at one hub | 5 | 7% |
| Good aftercare / easier testing and results | 4 | 6% |
| Some patients may not be fit to travel too far | 3 | 4% |
| Don't know / need more information | 2 | 3% |
| Need to avoid adding extra (transport) costs for patients | 2 | 3% |
| Reduces the need to travel to a main cancer centre | 2 | 3% |
| Need a team that has surgical members and understand surgical issues | 1 | 1% |
| Improved access to trials for all | 1 | 1% |
| Case for change document isn't fair and balanced | 1 | 1% |
| Specialised care difficult to maintain in generic centres | 1 | 1% |
| Include nutritional advice | 1 | 1% |
| Involve the voluntary sector | 1 | 1% |
| There is no improvement or benefit to the cancer patient or their Carers | 1 | 1% |
| Holistic and support services are well provided by the voluntary sector - this just adds cost | 1 | 1% |
| Insufficient parking at suggested hub locations | 1 | 1% |
| Ensures that the main cancer centre can concentrate on the serious cases | 1 | 1% |

## Services Offered

A wide variety of suggestions were made as to what other services should be offered to cancer patients receiving outpatient care. Therapies, counselling for patients, families and carers were the most commonly suggested. Support and advice from a variety of sources and for a range of reasons were noted e.g. benefits, nutritional, information and cancer support.

| Q3. Please list any other services that you feel should be offered to cancer patients when they are receiving non-surgical outpatient care. | Total | |
|---|---|---|
| | Counts | % |
| Base | 71 | 100% |
| Therapy treatment areas e.g. massage / holistic | 26 | 37% |
| Personal counselling | 23 | 32% |
| Family / Carers Counselling | 17 | 24% |
| None | 15 | 21% |
| Benefit advice | 9 | 13% |
| Nutritional advice | 9 | 13% |
| Local community cancer support / support groups | 8 | 11% |
| Transport / affordable travel / Parking | 7 | 10% |
| McMillan Nurses | 7 | 10% |
| Cancer information support | 6 | 8% |
| Enhanced supportive care | 5 | 7% |
| District nurses and clinical nurse specialists | 5 | 7% |
| Financial advice and support | 4 | 6% |
| Rapid access to acute care - avoiding unnecessary admissions | 4 | 6% |
| Rapid access to diagnostic tests | 4 | 6% |
| Aftercare support | 4 | 6% |
| Better links and communication across services (hospital, McMillan etc) | 4 | 6% |
| Access to clinical trials | 3 | 4% |
| Access to psychological services | 3 | 4% |
| Palliative support | 3 | 4% |
| Speech and language therapy | 3 | 4% |
| Chemotherapy, radiotherapy Support services | 3 | 4% |
| Face to face appointments | 3 | 4% |
| Reliable single point of contact | 3 | 4% |
| Nice waiting room / multi media | 2 | 3% |
| Café | 2 | 3% |
| Symptom Management | 2 | 3% |
| Physiotherapy | 2 | 3% |
| Up to date information services | 2 | 3% |
| Confidential advice line for reassurance | 2 | 3% |
| Advice on side effects of medications | 2 | 3% |
| Continuity of care - seeing the same specialists / nurses | 2 | 3% |
| Lymphoedema services | 2 | 3% |

| Q3. Please list any other services that you feel should be offered to cancer patients when they are receiving non-surgical outpatient care. | Total | |
|---|---|---|
| | Counts | % |
| Base | 71 | 100% |
| Extravasation treatment and specialist camouflage, aesthetic and reconstructive services | 2 | 3% |
| Access to the services of the voluntary sector | 1 | 1% |
| Access to specialist nursing support | 1 | 1% |
| Good administration of the pathway | 1 | 1% |
| Social care advice | 1 | 1% |
| Occupational therapy | 1 | 1% |
| Access to clinical services | 1 | 1% |
| A right for patients to have their say on treatments | 1 | 1% |
| Support for adapting the home | 1 | 1% |
| Rehabilitation | 1 | 1% |
| Citizens Advice | 1 | 1% |
| Child / baby support | 1 | 1% |
| Support during the first year after diagnosis | 1 | 1% |
| Cancer help and advice centre | 1 | 1% |
| Improve existing excellent service | 1 | 1% |

## Impact on Specific People/Groups

A quarter of respondents didn't feel the proposals would have any impact on specific patient groups. Travel, transport and cost of travel were areas people felt should be considered. Specific patient groups thought to be impacted by the proposals were the elderly, disabled, people with learning difficulties, carers, children, families and those seriously ill.

| Q4. Please use the box below to state any impacts on groups or people that you feel we should be considering in our proposals. | Total | |
|---|---|---|
| | Counts | % |
| Base | 71 | 100% |
| None | 18 | 25% |
| Patients living further away from the hub | 15 | 21% |
| Patients and relatives that rely on public transport | 12 | 17% |
| Elderly Patients | 10 | 14% |
| Patients and relatives who drive and need access | 8 | 11% |
| Good public transport links needed | 8 | 11% |
| Financial impacts including transport costs | 8 | 11% |
| NHS Staff | 8 | 11% |
| All cancer sufferers | 7 | 10% |
| Disabled patients | 6 | 8% |
| Those with learning difficulties | 6 | 8% |
| The whole family | 5 | 7% |
| All residents | 5 | 7% |
| Emotional impacts / stress | 5 | 7% |
| Low income / unemployed patients | 5 | 7% |
| Location of the eastern hub | 5 | 7% |
| Parking | 4 | 6% |
| Patients seriously ill and unwell find travel difficult | 4 | 6% |
| Employer / employment issues | 3 | 4% |
| Clinical issues should be the most important consideration | 3 | 4% |
| BME / minority groups | 3 | 4% |
| Don't know | 3 | 4% |
| Local charities that provide similar treatments | 3 | 4% |
| Treatment and side affects | 2 | 3% |
| Community services | 2 | 3% |
| Carers who are receiving treatment themselves | 2 | 3% |
| Patient groups (PPG) | 2 | 3% |
| Healthwatch | 2 | 3% |
| Children of patients | 2 | 3% |
| Positive impact of all services in one centre | 2 | 3% |
| Head and neck cancer patients | 1 | 1% |
| Lack of support including McMillan | 1 | 1% |
| No referrals for the services offered at the Delamere centre | 1 | 1% |

| Q4. Please use the box below to state any impacts on groups or people that you feel we should be considering in our proposals. | Total | |
|---|---|---|
| | Counts | % |
| Base | 71 | 100% |
| Include cancer departments at the hospitals | 1 | 1% |
| Local cancer support centres | 1 | 1% |
| Health forums | 1 | 1% |
| Disability groups | 1 | 1% |
| Transport groups | 1 | 1% |
| Local council services | 1 | 1% |
| Facilities and equipment | 1 | 1% |
| Those outside the catchment area | 1 | 1% |
| Should be better than the current model | 1 | 1% |
| GP's who hear patients concerns and needs | 1 | 1% |
| Former patients now not receiving treatment | 1 | 1% |
| Patient choice is important | 1 | 1% |
| Need flexibility of appointments for those working | 1 | 1% |
| Access to link workers are essential | 1 | 1% |
| Bereavement support | 1 | 1% |

## Other Considerations

Most respondents (53%) either had no further comment or said they didn't know. A wide range of other comments were noted by the remaining respondents.

| Q5. Please use the box below to state any other comments or concerns you would like us to consider as part of the proposals. | Total | |
|---|---|---|
| | Counts | % |
| Base | 71 | 100% |
| None | 35 | 49% |
| Would be good to have services locally | 3 | 4% |
| Don't know | 3 | 4% |
| Introduce the new hubs as soon as possible / support new service | 3 | 4% |
| Follow up with patients and those discharged to see if they are coping | 2 | 3% |
| New centre should be close to the hospital for clinical services support | 2 | 3% |
| Patient experience should drive all decision making | 2 | 3% |
| Wherever the hub is placed patients should expect the highest standards of care | 2 | 3% |
| Needs to include high quality diagnostic services | 2 | 3% |
| Warrington Hospital needs huge investment to make it fit for purpose | 2 | 3% |
| Clear and effective communication about your proposals | 1 | 1% |
| Availability of clinical trials | 1 | 1% |
| Needs to address the workforce problems | 1 | 1% |
| Maintain a presence on the Wirral so it's not disadvantaged | 1 | 1% |
| Travel costs such as tolls | 1 | 1% |
| Better use of technology for communication - emails rather than lengthy letters | 1 | 1% |
| Holistic services are better delivered by 3rd sector (free parking, better location friendly not | 1 | 1% |
| There is a lack of oncologists in Cheshire and Merseyside | 1 | 1% |
| Concern that there will be no access to Clatterbridge Cancer Centre | 1 | 1% |
| New hubs need to offer the same excellent service as Clatterbridge Cancer Centre | 1 | 1% |
| New hub should be based at STHK as it has up to date facilities | 1 | 1% |
| Warrington is spread over a large site making access to different departments difficult | 1 | 1% |
| Warrington is harder to get to in a busy town centre | 1 | 1% |
| Needs investment in teams to meet standards | 1 | 1% |
| Needs to be modern and big enough to house the services | 1 | 1% |
| The links and communication with other sites and services need to be better | 1 | 1% |
| You need to show the whole model and other hubs to allay fears about location and access | 1 | 1% |
| Patients want a clear pathway and correct information | 1 | 1% |
| Provide free shuttle bus travel for patients | 1 | 1% |
| Hubs must be accessible especially by public transport | 1 | 1% |
| Consider what is already on the sites for cancer patients | 1 | 1% |
| The proposed structure has both a local and centric feel | 1 | 1% |
| With support structures due to be restructured it will help to add clarity | 1 | 1% |
| The hub needs to be located centrally for the 4 boroughs | 1 | 1% |
| Needed due to increase in cancer diagnosis | 1 | 1% |
| Need to keep to appointment times for Chemo | 1 | 1% |
| Should include the views and knowledge of volunteers | 1 | 1% |
| Whiston is much more prepared to be a hub and more central to the district | 1 | 1% |

# *Feedback from Stakeholder Panel*

**Development of the Stakeholder Panel**

The comms and engagement lead from each of the four CCGs provided a list of key contacts for Participate to begin to build a stakeholder database for the engagement programme. The stakeholder list is made up of 162 representatives from forums, groups and organisations that have a stake in local cancer care across the eastern sector. Each contact was invited to join the stakeholder panel and were invited to the panel events, of which there were three.

The role of the stakeholder panel was as follows:

- Deliberate the issues around proposals to feed into the development of models of care for future cancer services
- Work with the four CCGs to help formulate solutions for improving cancer care services across the local area
- Meet at stakeholder events to help achieve the objectives of the panel and to subsequently review the event reports as being an accurate reflection of the discussions undertaken.

**Panel Events**

The panel events took place during September, October and December 2018. Around c40 respondents attended the first two events and c20 to the third.

The aims and objectives of each of the events were as follows:

- 1st event – gather perceptions of the case for change and proposed hub, and to gain insight into the impact of the hub model
- 2nd event – to discuss travel and transport further and to gather feedback and scoring of the evaluation criteria
- 3rd event – to enable panel members to ask questions directly of managers and clinical leads with regards to the scope, case for change, proposed model and travel.

A further stakeholder panel event will be held in 2019, the aim of which will be to provide feedback on the status of the programme, present the stakeholder engagement report, outline the draft formal consultation plan and provide patient case studies.

**Summary of Panel Findings**

Evaluation Criteria

During the second event participants were asked to rate the evaluation criteria. All criteria were considered important to some extent as they all received a scoring. Clinical quality came out as the most important criteria, whilst strategic fit was rated as the least important.

Need for Change

- Current non-surgical cancer care services were rated highly amongst participants with some room for improvement
- There was initial uncertainty about the benefits of the Hub model, however as the events progressed, panel members gained more understanding of the benefits
- Case studies were suggested to aid understanding around the pathways and proposed Hub
- Concerns were raised about which services would be lost due to the proposed model
- There was a call for more evidence-based information and understanding around the process
- Some thought patients should be given more explanation as to the benefits of clinical trials
- Panel members liked the thought of having access to more specialist clinicians/staff
- Requests were made for more clarification around how less common cancer care and treatment fit with the proposed model.

Patient Access and Pathways

- The panel members expressed confusion about the current and proposed patient pathway. This was made clearer as the events progressed, but panel members continued to feel they needed further understanding
- It was noted that technical terminology and acronyms should not be used
- Overall panel members want to ensure the pathway remains patient centred
- Some felt there should be consideration around the cost impact to patients in relation to new model of care.

Clinical Quality

- Stakeholders wanted reassurance that the quality of care would be maintained or improved with the changes
- Patient choice was considered important
- All wanted to see equality of care across the four CCG areas.

Staff Requirements

- Panel members wanted further information about how the hub will be staffed, concerns were raised about staff being taken from current services
- Questions were raised about how realistic the plans were in relation to staffing.

Infrastructure/Building Requirements

- Getting the environment right was considered important e.g. offering private spaces, friendly greetings etc.
- Sufficient and accessible parking was also considered important to consider.

Location and Travel

- Some felt there should be equality amongst people who do and don't drive
- Many felt patient wellness should be considered more thoroughly in relation to fitness to travel distances for care/treatment
- Some people thought patients would be happy to travel further for specialist care.

Services Offered at the Hub

- Radiotherapy was mentioned by some, but there was an understanding that this may be expensive to provide
- Panel members thought there should be signposting to other support services
- Other suggestions included: advice, rehabilitation, therapies, lymphedema services, wig specialists, counselling
- There was a very positive view of the proposed urgent care provision at the Hub
- Panel members thought there should be: IT support, good communications, virtual consultations, and a creche
- Other suggestions included a request for better support for long term cancer patients.

**Main Panel Event Findings**

The following pages contain the main findings for each of the three panel events.

## 1st Stakeholder Panel Event – September 2018

### Introduction

The following sets out the findings from the first Stakeholder Panel event which was held on the 18th September 2018 at Halton Stadium. The event structure is outlined below:

- Pre-event questionnaire
- Case for change presentation
- Facilitated group discussion around perceptions on the case for change
- Proposed hub presentation
- Facilitated group discussion to gain insight into hub model and its impact
- Q&A session
- Post event questionnaire.

The insight from the group discussions and individual exercises have been analysed for common themes. The pre and post event questionnaire findings were captured on paper questionnaires during the event.

The role of the Stakeholder Panel is as follows:

- Deliberate the issues around proposals to feed into the development of models of care for future cancer services
- Work with the four CCGs to help formulate solutions for improving cancer care services across the local area
- Meet at stakeholder events to help achieve the objectives of the Panel and to subsequently review the event reports as being an accurate reflection of the discussions undertaken.

### Attendance at the Event

There were 45 participants at the event made up of the following representation:

- Cancer support group - 11
- Community and voluntary group - 4
- Healthwatch - 12
- Hospital/hospital rust - 8
- Partner organisation – 3
- Service user - 5
- Health and care other – 2

**Executive Summary**

There were 45 participants in total at the first Stakeholder Panel event held on the 18th September at Halton Stadium. The following sets out the executive summary from the exercises and group discussions on the day. The full set of detailed findings can be found in section 3 of this report.

Pre-event and post-event questionnaires

The findings from the pre and post event questionnaires infer that:

- The event was successful in enabling participants to learn more about the transforming cancer care programme
- After deliberating the case for change, the majority of participants agreed more strongly that changes to cancer care were needed
- Although most agreed that the Hub would offer benefits for local people, following the discussions there was more uncertainty that the Hub would be beneficial. This finding mirrors the group feedback, which infers that some of the participants were unsure what actual benefits the Hub would provide and how it would result in a smoother patient journey
- Current local non-surgical cancer care services were rated high overall by the participants, with room for improvement
- Finding out more about and discussing the transformation of cancer care services were the main reasons that participants attended the first panel event
- The participants enjoyed attending the event and would like to attend another. They felt involved and able to express their views
- The event was highly rated overall, however, some people wanted to be invited to the event at an earlier date in order to ensure they could attend. This finding is understandable as some invitations were sent out later than preferred due to the time it took to find some of the right contacts. However, all are aware of the next two events and the diary details.

Findings from Exercise 1 – Perceptions of the case for change

- There were some concerns about whether staff will be taken from Clatterbridge and how they will be recruited
- Participants liked the idea of access to more specialist clinicians and staff

- General queries about waiting times and cancellation of appointments
- Much discussion around travel times and types of transportation, although some people were happy to travel for specialist quality care
- People wanted reassurance that the quality of care and treatment/s would be maintained or improved. Choices of where care is received is also important
- Being able to bypass A&E and use dedicated urgent care services was well received
- Some early suggestions were provided as to what treatment and services could be provided in the Hub (see Section 3.2 for details)
- The participants described their experiences as a patient with many having different pathways to care.

Findings from Exercise 2 – Insight into hub model and its impact

- People were confused about the patient pathway to care and whether it would involve another level of triage
- Some thought the Hub model indicated there would be quicker access to appointments and treatment
- Requests that public transport and travel overall is reviewed as part of the proposals
- Facilities suggested for the hub included a variety of holistic services. These included: clinical, supportive, therapeutic, amenities and alternative services e.g. wig specialists.
- Questions about the Hub centred on travel, location, staff and resources.

Recommendations

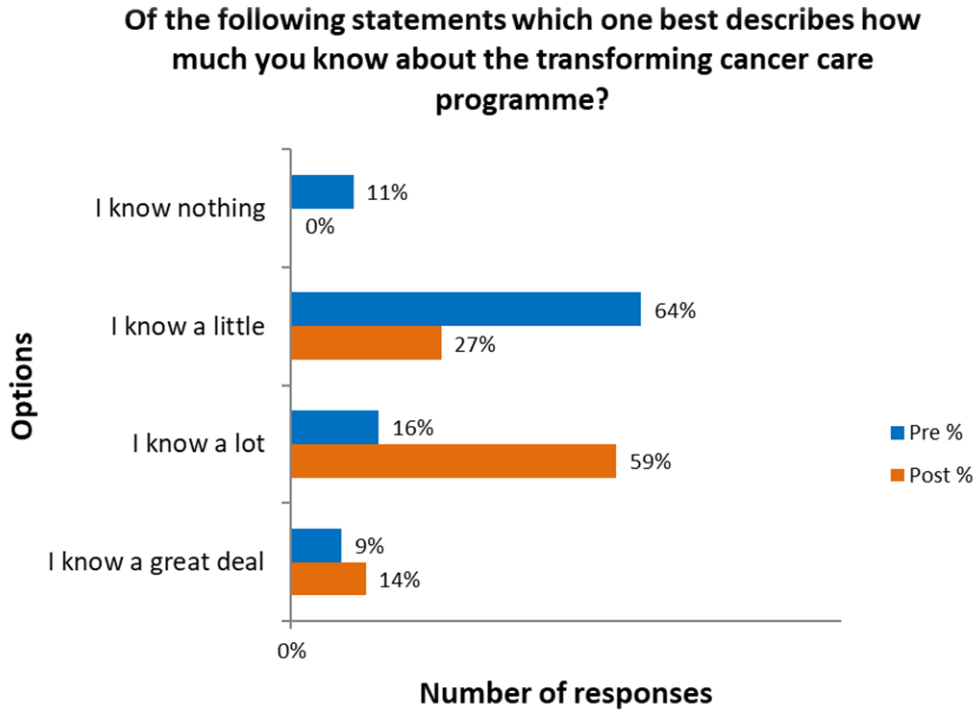
- The detailed feedback within the main findings of this report should be reviewed by the Transforming Cancer Care programme team to feed into the next stage of modelling around the Hub
- The next event in October should give more detail around: the proposed benefits of the Hub; the patient journey with case studies; travel and transport; what it should be called and; the criteria to evaluate any options to take forward.

**Main Findings**

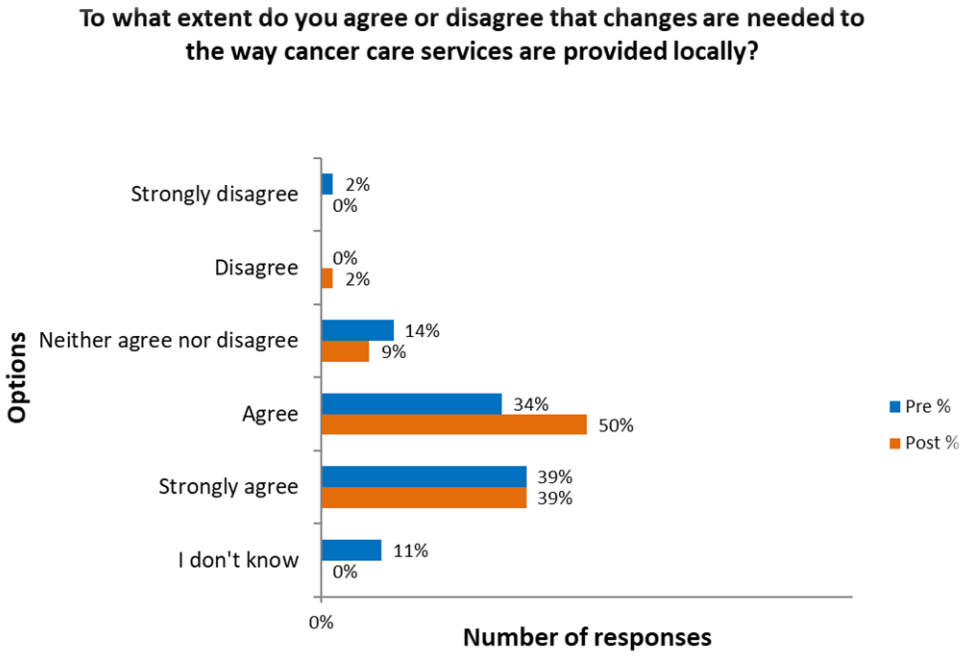
The main findings from each of the activities and discussions at the Stakeholder Panel event on the 18th September 2018 are outlined on the following pages.

Pre and Post Event Questionnaires

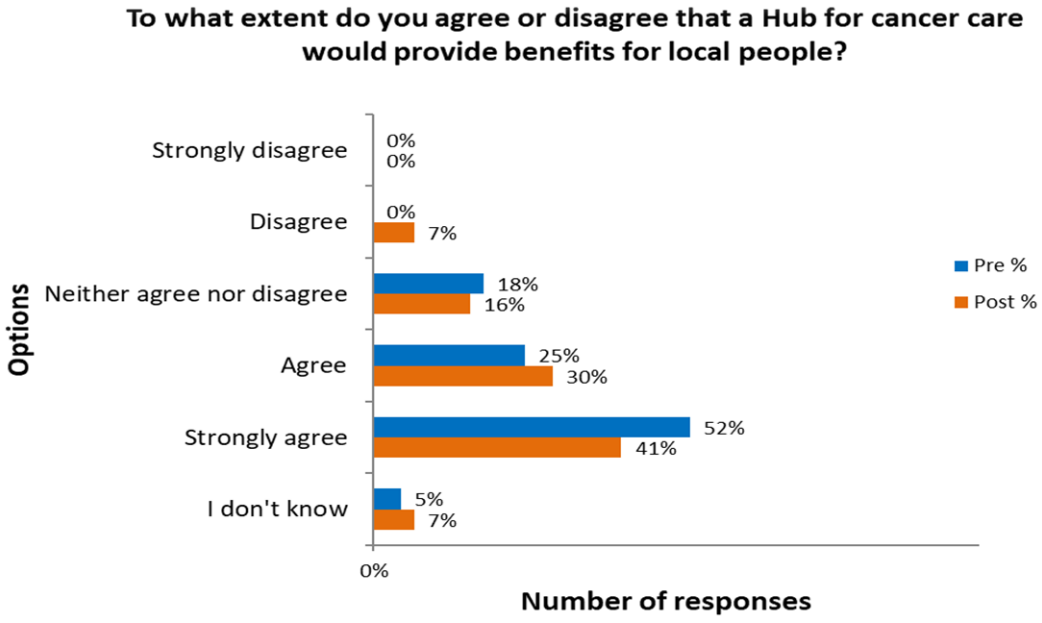
It is clear from the chart below that participants learnt more about the cancer care programme following their participation in the first panel event. With 73% stating they knew a lot or a great deal about the programme after hearing the presentations and discussing it with other participants.



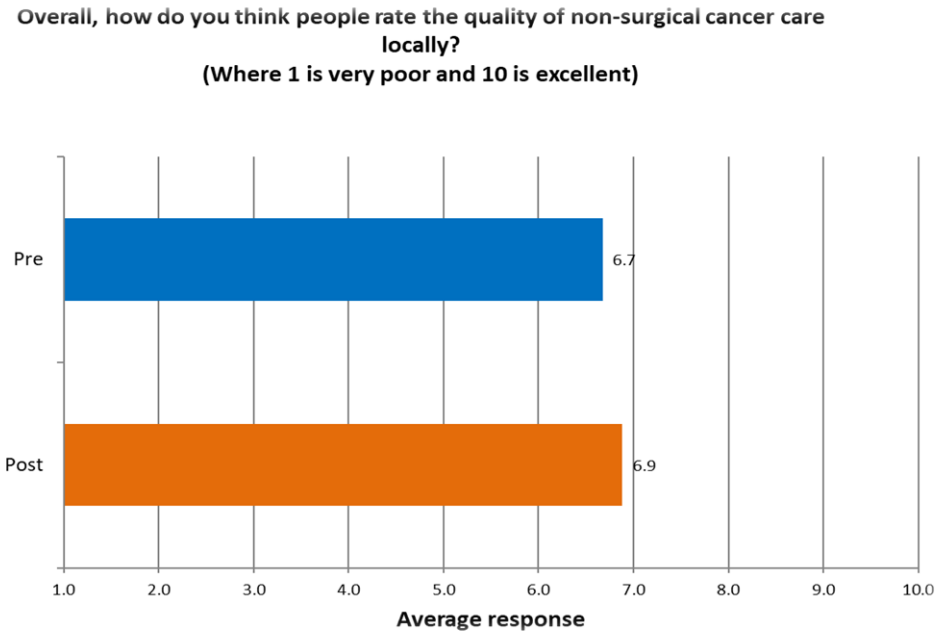
After hearing the case for change, the majority of participants (89%) agreed or strongly agreed that changes were needed to the way cancer care services are provided locally.



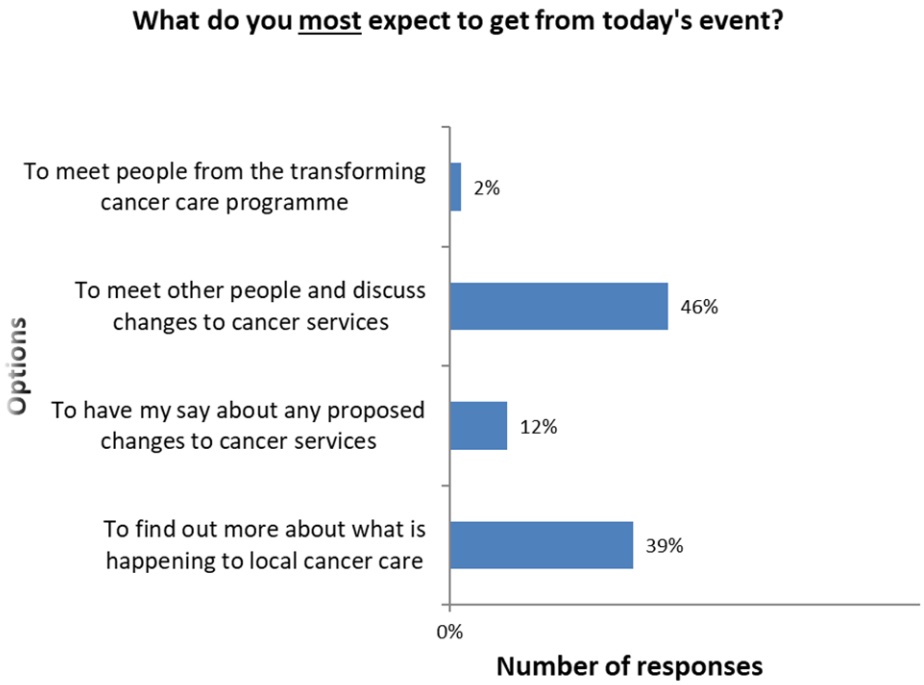

Although most participants agreed (71%) that the Hub would provide benefits for local people, some were less certain or disagreed after the event as they were uncertain of the benefits following discussions.



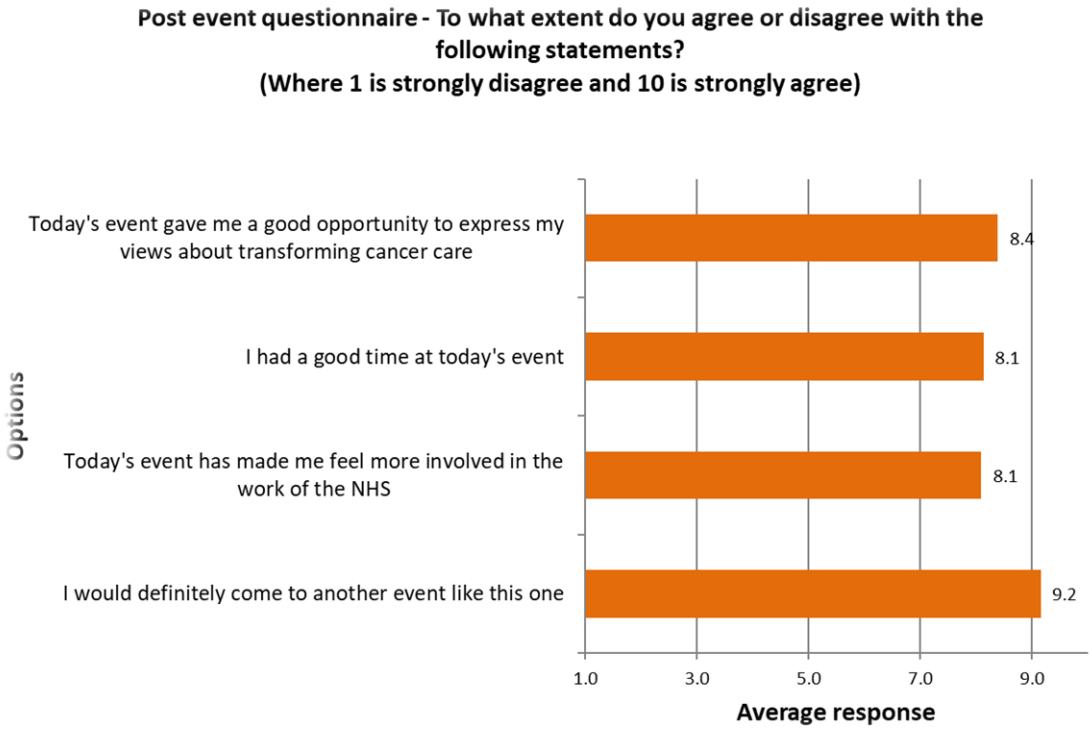
Non-surgical cancer care was rated quite high overall by the participants, but with room for improvement.



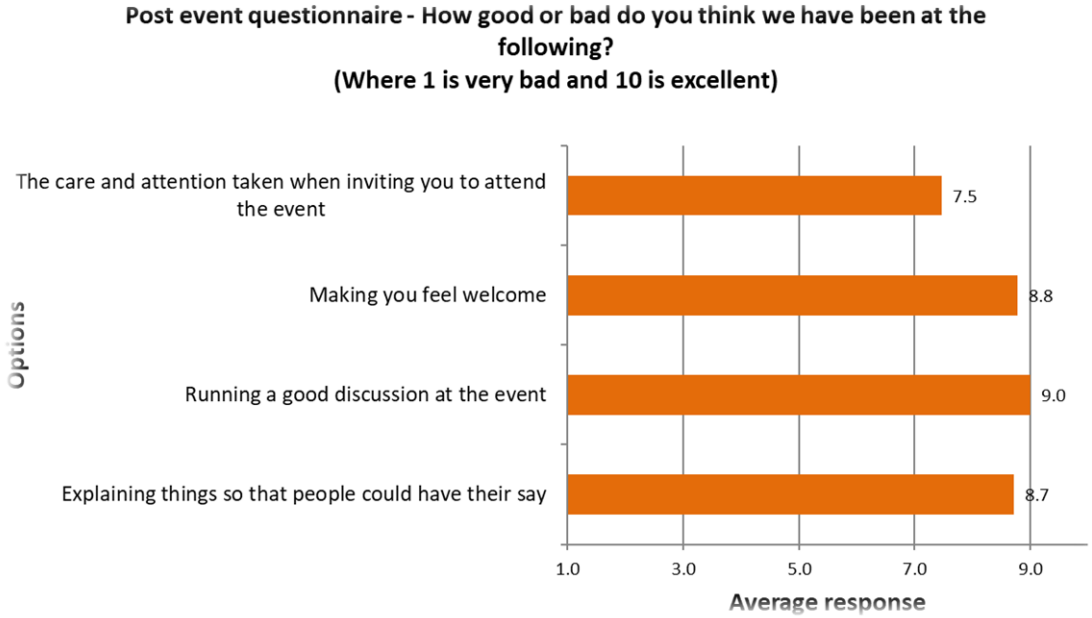

Finding out more and discussing the transformation of cancer care services were the main expectations of participants attending the first panel event.



It is clear from the post event feedback that the participants enjoyed attending the event, would like to attend another and felt involved and able to express their views.




The event was rated highly on all factors, however, some participants invited at short notice impacted on the rating for care and attention with regards to invitations.



Findings from Exercise 1 – Perceptions of the case for change

The following sets out the discussions that emerged after hearing a presentation on the case for change. The comments have been collated by commonly occurring themes.

Thoughts and Experiences

The following comments were collated from the table discussions where participants were asked to share their experiences of cancer care services and give their views on the case for change.

| **Staff** |
| --- |
| • Will Clatterbridge staff move to new hubs and there be enough staff<br>• Difficult to recruit staff with specialist skills needed for caseload<br>• How to attract cancer specialist to the North West?<br>• Need to ensure clinicians area aware of benefits etc (non-clinical need) as well as the clinical need for patients<br>• Dementia training for all staff is necessary |

| **Appointments and Waiting Times** |
| --- |
| • 2 week wait with no information whilst waiting<br>• Clinics delays causes problems with transport<br>• Waiting times between appointments are a long time without knowing results<br>• Experience of appointments being cancelled<br>• Cancellation of follow up appointments leads to negative issues |

| Transport and Location |
| --- |
| • Clatterbridge coming to us<br>• Seamless – Whiston shuttle bus to St Helens<br>• People choose to go to Christie's because of the location<br>• Transported family member to Clatterbridge – too far<br>• Somewhere nearer is better<br>• Closer better especially after treatment<br>• Although they want specialist care and will travel for quality<br>• Accessibility<br>• Some areas of Knowsley e.g. Newton for access to Whiston Hospital<br>• Also, areas of Warrington have cross areas with Manchester<br>• Transport<br>• Think about car drivers, bus/train users. Limited to access.<br>• Travel is a consideration to patients<br>• Reduce travel for local people<br>• Not sure making patients travel further is right<br>• Transport<br>• Clatterbridge is difficult to get to. Same with Aintree.<br>• Mersey tunnel charges for patients can be high and parking<br>• The bridge is an issue when attending an appointment, especially patients with low income and paying multiple journeys<br>• St Helens patients would have to pay for bridge yet Halton residents would not<br>• Patients and staff wouldn't pay over the bridge if it was based on the Widnes side as they would have a free pass or able to avoid the toll<br>• Some issues from transition from Clatterbridge to local hospitals<br>• Already good building spaces in the Warrington and Halton areas to utilise<br>• Increasing patients (W and H) area being seen in different areas – impact on travel etc for patients |

| Quality of Treatment |
| --- |
| • People want to be re-assured of quality of treatment<br>• People want to be given options of where to go<br>• Re-assurance about Clatterbridge centre as quality service |

| **Accident and Emergency** |
|---|
| • Like the idea of the emergency hubs<br>• There are complications with A&E such as infections<br>• Sometimes you can go straight to wards not via A&E<br>• Patients with complications and symptoms don't go to clinic or A&E because of waiting<br>• Will be great to bypass A&E for acute illness |

| **Treatment and Services** |
|---|
| • More chemotherapy at home/locally<br>• Current SALT support for head and neck cancer in the community<br>• Current availability of radiography<br>• Phone services to help fill treatment gaps<br>• Need to invest in 3rd sector to bring support services closer and bring more equality across all<br>• Not many patients know what other services are on offer<br>• Mental health is important to consider in the hub<br>• Needs to happen, not all services are currently available in Halton<br>• Location of mammogram van<br>• SLT and dietetics joint working St Helens and Halton<br>• Cancer care centre at Halton Hospital provides excellent care the nurses and specialists and volunteers make what is not a nice experience bearable<br>• Allow more treatment options<br>• Chemo in Halton<br>• Radio in Aintree<br>• Consultant in Warrington<br>• Better to have on MDT than stand along consultant |

| **Patient Experience and Pathway** |
|---|
| • Postcode lottery<br>• One patient described how the people dealt with were very good but felt there was no flow to the experience of care<br>• Another patient had a different experience, her treatment was in one hospital in Whiston and it flowed very well<br>• Need to clarify why a patient isn't referred to a single consultant in the model but a team of consultants<br>• Cancer patient's pathway is often down to timing i.e. specialists on holiday leads to missing out on treatment<br>• People perhaps need educating as regards to who they are being seen by i.e. specialist nurses know more than patients realise<br>• Important not to feel isolated if there is a positive or negative diagnosis of cancer.<br>• While awaiting results, support is needed<br>• Information for patients when there are complications<br>• Telephone triage isn't working for clinic appointments regarding patient access<br>• Getting referrals sorted in the first place<br>• Need to look at vulnerable groups and lifestyle in terms of being able to access services/get a GP for referral<br>• Ping pong – seeing different services and people<br>• Around the houses<br>• Will patients have a choice of hub<br>• Continuity |

| **Other** |
|---|
| • Why is surgery not part of the proposals?<br>• Is this an add on or a reconfiguration?<br>• Information pack is currently given out<br>• Whiston – whole lot<br>• Clatterbridge picture |

What does it mean for you and others?

Within their groups, participants were asked to consider what they thought the case for change meant for them and for others who use and provide services.

| **Staff** |
|---|
| • Nurses need less pressure<br>• Change the perception of an NHS career<br>• Opportunity for recruitment – attractive offer for nurses, specialists etc<br>• To have somewhere with specialist staff if unwell is positive<br>• Better support for staff = increased patient safety<br>• Staff with clinical specialisms = staff confident in skills and patients confident in their care |

| **Travel and Location** |
|---|
| • The hub reduces travel for support for cancer patients and their support mechanism<br>• Expenses, time and cost of travel and parking<br>  ○ Treatment and travel every day for patients means extra worry for patients<br>• Not having the right information i.e. either free parking or reduced, patient not knowing this<br>• Care closer to home e.g. not needing to travel to the Wirral<br>• The idea of going to hospital and having several treatments in one visit<br>• If all treatments, prescriptions were in one location would be better i.e. not having to go through GP for dressings etc<br>• Keep it local |

| **Treatment and Services** |
|---|
| • To streamline the service<br>• Tele-services increased<br>• Could the hub have an outreach system to take services out i.e. mobile chemo units etc for simple chemo treatment<br>• Better inter-department communication<br>• Better IT systems<br>• Non-medical support needs to be detached from an acute site to allow patients not to associate this with their clinical need<br>• No radiotherapy available in the Mid-Mersey area – not equitable<br>• Patients will request a doctor as others will want assurance from a nurse. Will there be access to both and other professionals? |

- What is the impact to existing services?
- Ambulatory being localised is a positive
- Patients aren't being signposted to the third sector
- Mental health support needs to be included in the offer
- Hard to know the impact on local services and the handovers yet
- A one stop shop in a hub to see all clinical teams would be a benefit
- Prevention needs to be part of the strategy
- It shouldn't impact on initial diagnostic pathway
- Be able to offer additional support i.e. benefits, therapists, psychological support – need reassurance and support
- More joined up care, better MDT approach
- Need to take third sector organisation/support more seriously, commission third sector more

**Patient Experience**

- Consider services at the GP
    - There is a lot of variation with GPs
    - They act as gatekeepers to care
    - Need clearer standards at GP level
    - Referrals not considered urgent by GP
- Needs to be what is best for patients and our area
- The offers need to be what's right for the person
- Having a point of contract. Having the right information on services and support services including wills, power of attorney etc
- Getting to know the staff and having the same staff in one location is a positive
- Improved patient journey
    - MDT working – improved outcome

**Other**

- Consistency across the sectors and within the sectors is important
- Distributing complex work from Clatterbridge to the hubs is good
- Cost incurred attending Clatterbridge

What questions do you have?

Participants were asked to record the questions they had relating to the case for change.

| **Technology and Patient Records** |
| --- |
| • Can A.I and telecare be introduced to limit travel?<br>• Has there been any technology thoughts regarding how multiple clinicians could be involved in patients' appointments under current model?<br>• Could an algorithm be used to share data that leads to better visits and making visits as efficient as possible?<br>• Sharing of knowledge/specialisms between staff in different trusts?<br>• The foundation needs to be correct as regards to access to patient, GP and medical records etc. |

| **Accident and Emergency** |
| --- |
| • Is this moving a pressure off A&E to the hub?<br>• How would it work with A&E?<br>• Will we have to recruit more staff? |

| **Appointments and Waiting Times** |
| --- |
| • When does 62 days start?<br>• Would hubs cut out need for additional appointments?<br>• Timescales and planned implementation – is there a target or a time in mind? Is building work time in the overall plan and the increase in cancer related activity/numbers. Existing facilities to be more effective? |

| **Patient Journey** |
| --- |
| • Will it save on multiple places/visits/consultants?<br>  ○ Is the hub adding another step in the system?<br>• Will it be disjointed with extra steps?<br>• What are the current patient experiences at the trusts now?<br>• What if patients choose a different hub on centre of treatment and capacity? E.g. Halton patients choosing to go to The Christie or Knowsley patients in Halewood choosing Liverpool hub? |

| Transport and Location |
| --- |
| • Would patients be happy/accepted that they will have to go to a different place?<br>• Non-drivers versus drivers would be very different. Would other options be available e.g. Ambulances and other transport?<br>• Will patient have to travel more?<br>• Expertise on transport |

| Hub Queries |
| --- |
| • Is the model right for this area?<br>• Not clear on what services the hub will provide?<br>• Why doesn't it stay the same?<br>• What would the hub include?<br>• Feel the model is better for consultants than the patient.<br>• What age does the service take in the hub?<br>• Why are children and young people not part of the sector model discussions?<br>• If successful, what will it look like?<br>• Does the plan have the adequate capacity to meet the demand?<br>• Unclear vision told so far following the presentation<br>• Is it selected patients that go to the hub or specialist centre or do patients have a choice? |

| Treatments and Services |
| --- |
| • Support groups/centres need to be part of the solution<br>• Is there always choice to access clinical trials?<br>• Support centres need to be on the referral route in the pathway<br>• Will radiography planning be at the hub?<br>• Quality of care – will it at least maintain quality or improve care?<br>• Aftercare – how are we going to communicate services and cross border working?<br>• What support is available in the community and local? |

| Staff |
| --- |
| • Would having a site with more specialists be better for a holistic approach?<br>• Working together between NHS Trusts<br>• Gaps in the workforce – how will this mitigate within the hub?<br>• What cohort of patients are being affected? Is it clear what staff work in what location?<br>• Where are the CNS's, is it at the local place where the patient attends? |

| Other |
| --- |
| • The document is clear and easy to understand<br>• Are DWP going to be involved in this? |

**Findings from Exercise 2 – Insight into hub model and its impact**

The following sets out the key themes which emerged from the facilitated discussions following a presentation on the proposed hub.

What are the impacts of the Hub and its benefits?

Participants were asked to consider what impact the hub would have on patients. Some common themes were noted from the discussions.

| Patient Journey/Pathway |
| --- |
| • What's the pathway?<br>• Good triage required<br>• The model could help patients present earlier at primary care<br>• Personalised plan should be in place for all patients anyway<br>• Huge benefit to offer more patients the choice to take part in clinical trials<br>• Confused on how the pathway for planned care will run<br>• Immediate access to MDT – can better plan for patient focussed care depending on patients' priorities<br>• Will it be another layer of triage?<br>• Feels like a triage that is done already |

| **Appointments and Waiting Times** |
|---|
| • Get the first appointment quicker is a real benefit<br>• If it reduces waiting times then great<br>• Will be nearer to home/easier access<br>  o 45 mins seems a long time<br>  o Quality of care is paramount<br>• Quicker access to treatment<br>• Much faster diagnosis |

| **Accident and Emergency** |
|---|
| • Not having to go to A&E a benefit but needs to be 24 hours 7 days a week<br>• Feel it is about prevention therefore getting to diagnosis early – still got to get through GP gateway/referral<br>• Associated health care relieves pressure on A&E departments<br>• Getting people out of A&E is positive<br>• Local urgent care not going to A&E |
| **Travel and Location** |
| • Concern that some patients will be displaced/travel further<br>• Could Clatterbridge provide some support in local hubs for specialist care?<br>• More opportunity to deliver closer to home<br>• Patients reduced travel<br>• Hub feels more homely as it is local<br>• During cancer treatment having an urgent care to attend other than A&E due to issues with immune suppressants is very beneficial<br>• Location – seems a gap in Warrington/Halton<br>  o Need to look at distance and time (45 mins) for each areas and proposed locations<br>• Public transport needs to be reviewed as part of this<br>• Travel for patients is the worse timing. This needs to be a main consideration<br>• Depending where it is located could determine patient flow e.g. would people from Huyton travel to Halton<br>• Need equality impact assessment including public transport |

| **Other** |
|---|
| • Is linking patients to community services too big a promise? Is it realistic for every patient?<br>• Family members are often fearful of the discharge, can they cope?<br>• All the services under one roof |

- Change – how people react
- Impact on the place of the hub will affect different patients differently
- Improve cancer care massively – one stop shop
- Money needs to be distributed fairly and this needs to be agreed before agreed hub
- Be seen with better timescales
- Positive aspect re ambulatory assessment. However, this may be dependent on where you live
- This needs to be an increase in capacity not a watering down
- There is trust in the local units and need to be protected
- Bit confused on how it will all be resourced
- Are there duplications of the support services to the surgical offer and the 3rd sector?
- How will the support services be reconfigured to serve the hub as well as the local surgical teams?
- Better outcome
- Specialist care – all questions answered within MDT newly diagnosed clinic
- Already have access to trials so why more access to trials when in a hub?
- Is the service going to be spread too thin?
- Will relieve pressure on staff

<u>What facilities do you think it should offer?</u>

Participants were asked to consider what facilities they thought the Hub should/could offer. The following comments were collected.

- Dietician
- The only thing that's not in the current service offer is the dieticians
- Financial information
    - Disability benefits
    - Family bills
    - Mortgage
- Outreach opportunities – hub staff able to travel to support patients
- Patient transport coordinates
- Easy understanding about travel options and support for travel to access services
- Added travel expense
- Parking cost sensitive
- Parking machines not giving change
- Free parking
- Counselling service for family and patient
- Retail outlets make it feel less like a hospital

- Create a better environment
    - Blackpool Hospital has a Teepee by a company called Camerado, it's a chill out areas in a waiting room used by family, staff and patients
- The right clinical resources in one place
- Minimise department, no battle lines
- Pharmacy – refer to pharmacy policy in Lancs
- Hospital only prescriptions- why?
- Specialist services in one place. Hub must have ambulatory services
- IT services must connect to all HCP's that see the patient, including advanced care plans
- Disabled access
- Patient leaflets for all services with the local area
- Ensure all services are wrapped around the hub
- Refreshment facilities – a lot of choice as taste buds change during/after cancer treatment
- Alternative services e.g. wig specialists
- VCA and CVS – broker with community third sector
- Family support services
- Carers services
- Impact on carers needs to be considered, support for psychological impacts needs to be included
- Radiotherapy services
- Community based and community focused, embedded in the community, bring the community and third sector orgs into the hub
- Are there other venues or land that can be used for the hub?
- All hubs need to offer the same services so no postcode lottery
- Non-clinical environment relaxed and user friendly and comfortable, person centred, build relationships and families are supported
- More links to third sector
    - Family
    - Carers
    - Benefits
    - Peer support
    - Psychological support
- Consider housing support within the model and social support
- Secondary prevention e.g. lifestyle to prevent further complications
- Continue every contact counts for all patients including those diagnosed and those given all clear

- Everything that all patients need to form the care plan and holistic needs
- Standards across the two hospitals need to be brought up consistently
- Support to the children of cancer patients
- The right mindset of the team to treat the person not the tumour
- Social prescribing
- Improved access and facilities for emergency care
- Improve what's already there and get the basics right
- Holistic needs of the patient and family outside for their tumour
- Critical support at the beginning
- Specialist supervision for staff in localities
- Specialist training opportunities for staff in all localities
- Expert patients who are happy to talk to others about their experiences
- Psychological support for patients and families
- As many as possible like those at Aintree plus non NHS services e.g. aromatherapy
- Benefit experts
- Social support e.g. benefits, relationships, housing etc
- Patient support groups
- Macmillan
    - Massages
    - Other services
- Like Lilac centre
- Is this doubling up on what's already available elsewhere?
- Considering what's already available to prevent services closing or link with services already there. Link to lifestyle services, maybe services like in Warrington as they are very good
- Holistic needs assessment
- Not costa coffee – reasonable prices for patients

What questions do you have?

Participants were asked if they had any questions related to the impact and benefits of the hub model following the presentation and subsequent discussions. The following comments were noted, with some common themes emerging.

**Transport and Location**

- Will it be accessible to public transport, particularly for the less able?
- What plans for transport, how do you influence?
- What will determine if radiotherapy is located at the eastern hub, if it isn't will not be equal to Liverpool and Aintree sites?
- Need another map with other hubs and hospitals
- Is the car park free and availability is good, if no who's responsible to provide the support and who is responsible to communicate that information?
- Need clarification of where the other hubs will be and choice offered for patients?
- Why can the hub not be in the middle of the geographical area?
- City region, Steve Rotherum input?
- What % of patients in eastern who need patient transport – impact, cost, times etc?

**Staff and Resources**

- What will be the cost?
- If there is money to invest would it be better to improve local services?
- Is it the same number or staff with increasing demand how will waiting times be improved?
- Who is funding the new build at the new cancer site at Liverpool and will this impact on the hub if problematic?
- Do we have the funding for this?
- This is not going to be a cost cutting exercise is it?
- Where is the funding coming from or are services just moving?
- Radiotherapy is expensive, who is going to pay for it?
- Will all hubs offer the same facilities, MDT staff etc, how will this impact on DGH local delivery?
- What's the timescale for this and staff recruitment process?
- Are they relying on volunteers to meet and greet at the hub?
    - Involved in discussions and used within the model
- What assurance can you give on having all the necessary resources when implementing?
- An existing provider but in a new place-based service – will they have the local knowledge to hand?
- Have all clinicians been involved and onboard? E.g. GPs and non-cancer specific professionals?
- What resources will be available for information e.g. resource centre?

**Other**

- How do we measure the impact going forward?
- Will dynamism be built into the new hub, innovation is key re personalised chemo treatment
- Is this the right model?
- Will patients be given treatment choices?
- Will the hub provide a timely advisor for patient finance issues? What is on offer financially in the hub?
- Have service users and volunteers been involved prior to this event?
- Would the hub communicate with other trusts? e.g. IT interoperability?
- How are we going to access the latest clinical trials?
- Will all the hubs have the urgent access rather A&E?
- How can the 7 day be achieved is this realistic?
- Will there be any impact with the proposed new build of Halton Hospital and the initial discussions of Warrington Hospital?
- Are all the other hubs offer the same services?
- Will this definitely go ahead if NHS England and NHSI merge or if there is a change in government?
- Will it work for people on the lowest incomes re where urgent care base is?
- How can the new development be part of this model?
- Flowchart pathways need to be developed
- What's the evidence for the improved access to treatments?
- Won't the waiting time improve with the new hospital?
- Is the hub development the right options or ambulatory services on existing units better?
- Young people transition
- How has the model been defined taking into consideration The Christie flow and volume?
- What is the timescale for starting the hub?
- Inclusive – signage, papers, services
- Where will hub staff be recruited from? Will this leave gaps in specialist service provision in the 'spoke' areas?
- What is going to hubs from Clatterbridge?
- Were patients consulted at Aintree and findings regarding benefits considered here?
- Will systems (patient notes) link together?

**Question and Answer Session**

In the final stages of the panel event participants were asked if they had any questions they wanted to ask the presenters. The following questions were recorded.

- How will location be decided?
- Understanding the pathways is difficult, how will it work?
- If patients choose not to use the hub how will it be catered for?
- If you do decide that radiography will be at the hub, where will the money come from?
- Could psychological support be available for patients and family members at the hub?
- The referral process is not clear.
- It is unclear where the hub fits into the process, it feels like you are adding an extra layer.
- Make sure transportation and infrastructure is in place wherever the new centre is placed.
- Transport is a major issue. The 45 minutes is presumably the time by car, public transport would take longer as it is not great.
- Why is surgery being excluded from the pathway? Patients who need surgery may feel they are at a disadvantage.
- Has there been consideration to expand a current hub?
- How is technology going to be used and how is it going to be built in?
- Are you taking on recommendations/feedback now, or is it for when we go to Clatterbridge in 2020?
- Diagnosis means physical, mental and financial implications, will financial implications be considered?

## 2nd Stakeholder Panel Event – October 2018

### Introduction

The following report sets out the findings from the second Stakeholder Panel event which was held on the 9th October 2018 at Halton Stadium. The outline of the agenda was as follows:

- Presentation by Dr Sue Burke, CCG Clinical Lead – The Patient Journey and Proposed Benefits
- Facilitated discussion about the current and proposed patient journey
- Presentation by Mark Lammas, Programme Manager – Travel and Transport Process
- Facilitated discussion about travel and transport
- Presentation by Dr Sheena Khanduri, Medical Director – Hub Requirements and Evaluation
- Facilitated discussion and individual exercise to gather feedback and scoring of the evaluation criteria
- Q&A session

The insight from the group discussions have been collated into common themes and the individual scoring exercise has been inputted and analysed to provide an average score across all evaluation criteria.

### Attendance at the Event

There were 40 participants at the event made up of the following representation:

- Cancer support group - 9
- Community and voluntary group - 2
- Healthwatch - 10
- Hospital/hospital trust - 7
- Partner organisation – 3
- Service user - 4
- Health and care other – 5

**Executive Summary**

There were 40 participants in total at the second Stakeholder Panel event held on the 9th October at Halton Stadium. The following sets out the executive summary from the scoring exercise and group discussions on the day. The full set of findings can be found in section 3 of this report.

Current and Proposed Patient Journey

The key themes from the table discussions about the current and proposed patient journey were as follows:

- In terms of presenting the proposed patient journey to others, the participants suggested ensuring all acronyms are spelt out and terminology is explained fully
- Some other suggestions included: including screening and MDT in the patient journey maps
- There appeared to be some confusion as to how surgery fitted into the proposed journey, or how someone who has had surgery links back into other services at the hub
- Participants wanted to know more about how the staffing and recruitment would work for the hub
- As mentioned during the first event, participants were concerned that delays at the GP referral and diagnosis stage can impact on the time it takes to receive care
- It was noted that there was some confusion as to what ambulatory care is, with participants asking for further explanation
- Many described the positives of ambulatory care within the proposed hub
- Mixed understanding was found about the service offer at the hub
- Participants want to see effective communications and sharing of information in and around the hub
- Some requested that clinical trials should be explained more to ensure people can understand what is involved and what are the benefits
- Ensuring the pathway is patient centred was made very clear within the group discussions
- There was slightly more understanding around the support services that could be offered in the hub, compared to the first event, with participants making further suggestions.

Travel and Transport

The key themes from the table discussions about travel and transport to and from the hub were as follows:

- A number of alternatives to standard public transport and use of a car as a form of transport were suggested including: electric vehicles; shuttle buses; volunteer drivers; park and ride and; NHS taxis
- Other suggestions also included avoiding travel by offering virtual consultancy and treatments at home or more locally
- With regard to bus travel, participants suggested appointments should take into account when bus passes are valid e.g. from 9.30am
- Routes, out of hours travel, the number of buses, timings and costs for patient and carer travel were put forward for consideration
- Parking availability, cost of parking, free passes and permits were also put forward for consideration
- One person described how the parking experience can impact on the overall hospital visit experience
- The cost of travel and multiple visits factored highly amongst the participants with many suggesting help should be provided to pay for travel or free travel
- The toll for local bridges was put forward for consideration
- Participants suggested an audit of travel was required once a location had been identified
- Overall travel times were discussed with many questioning the 45 min travel period
- Some participants highlighted that how a patient feels and the stage at which they are at in their treatment, particularly around immunity levels, could impact on their decisions and choice of transport.

Evaluation Criteria and Scoring

The key themes from the table discussions about the evaluation criteria of the hub and an average score for each criterion are as follows:

- All evaluation criterion was considered important by the participants as they all received a score
- Clinical quality was nominated as the most important evaluation criterion for the participants
- People explained that they felt that standards of care should be the same or better to ensure good patient outcomes and to attract the best workforce
- The other criteria were rated quite similarly, with strategic fit being the least important to participants at the event
- Patient access discussions centred on travel, with some feeling there could be inequality amongst those who do and don't drive. Patient vulnerability should be considered
- A variety of suggestions were discussed with regard to facilities and infrastructure including:
    - getting the environment right i.e. offering private spaces, friendly greeting
    - what services were required i.e. radiotherapy, signposting and advice, rehab, x-rays
    - support services i.e. IT support and virtual consultations
- Support services were discussed further with suggestions including: a crèche; lymphoedema services; therapies; on-going support; safe guarding etc
- The locality of support services was considered important
- Discussions captured, suggest the participants were not clear on what was meant by strategic fit which might have impacted on its low scoring
- Radiotherapy, survivorship, easy of accessing services and looking at technology were considered important aspects of future proofing.

Exploring the Name/Term 'Hub'

- The use of the term 'hub' was not rejected by the participants, however, suggestions included having another name to accompany it
- Some suggested using Clatterbridge as it was considered a Centre of Excellence
- Having a name that means something and is recognisable was an overriding consideration for the participants.

**Main Findings**

The main findings from each of the activities and discussions at the Stakeholder Panel event on the 9th October 2018 are outlined on the following pages.

Findings from Exercise 1 - Current and Proposed Patient Journey

Following a presentation by Dr Sue Burke about the current and proposed patient journey, participants were provided with a copy of the journeys visual representation and asked to provide feedback during their table discussions.

Some participants provided suggestions as to how the current and proposed patient journeys could be better represented visually. These included:

Current Patient Journey

- Include screening and where this would be situated in the current journey
- Include description of where acute trusts fit in
- Include MDT and an explanation as to what this is
- Give examples of rare cancers

Proposed Patient Journey

- Simplify and/or explain terminology e.g. clinical teams, ambulatory urgent care unit and clinical trials

The following information outlines the main discussion topics and the participants' specific comments about a patient's journey. The findings demonstrate the general discussions about the current and proposed approach.

| **Surgery** |
| --- |
| • Surgical patients have access to these services already<br>• Common and rare cancers could have surgery?<br>• How is a surgical procedure linked to the hub services? |

**Staff/Recruitment**

- Staff choosing careers for work/life balance re workloads
- Recruitment throughout the North West
- Issue around recruitment of acute oncology
- Concerns about role of Macmillan nurses in the Hub, poor experiences cited
- Team need to be explicit about what staff will be in the hub and opening times
- Quality of nursing care lets the service down; no comparison, no care, no courtesy, no common sense
- Workforce - will this be new people or relocate existing staff

**GP**

- Wait time to see GP can be a number of weeks before this process can start
- How can GP receptionist link to care navigators to speed up pathway?
- Continuity of care with GP, review is variable. People tell story over and over, how will this change?
- What about having to wait 3-4 weeks to see a GP before 2-week referral. Will the pathway change this? Can patients be referred to on call GP quicker and may speed up access/referral
- No mentions of information or involvement being passed back to GPs

**Ambulatory**

- Need to be clearer on ambulatory care model
- What does ambulatory urgent care unit mean?
- Not as part of the hub, could this be on both sites?
- Reduce pressure on A&E
- Keep away from infections
- Need more criteria for the ambulatory timings, open times, what staff will be in there?
- Real positive
- Okay if 24/7
- Hub ambulatory should be first point of contact not via A&E
- Will be a god send
- Urgent care response, how big does it need to be?
- A&E big loop hole at the moment
- Warrington hospital has no 'walk in' centre, the nearest is Leigh or Widnes

**Hub Specific Comments**

- What is the timescale from now to hub being developed?
- The hub focusses on a tiny part of the patient journey
- What does local and hub mean?
- How is the hub going to utilise the workforce?
- Is it a virtual hub?
- Will services be in local diagnostic and Hub?
- Patients may have to tell stories a few times
- Travel concerns
- Like the idea of a multidisciplinary team at the hub
- May get answers to a lot of questions in one place
- Benefits advice in the hub
- Like the idea of bringing everyone together physically

**Communications**

- How will the hub improve sharing of patient information to ensure appointments are effective and consultant has all test results – cross hospital communication
- How do you know who your consultant is?
- How will you ensure that all NHS areas are working together?
- Will all up to date information be available at the hub, will computer systems be considered?
- Clatterbridge needs to do better PR to raise brand awareness
- Could have one person recommending service but having all information given to a patient all in one meeting is too much for them to take in
- Key worker to guide through pathway and support with patient, the key worker should be there at the diagnosis stage
- Need one clear message on how to contact

**Parking**

- Parking is important
- Free parking

**Clinical Trials**

- More equitable access to clinical trials
- Clarity on what is meant by clinical trials
- Education around what are clinical trials
- Private or NHS trials
- Explain benefits and clinical trials

**Pathways**

- Patient centred
- Patients should be key in this process
- Inequality with pathways in different areas
- Optimised pathway of care
- Personalised treatment plan
- Already happens
- Better clearer awareness of treatment plan
- Referral process to be clarified, lots is consultant specific

**Support Services**

- Will it be possible to have GP access to information?
- Will all the support services be on board with the hub?
- Important for all patients to be signposted to that individuals' local services?
- Need benefits advice within the hub
- Welfare rights
- Holistic needs assessment is patchy
- Local facilities for lymphedema
- What will the support services be?
- Tap into the third sector a lot more
- Don't duplicate what is already locally happening
- Directory of services

**Wrap Around Services**

- How will wrap around service be linked between local and sector hub to ensure seamless care?
- Wouldn't it be better to physically locate all wrap around services together?

**Clatterbridge Specific Comments**

- Confusion about using Clatterbridge as a site and Clatterbridge services
- Isn't Clatterbridge in Liverpool?
- Be mindful of people not choosing local services and go for brand 'Christies and Clatterbridge'
- No clear model from Clatterbridge on cancers

**Other**

- Therapeutic environment
- Affordable
- Positive
- Patient attending a routine clinic appointment and NSP
- Complex not delivered at local hospital
- All at local hospital
- No change
- Tests at local hospital
- Location of acute oncology
- Needs to be accessible and easy to access and refer to
- Operational side
- Like Walton MDT
- We need sustainability as by 2030 1 in 2 people will be diagnosed with cancer
- Sustainability, demonstrable improvement with centralised care
- East Warrington do fund raising for Christies so choose Manchester
- Biggest concern with patients going to Christies for treatment
- Concerns that different parts of area are further away i.e. South easier to travel to Manchester
- Need to make patient choice clearer
- Rare cancers
- Rare cancers not just treated at Clatterbirdge Hospital
- Invaluable continuity of care is really important
- Palliative care
- No change
- How do they get back into the system?
- What are the timescales to treatment?

Findings from Exercise 2 – Travel and Transport

The following themes demonstrate the discussions that emerged after hearing a presentation from Mark Lammas, Programme Manager at Knowsley CCG, about the approach to travel and transport for the proposed hub. Participants were asked to take into account free transport, car and public transport options and considerations. The comments have been collated by commonly occurring themes.

**Alternatives**

- Electric bikes
- Electric cars could be an option
- What about free shuttle busses from the town centre?
- Shuttle busses works well already, think about pick up points
    - Could this be across the 4 sites
    - Increase capacity and timetable
    - Show appointment letter to use
- Volunteer drivers works very well
    - Volunteer drivers – can these be used
    - Build relationships
    - Distance can be limited
    - don't rely on volunteers they are complementary
    - Can be affected by criteria
- Park and ride to be explained
- Explore use of NHS paid taxis to get people to the Hub with not transport
- The possibility of a hopper bus services from local hospital
- Need outreach too
    - Virtual consultation would perhaps negate need for any unnecessary travel but contentious! Complementary not instead of
    - Chemo in your own home or more local

**Public Transport**

- Bus not always a direct route
- Out of borough passes don't work
- Time of use of pass, cannot use before 9.30am
- Bus passes only give free travel from 9.30am

- Cost is high
- Over 45 mins
- Multiple bus journeys
- NWAD/Midlands PTs charges
- Consultation with local bus providers e.g. stops and routes
- Bus services linked to hub services – helps people with restricted mobility
- Out of hours public transport
- Length of time and any change overs
- Waiting time for buses in non-urban areas
- Some bus routes are less frequent or stop after 6pm
- Extra cost if carer comes
- Merseyside bus pass can only be used in the border
- Possibly patients who are frightened or have mobility issues using the bus
- Need to be clear on public transport and clear on every circumstance
- Often you will need more than one of the two buses to get to your destination

**Parking**

- Availability, struggle now but even worse
- Cost of parking is usually high
- Speak to private company to have free parking
- Parking fees – vary by site
- Parking permits and clarity of availability
- Designated areas
- Will there be a specific hub car park?
- Is there free parking for cancer patients?
- Passes for visitors
- Maybe free parking overall
- Car park is not sufficient at St Helens and Whiston Hospital, not enough spaces
- Parking needs to be considered and measured i.e. cancer versus COPS patients
- Charge through council re land
- The car park experience can dominate the whole hospital visit experience
- Car parking issues – increased capacity needed
- Patients more stressed by car parking cost/capacity than appointment

**Cost**

- Free travel and transport including parking for patients who have cancer
- Forget bridge cost due to frame of mind and the general cost of the bridge
- Involvement in volunteer sector i.e. transport and drivers
- All barriers act as a deterrent for attending appointments and follow ups
- Cost of family and friends for multiple visits (information on all travel and transport should be given at the start of their cancer journey)
- How much does it cost?
- Multiple visits e.g. radiography
- Are patients aware of subsides/concessions – needs to be made clear
- Bridges and tolls additional cost
- Could people be allocated an amount of money to organise own transport
    - Means testing does already happen
    - Can be difficult if carer on benefits as this doesn't count
- Tunnel fees and bridge fees need to be considered
- The cost of missed appointment versus cost of a taxi

**Car Drivers**

- A lot more traffic in Whiston since the new Runcorn Bridge
    - This toll will impact
    - Can this be paid or have a concession?
- Directions
- The bridge needs factoring in
    - Fees
    - Could be given passes
    - Used to able to get Mersey travel passes
    - What about the new bridge and the cost

**Data**

- Where patients come from
- Sites they visit
- Number by what means
- Could an audit be carried out on patients travelling to hospital, cost, enjoyment etc

**Travel Times**

- What is the average travel time for all services e.g. radiography?
- Timing
- Traffic needs to be considered
    - It doesn't take into account road works or car parking time
- Will there be a hub out of hours to help with travel and parking?
- Consider rush hour and school traffic
- Need to change metric – 45 mins by bus not 45 mins by car
- 45 mins is not an improvement
- Patient transport whole day due to picking other people up
- Need to make sure as much as possible all treatments/services are on the same day/same appointment
- 45 mins is a long time to travel if your acutely unwell
- If someone struggling for 9am appointment – give them a later appointment
- Rush our car travel would increase time but happy with 45 mins journey via car
- Journey times from the preferential area

**Patient Considerations**

- Consider how people feel after treatment
- Immunity can affect use of transport due to infections
- How much choice would be involved, if somewhere was nearer could they go there instead?
- The number of journeys required will make a difference
- Might not be too much of an issue if people are only going for one appointment
- Think about the person needs i.e. bus pass after 9.30am
- Personalised transport

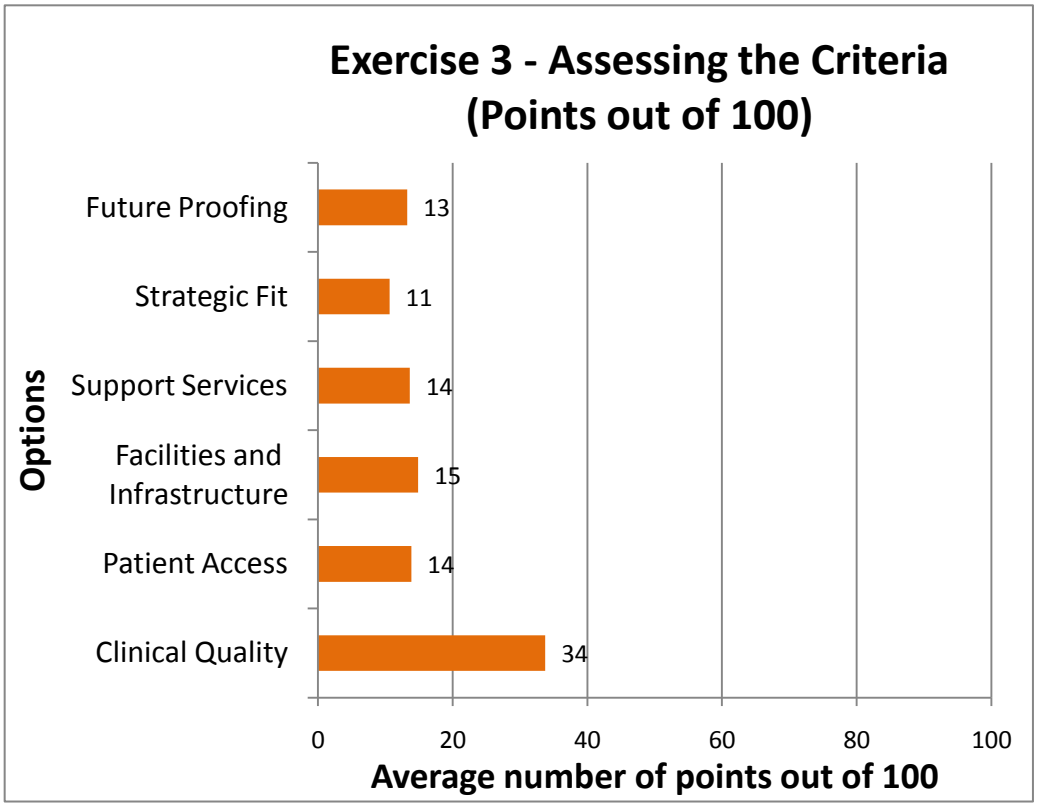
**Other**

- Some patients get family travel support
- New hub
    - Why does it have to be on existing site?
    - Can it be a new location?
    - Independent of existing sites will be seen as neutral
- Information
    - when appointment is booked
    - Up to date travel information available
- Disabilities – access on the hospital site
- Emergency – will ambulances, PES to the hub and take home or convey to a bedded unit?
- Signage – sign posts on hospital sites for parking and inside for clinic
- Services need centralising
    - Lymphoedema services
- Pot holes on side roads near Whiston
- Technology
- Where in the UK has the travel/transport problem been solved? Need to learn from this
- 2 hot sites Whiston and Warrington have nearby train stations
    - Halton doesn't
- Be mindful of transport services (PTS)
- This needs decision makers to make these journeys themselves
- Impact on service
    - Cancelled appointments

Findings from Exercise 3 – Evaluation Criteria and Scoring

Dr Sheena Khanduri talked at the event about the hub requirements and evaluation criteria. Participants were asked to provide feedback as part of their table discussions. In addition, they were asked to individually score each of the evaluation criteria out of 100 to determine which were considered the most important. The following chart clearly shows that clinical quality was nominated as the most important evaluation criterion for the participants. The other criteria are rated quite similarly, with strategic fit being the least important to participants at the event.

**PLEASE NOTE** - the total is 101 as there is a rounding error on the averaging of the other scores. If we took each score to two decimal places the total would be 100.



The comments collated provide further insight to participants opinions of the evaluation criteria as follows.

**Clinical Quality**

- The standards should already be being met
- Communication with treatment units need to be effective
- Same or better
- Keep people out of hospital
- Feedback from clients
- Patient outcomes
- Data can benchmark performance
- Marketing so people know where to go to e.g. journey, hub and urgent care
- 24/7 otherwise people will go to A&E
- Will urgent care be 24/7
- Vital we have the best clinicians available
- Research and innovation can attract more money and academic interest, potential to attract the best workforce
- Clinical quality is the most important as it has the most direct impact on successful treatment
- Improve on 62 days

**Patient Access**

- Is this a fair target only counting car journeys?
- Are we saying its acceptable for some areas to have worse access?
- Complicated bus journeys, cost of transport and fining a car park space is just as important.
- Delays at clinic can be a lot longer, prompt appointments need to be considered
- Must consider Toll Bridge, Tunnels etc
- Inequality for those who can and can't drive
- How is it different from the current processes, it is not clear?
- Patient vulnerability
    - Effect upon patient mobility and access to transport
    - What facilities and functions would need to be put in place to enable vulnerable individuals to access services given the 45-minute travel time estimate?

- Time of day for appointments versus travel time
    - Will this be taken in to consideration or included in 45-minute travel time?
- How will travel be for a patient who has just been for their treatment
- Free parking – how will this work?
- What will be the opening hours of the hub

**Facilities and Infrastructure**

- Environment needs to be therapeutic
- Emergency should be separated from planned
- Waiting space
- Human contact
    - Friendly greeting
    - Horrible bar code appointment letters are not welcoming
- Able to get a drink
- Clatterbridge make the best toast
- Information
    - Signposting and advice
- Expect this to be high
- What would a good patient environment look like, how should it be benchmarked?
- Dignity needs to be considered e.g. space and privacy are important
- Without a radiotherapy facility all places in Eastern sector are disadvantaged compared to the other sectors
- Have joined up teams all working together now and in the future
- Virtual consultations and optimising technology
- How may consultants will be involved?
    - Where are they coming from?
    - How will workloads be organised?
- Will there be a receptionist, they are key for information?
- IT requirements
    - Ensure smooth communication
    - Will IT systems be compatible and working with shared care records?
- Are screening services aligned to the hub e.g. breast screening, colonoscopy, cervical, lung x-ray etc?
- Cancer rehab
    - Preventing secondary cancer
    - Smoking cessation

- Weight management/diabetes/physical activity
- Will there be short stay beds?

**Support Services**

- Links to mainstream therapies
- Most of the support identified is already at the surgical and chemo sites
  - Are these going to be moved to the hub, as I think this would be an extra journey
- If the hub is for the 1st clinic appointment, the support services available should be those appropriate for the appointment
- Macmillan advice services for finance, housing, education etc could be centralised
- Maybe depends on culture of geographical area and patient choice
- Maybe about streamlined access rather than all there
- What happens to external services
- About patient choice and keeping services local
- Having a creche
- Include lymphoedema services
- About people in the hub knowing where to go for extra support at other services
- Already provided in the community, is this repetition of services?
- Consider delivery of services in an environment which is not connected with their clinical treatment
- Duplication of other local services that are not of benefit to the patients who could access more local to themselves
- How to link in with existing services and ensure we don't duplicate
- Back up is vital
- Don't forget after treatment
- Need to be in reach
- Lack of support does impact on psychological wellbeing
- Localised service, social support, living with and beyond cancer
- Need ongoing support
  - Phone numbers for support
  - Right information at the right time
  - Specialist nurses
  - Good signposting
- Lack of understanding about what is already being delivered

- Shouldn't be duplicated
- Could be a local trust with signposting
- Involvement of family and friends in support services
- Safeguarding involvement in the community
- Patients who need support of family and friends should be taken into consideration e.g. cost, work
- Role of the third sector
  - Faith groups, vulnerable adult safeguarding officers
- Life environmental support around the patient
- Cancer awareness
- Holistic treatment – I want to be treated as a person not a clinical incident
- Not all need to be in the hub if there is good signposting

**Strategic Fit**

- The chemo treatment sites are currently in different places to A&E and a number of MDT's and surgical sites
- IT integration is a must as well as video conferencing
- Diagnostic model – what diagnostics are needed after the MDT?
  - Is radiotherapy planning going to be part of it?
- Keeping people informed
- Communications with local primary care and services, joining services
- Good IT infrastructure
- Video MDTs are key
- What are the diagnostic needs locally?

**Future Proofing**

- Radiotherapy has to be part of the long-term plan
- Survivorship
  - Acute cancer patients and who the patient is after treatment
  - Psychological recovery and after treatment
- Able to access services easily
- There is no point realigning services and systems if you are not horizon scanning and future proofing
- Technologies and new hospital sites

**Other**

- Biggest concern is wrap around services
    - Why duplicate services that are already in place?
    - This wrap around wasn't in the original plan?
- What do they mean by palliative care when it is in place already?
    - In what context do they mean palliative care?
- Shifting place of delivery
- Could there be a better sign posting service?
- Will the walk-in centres have doctor cover?
- Why letters?
    - A digital system that sends physical mail?
    - Where has data come from that informs this need?
- Further away the hub is from your home you are less likely to go back for any complementary services such as massage
- Is the hub just for clinical reconstruction and not for the patient?
- Criteria to be done from a patient perspective
- Consider relatives, carers as these people are all part of life/treatment and recovery or palliative care
- Environment and carbon footprint
- Views of cancer patients current and past
- If staffing wasn't an issue at Clatterbridge what would be best for patients, workforce solution might be the best option.
- Have a patient survey

Exploring the Name/Term 'Hub'

Participants were asked as a whole group about the phrase 'the hub', whether it was the write name/term to be using, whether people would understand what it offers and if it should be connected to a name or location. The group explored this as a whole and were asked to provide feedback. The following responses were collected:

- Hub refers to a centre but it actually isn't
- Centre of something is not the centre of everything
- Call it CLASS – Clatterbridge Local Access Specialist Services
- Cancer Care Centre of Excellence
- Next event put this hub in context with other hubs
- Treated by CCC
    - Name CCC could confuse location
    - Not at where?
    - Should be identified by CCC
    - Local specialist service
- Warrington use term hub for public facilities and NHS
    - Understand the term
- If Aintree, Eastern and others, where is centre of excellence
- Don't use North, South, East and West as it is difficult for people to work out
- Could use something that already exists like 'Lilac Centre'
- Public can expect to be treated by specialists
- CCC at 'name of location'
- If use Clatterbridge in the name people might think they are going to the Clatterbridge area

Question and Answer Session

In the final stages of the panel event participants were asked if they had any questions they wanted to ask the presenters. The following questions were recorded.

- You don't get free transport for all appointments
- At the next event it would be good to know how the hubs fit together and understand how other hubs work and Clatterbridge
- None of the presentations have forwarded information to local GPs, how will communications work with GPs, this should be somewhere in the process?
- Are clinical trials local, regional, national or worldwide?
- Are clinical trials inside or outside NICE guidelines?
- What is the benefit of clinical trials?
    - We need to explain to lay people what the benefit is
- In terms of the location, has it been explored about having it sited independently of the Trusts?
    - Could it be explored?
    - Sometimes we bolt on to what already exists instead of somewhere that might be better e.g. for transport
- Will there be some services that are virtual to the hub, some services are already local, do they have to be all located at the venue?
- Do patients have to go to hospital for all care e.g. Chemo?
- What is Ambulatory care?
    - Most lay people don't understand what ambulatory care is
- What is urgent care?
- Will ambulatory care be 24hr and who will staff it?
- Key is the alignment with A&E services, the ambulatory care services.
- Could we have copies of the flow chart journeys.

## 3rd Stakeholder Panel Event – December 2018

### Introduction

The following report sets out the findings from the third Stakeholder Panel event which was held on the 4th December 2018 at Halton Stadium. The outline of the agenda was as follows:

- Welcome by Dianne Johnson, Senior Responsible Officer for the Transforming Cancer Care Programme / Chief Executive Officer, NHS Knowsley CCG
- Introduction by Louise Bradley, Director, Participate
- Presentation by Dianne Johnson regarding:
    - Process reminder including the national and regional context, the scope of the Eastern Sector Cancer Hub and governance of the programme
    - Overview of the case for change
    - The current and proposed model
    - The benefits of the proposed model
- Facilitated discussions across four tables – experts circulated the groups to discuss the presentation content and answer any queries
- Presentation by Dianne Johnson about the next steps and an update on travel mapping

Insight from the group discussions have been collated into common themes.

### Attendance at the Event

There were 23 participants at the event made up of the following representation:

- Cancer support group - 6
- Healthwatch - 4
- Hospital/hospital trust - 4
- Partner organisation – 2
- Service user/Patient Representative - 5
- Other – 2

**Executive Summary**

There were 23 participants in total at the third Stakeholder Panel event held on the 4th December at Halton Stadium. A summary of the discussions and questions provided by the participants are as follows. A more detailed outline of the discussions and responses from experts can be found in section 3.

- Staff wanted to see a better reflection of current care services and what is happening now within the modelling.
- All wanted to see equal care for all across the four CCG areas.
- People wanted to know whether services will be lost through the new model.
- There was a call for more detail of the evidence base and how the modelling and decisions will be scrutinised.
- Location, transport and travel remain key issues, although there is recognition that quality and equality are important factors.
- Additional suggestions and questions were raised by panel members about the Hub and suggested names of the Hub; see 3.4.
- The participants called for better use of language and terminology within the engagement documents and made suggestions for real case studies.
- People asked for there to be an honest discussion about workforce and whether the plans are aspirational or realistic.
- Many wanted the importance of clinical trials and research to be better explained to patients.
- Participants described how the current treatment of cancer patients attending A&E is fragmented across the localities / boroughs of the Eastern Sector.
- Some people wanted clarification about less common cancers and how they would fit into the Hub model.
- A few people explained how they thought long term cancer patients were not well supported.

- Questions were asked of the experts about the money to support the proposed model and whether they were considering the potential expense for patients' location changes.
- Some people wanted to hear more about the next steps and how patients were being engaged.

**Main Findings**

Following a presentation by Dianne Johnson, experts visited each table in turn to hear questions and discuss with the participants about the current and proposed model. The experts changed tables after 10 minutes, visiting all four tables during the session. The experts were:

- Dianne Johnson; Senior Responsible Officer for the programme / Chief Executive Officer, Knowsley CCG
- Dr Sue Burke; GP Cancer Clinical Lead, Warrington CCG
- Dr Paul Rose; GP Cancer Clinical Lead, St Helens CCG
- Mark Lammas; Project Manager for the programme / Commissioning Programme Manager, Knowsley CCG

The following sets a summary from the discussions on the day.

<u>Recognising Current Resources</u>

The attendees were keen for current resources and services to be better reflected in the proposed model of care. Across the tables, people felt services and care that are working well were not adequately recognised within the proposed plans. For example, some described how urgent care was already being managed at the Lilac Centre.

*"Within the current model and future model some aspects are already covered, like ambulatory care at the Lilac Centre. Is this current model reflective of what is happening now?"* Participant

Discussions progressed around equality of care, with many describing how care is not currently equal for all.

"*There is a real inequality for patients that can't use the Lilac Centre for example, we want to make sure everyone has access to a service."* Participant

People also wanted to hear that they were not going to lose services or that care will not be diminished. Others were confused as to whether the Hub would be an extra facility or an add-on to what is already available. The experts explained that care would not be diminished, but that it will actually be boosted.

Evidence Base

A number of people raised the point of wanting to hear what the evidence base is for the proposed Hub model. This included:

- Evidence of best practice elsewhere – other hubs, other areas
- How other Hubs work across the region?
- How can better outcomes be measured and what are they?
- What is the feedback from scrutiny committees?

The experts described how the process is very structured, follows an evidence base, and requires adherence to NHS England regulatory compliance. This evidence base includes the following; National Cancer Strategy, Clatterbridge Cancer Centre Strategic Implementation Plan and an Independent Clinical Senate Review on the proposed model of care. Following this a business case will be reviewed by NHS England before a formal consultation process can commence.

*"It is a very rigorous and structured process to set out the model and at the end will be the where [the hub will be located]. It is easy to leap to solutions too early."* Expert

Location/Travel/Transport

Quality and equality of care was recognised by the participants as being more important than location on the whole but many described how travel to and from a service, particularly during treatment, could impact negatively on patients.

*"It is not distance it is about sitting on a bus for an hour in the condition you are in taking that journey."* Participant

Others described that if the location of the hub is further towards Merseyside that it would cause issues for people living in Warrington.

Other discussions centered around knowing whether the Trusts are able to cater for a Hub in their location. People wanted to know if both Trusts could accommodate a Hub currently.

*"We have asked the Trusts and their estates can cater for this."* Expert

Different types of alternative transport were suggested and the experts explained that investigations were ongoing into travel and transport to and from a variety of locations. They also acknowledged that a range of different methods of transport would need to be considered.

Proposed Hub Model

A range of topics were discussed at the event in relation to the proposed hub, with questions and suggestions provided as follows. These questions will be provided with a response and demonstrated in future FAQ's.

- What will be the major gains to having the hub?
- How would you get a holistic needs assessment?
- Will there be virtual clinics?
- Can Macmillan and Marie Curie support the hub model?
- Could children use the hub?
- Could CVS provide signposting?
- Include additional services e.g. Macmillan benefits advice
- What will be the radiography offer?
- Monitoring of patients through virtual working, helping to avoid attendance at A&E
- How will dialogue between the Hub and the surgical team work?

During the discussions, some people suggested ways in which the model could be better portrayed during the engagement and consultation to help people understand the plans. These included showing all possible pathways to care including using other cancer services across the regions i.e. The Christie in Greater Manchester. In addition, they called for real life case study examples of patient's journeys.

The name of the proposed Hub was considered at the event amongst some participants. Suggestions included:

*"Call it 'centre' rather than Hub"*

*"Look at calling it Clatterbridge with …….. for the name"*

Use of terminology and language was highlighted as needing more consideration. For example, people felt the use of the word 'ambulatory' was unfamiliar to members of the public.

Workforce

People asked for there to be an honest discussion about workforce and whether the plans are aspirational or realistic. Some people asked for a clearer indication of opening times and capacity.

The experts explained that there are limited resources across GPs/consultants and that they need to bring them together to support one another and provide a better all-round service.

Clinical Trials

There were some discussions around clinical trials and how people wanted the importance of clinical trials and research to be explained better to patients. The experts acknowledged that patients are saying they want better access to trials.

Urgent Care

Participants described how the current treatment of cancer patients attending A&E is very fragmented across the CCGs. Discussions centered around the need for cancer patients to avoid waiting in A&E.

*"We want to avoid [cancer patients going to] A&E that is the Gold Standard".* Expert

*"If someone feels unwell, they can be assessed at the Hub instead of going to A&E".* Expert

Less Common Cancers

Some of the participants asked the experts about less common cancers, what were intermediate cancers and how will they fit into the Hub model.

*"Breast cancer is a common cancer and lung is for people living in St Helens. Gynecologic cancer, Melanoma and Pancreatic cancer are intermediary".* Expert

The experts explained that the rarer cancers would still be treated by the Clatterbridge teams and that the Hub, although focused on care for common cancers, could help those with more complex cancers. For example, the urgent care service could assess patients and provide care out of the A&E setting.

Long-term Cancer Care

One table discussed how they felt long term cancer patients were not well supported.

*"Someone diagnosed 4-5 years ago need to be just a big a priority as those recently diagnosed".* Participant

*"More people are living with cancer than die from it".* Participant

Finances

People asked the experts if there is money to support the proposed model. The experts explained that financial modelling was taking place to understand if more funding is needed but in essence, they were looking to use the same money but in a different way.

Other discussions outlined the need to consider the cost of using the hub for patients e.g. parking and travel costs.

What Next

Prior to hearing the next steps presentation by Dianne Johnson, some people were asking when patients will be consulted and what the next stages are. The experts explained that patients were already being engaged via focus groups across the four CCGs and that another event will take place with the stakeholder panel in January, when patient case studies will be made available. They also explained this first stage in the process was about "*looking at what good looks like and future proofing services within the Eastern Sector".*

# *Feedback from Service Users and Carers*

**Focus Groups Overview**

Ten focus groups were conducted with cancer care service users or their carers across the four CCG areas, 69 people took part in the discussions overall. The groups were recruited via the stakeholder panel. Participants were sourced through the various support groups and cancer care organisations outlined below.

| Grp | Organisation | Description |
|---|---|---|
| 1 | Widnes & Runcorn Cancer Support Centre | Cancer Support Service |
| 2 | Lyndale Knowsley Cancer Support Centre | Cancer Support Service |
| 3 | St Helens & Knowsley Teaching Hospitals NHS Trust | Cancer Patients |
| 4 | LiveWire (arranged by Warrington & Halton Hospitals NHS Foundation Trust) | Community Support Group |
| 5 | Sam's Diamonds Charity | Cancer Support Charity |
| 6 | Knowsley Carers Centre | Cancer Support Service |
| 7 | St Roccos Hospice | Cancer Patients |
| 8 | Warrington Disability Partnership | Cancer Patients/Disability Group |
| 9 | Halton Carers Centre | Carers Support Group |
| 10 | St Helens Carers Centre | Carers Support Group |

A discussion guide was developed with the ESCT communications and engagement group. The discussions sought to gather insight into service users' experiences of using cancer care services and their opinions on the case for change and proposed Hub. The groups were an hour to ninety minutes in duration and consisted of semi structured discussions. The facilitator took notes throughout the sessions, a full write up of the notes can be found in the main focus group findings.

**Summary of Focus Group Findings**

<u>Experiences of Local Cancer Services</u>

- The majority rated their care and treatment as very good, many particularly mentioning the speed of service, care and attention:
    - Some went as far as to say they *'felt like a treasured possession', 'not processed', '[the staff were like] a 2nd family'*
    - Good service was noted in St Helens, Whiston, Lilac Centre, Clatterbridge, The Royal, St Roccos, Warrington, Halton and the Linda Mcartney Centre

- A small number had good experiences of being signposted to support services by their GP or Macmillan, but most felt the signposting was in need of significant improvement. Many saying they found out about support services through word of mouth and searching around:
    - Many experienced additional support services at the centre they were attending
    - Of those who sourced support services elsewhere they were described as life lines
- A number of people mentioned shortfalls in lymphedema provision and/or signposting
- There were mixed views on the level of information and advice provided:
    - Some felt they didn't have enough information
    - Others felt they were bombarded with information *'blunderbuss approach', 'scattergun'*
    - Many agreed it is difficult to take in information at first due to stress, anxiety and lack of understanding, and that you need support to help with this, not everyone had access to support
- Some experienced delays in results and bloods or waiting at planned appointments:
    - People did explain that they didn't want others to be rushed through but felt a more staggered approach should be introduced
    - An example was given of medications/chemotherapy not being ready at appointments and results not being ready for consultant appointments
- Examples were given of shortfalls in follow ups after treatment or having being diagnosed with terminal cancer with no treatment available
- Patients wanted more opportunities to discuss choices with oncologists
- A number of people mentioned wanting access to counselling for patients and families
- As mentioned previously, people with disabilities gave examples of a lack of understanding and empathy around additional conditions or disabilities.

Need for Change to Cancer Care

**Consultants**

- Overall, people agreed that consultants should be working in teams. However, many thought they already were:
    - A few gave examples of having to wait for consultants to return from holidays
    - Many wanted to see the same consultant and would be prepared to wait a short while to do this
- All want to see consistency of care overall
- Examples were given of time lapses experienced between consultancy appointments, tests and GPs receiving information
- Some described how the language and terminology used by consultants sometimes needs to be better, as well as ensuring patients understand what they have been told.

**Appointment Times**

- Most did not have a problem with appointments
- Some gave examples of waiting at appointments for long periods, although they understood that this can happen, they felt better planning and scheduling was needed.

**Clinical Trials**

- Few had experience of clinical trials but all felt patients should have equal access to them. Those who had been on trials wanted better understanding about how it works, benefits, side effects, how randomisation works etc.

**Emergency Care**

- A&E was not considered to be the right environment for cancer patients
- Many gave examples of having to wait in A&E main waiting areas either because they didn't know about calling beforehand or because there were no other waiting areas available
- People described the current urgent care centres to be excellent

Hub Approach

- Most were very positive about the proposed Hub, particularly the suggestion of an urgent care centre. Many thought it would enable easier access to cancer care,

provide specialist care locally and shorten waiting times. Others said it would provide continuity of care.

- Some felt the Hub proposal would result in another tier of care, *'another place for patients to get lost'*, another walk in centre. There were concerns as to whether it was needed when many were already accessing good care, with some asking *'how will care be improved'.*
- Quite a few people were confused as to what it would actually entail and others were concerned about how it would be staffed and funded.

**Service Suggestions**

- Signposting to local support services and/or some available at the Hub
- Holistic needs assessments
- Information point for; benefits, Macmillan, medication advice, general advice, pampering, peer support, pain advice, rehab
- Pharmacy on site
- Counselling
- 24-hour urgent care

**Environment Suggestions**

- Quiet waiting room
- Appropriate seating
- Good signage to find your way around
- Refreshments
- Not a hospital feel
- Adequate and accessible parking

<u>Location and Travel</u>

- 25 to 30 minutes travel time was considered the ideal time for patients, 45 minutes was thought to be possible if there is access to a car and the patient feels well enough to travel
- Public transport was said to be inadequate and possibly unsuitable for patients who are unwell or a risk of infection
- Concerns were also raised about toll costs and access to adequate parking
- Suggestions for alternative travel included; volunteer drivers, shuttle buses, designated drivers etc. Other suggestions centred around cost assistance.

**Main Focus Group Findings**

The following pages contain the notes from each of the ten focus groups.

**GROUP 1**

**Conducted:** 24th October from 3pm

**Held at:** Widnes and Runcorn Cancer Support Centre

**Attendance:** 11 attendees (9 patients and 2 carers)

**Use of local cancer services**

Positive experiences

Individual experiences of care varied but some positive experiences of care were described:

- Care from own GPs and Macmillan immaculate and fantastic
- Speed of service very good
- No fault with NHS treatment
- Rehab physio nurse fabulous
- Excellent service to assess our home for my son following leukaemia. It worked well and was quickly done for him to come home from hospital

Room for improvement

- "Diagnosed with cancer 17 years ago, there wasn't the same support then and I was just given a leaflet but the consultant support was fantastic. I receive treatment every 5 weeks but the pharmacy doesn't seem to get their act together"
    - Example given of going to a planned appointment for treatment but the prescription not being ready to provide the treatment.
    - "I was asked if I wanted to come back tomorrow as the treatment wasn't ready for my appointment"
    - "I wrote a letter of complaint and the head pharmacist said things had gone wrong and that they will improve but it is still happening."
- "If there is a problem, healthcare professionals can fob you off"
- One lady described how she had been diagnosed with breast cancer and after treatment was prescribed with hormone tablets. She described how she had a lot of side effects and was fobbed off by her GP and consultant. She explained how the

oncologist used scare tactics to get her to continue taking the tablets so she kept taking them but was suffering with a variety of uncomfortable symptoms
    - When she asked for another oncologist, she found the experience very different. They explained the options and that she didn't actually need to be taking the tablets
    - She is now left with an array of after effects from the hormone tablets that area causing long term problems
    - She explained how that she wanted to have more discussions with her oncologist and be given informed choices

Areas that need extra support

- One person described how there is a lack of support for children who are cancer patients outside of hospital in the borough
    - "No one called to support us around education or any other support"
    - "There are no groups for children to meet like-minded children on the same journey"
- One couple described how when the wife was given a diagnosis of terminal cancer at Halton Delemere that she was just discharged and no support was provided, they were just left to manage on their own
    - They did go back to their GP and that's when the GP suggested the Widness and Runcorn Cancer Support Centre and Macmillan

**Views on the need to change services**

Clinics at the Hospital

- 6 of 11 have had an appointment with a consultant at one of the four hospitals
- The group agreed that they don't feel as if consultants are working alone and that they are part of a team
    - "most have specialist nurse led clinics"
    - "why is it an issue if you only have one consultant?"
- Sometimes there is a long time to wait for results "this can be stressful and cause anxiety"
    - One respondent said years ago results were quick but it might be because there are more patients now

- People described there being little or no care after treatment e.g. OT, physio, psychological support, integrative oncology
    - "Need something in this area that brings holistic services together"
    - "Support for after care is not available"
    - "There are support groups but you need to be proactive to find them"
    - "No good signposting"

<u>The challenges now</u>

- Emergency care
    - A few people described how they are supposed to present to A&E as being immune suppressed and that A&E will put them in a separate waiting area. Many explained that this doesn't happen.
    - "A different route into hospital would be better in an emergency"
- Appointment times
    - People described how they saw a consultant before they had their scan "happens regularly in the wrong order"
    - People think the IT systems don't speak to each other
    - "I have been to an appointment and been asked why I am here"
- People explained that they often have to repeat their story
    - "We expect notes to be available to everyone, but are they?"
    - "Sometimes there is no knowledge of my medical history"
- One lady described how she felt the child oncology do seem to be on one system
- Some group members explained that if you go out of the area that they wouldn't expect healthcare staff to have their medical history, some thought they should be able to however

**Views on the proposed 'Hub'**

<u>The 'Hub' model</u>

- The group described what they thought the hub will provide:
    - Lots of services
    - Everything under one umbrella
    - Short waiting times
    - Good opportunity to get signposting stronger, signposting to approved services, making links

- Ten of 11 people were very positive about the hub, seeing a number of benefits
- One person thought it felt like another walk-in centre and yet another place where patients could be lost in the care system
- In terms of facilities, the group thought it should signpost to services not necessarily have all services under one roof
- They described how there should be a holistic needs assessment
    - "hub would be ideal for this"
    - "I work in psychotherapy and all patients are given a care plan and family assessment but this doesn't happen with cancer"
- One respondent thought clinics should all be nurse led and that this would speed up support
- Concerns centred around accessibility
    - "Would it be 365 days of the year, because it should be?"
    - "Urgent care will be a better idea"
    - "They need adequate parking"
    - "Urgent care needs to be specialised"

**Patient Access**

- Eight of eleven people would use a car to access treatment and appointments
- All agreed they would avoid public transport due to infections "not feasible for cancer patients"
    - "if no care you are reliant on cabs or friends and it can be difficult and/or expensive"
- Alternatives were discussed such as ambulance drivers, ring fenced transport but some thought that this sometimes takes longer to go from A to B due to numerous drop offs
- All agreed 45 minutes seems a long time for people to travel
    - It was agreed that 25 minutes maximum was enough
- Other considerations described were: the bridge
    - "If you are not well you might forget to pay the toll"
    - "Could they get help with a pass?"
- Concerns were raised about parking and that there seems to be few places to park already on hospital sites
- Some thought parking should be free for patients receiving cancer treatment

**Anything else…?**

- Some thought there should be an in-house pharmacy at the hubs and that the availability of prescriptions and treatment should be on time, people should not have to wait for meds
- One person suggested the hub should have a quiet waiting room with ambient surroundings “no TV or mobile phones”
- Another person thought there should be appropriate seating and separate rooms or cancer patients
- Another suggestion was to have a contact number for the hub and an educational centre

**GROUP 2**
**Conducted:** 25th October from 1.30pm
**Held at:** Lyndale Knowsley Cancer Support Centre
**Attendance:** 15 attendees

**Use of Local Cancer Services**

Positive Experiences

The afternoon's discussion started with positive experiences of using cancer services. The feeling from the group was that they were happy with the fact that they were alive and although there were some positives it was hard to get recent experiences. Comments captured the following types of experiences:

- Some individuals said that the staff and the service they received from Whiston Hospital was really good.
- Many felt that where there was joined up communication things happened fairly quickly.
- Most individuals felt that the services received had improved over the years.
- The group felt that hospital staff were great and good with patients and families on the whole.
- All agreed that the Lyndale Centre was a life line and really helped everyone with a whole range of issues and concerns.
- Many felt that if they had the same GP/Consultant then the treatment process seemed to be smoother.

Room for improvement

- Some individuals said that the diagnosis was not always fully understood by the individual, and one occasion when staff had left a leaflet on palliative care with the individual to read rather than explain in detail.
- The group agreed that staff and consultants listening skills could be improved. On occasion service users have told the consultant something about their condition but it has not been followed through.
- Some participants said that the time frame between information being sent to the GP from the Consultant could be improved.

- Appointment timings and cancellations could be improved, some individuals had appointments cancelled at the last minute and several times.
- Individuals said that signage was not always clear at the hospitals and when you are in a state of stress it can compound the issues.
- Some individuals said that sometimes the language was a barrier to understanding diagnosis or treatment.
- One participant had an experience of wrong advice which meant that her condition worsened, and the consultant laughed when she tried to explain what had happened.
- Many participants said that where there is a choice of hospital that is great, but if they receive treatment from a private hospital, very often there is no transport to take them home and there does not seem to be any follow up.
- Some individuals said that when you call for an appointment, cancer does not seem to be flagged up.
- Some of the group discussed that District Nurses are not all trained in call out services, this causes concern. There was an initiative where so called “Angels” would come to check that everything was okay, but funding is no longer available, some said that this would be a good scheme to reinstate.

<u>Areas that need extra support</u>

- Participants discussed that they thought staff shortages and in particular, secretarial staff, seemed to be the reason for delays to correspondence being received. (However, no exact examples were given).
- Some participants mentioned that they never saw the same nurses and they may have been to the hospital a number of times but still felt they had to go over all of their details and explain their condition, which felt like they were going for the first time again, this was a worry as there were concerns that things could be missed.
- The group all mentioned that phones were an issue as staff never seem to answer the phone in a timely manner and the call goes into a queue, which seems to suggest that there are not enough staff to answer the calls.

**Views on the need to change services**

Clinics at Hospitals

- Most attendees had only experience of Whiston hospital and Broadgreen so difficult to comment on the other hospitals.
- The group felt that specialist consultants working alone would affect the care and service they received ultimately.

The Challenges Now

- Only one person had taken part in clinical trials and she had not had a positive experience, with nothing followed up properly, she had to see her GP. She would not go through the process again.
- Delayed appointments are covered in the other questions/answers.

**Views on the Proposed Hub**

The Hub Model

- The group were united in their view that if it meant that they could get their appointments on time then they would welcome a hub.
- Many said that they hoped it would mean that there would be continuity in the service they received.
- The group asked if it would be possible to have an information point at the hub to help with things like benefit information, Macmillan Nurses, medication and also to speak to if they had not had a great experience with their appointment and the information provided. It would be much better to speak to someone at the time they are in the centre.
- Some of the group had negative experiences when a paramedic is called out, they have to wait with the patient to hand over to an A&E doctor before they can leave and this causes a back log with patients in ambulances and hospital corridors, the question was asked if this would still be the case with a Hub?
- The group would like to see more facilities at the Hub, Refreshments, volunteers to help signpost to where patients could access further services.
- The group hoped that the Hub would have teams that could provide a service from start to finish and a Pharmacy.

- They also said that they would like to see counselling services provided at the Hub.
- They would like the Hub to provide shuttle buses.

Patient Access

- Most attendees had either driven to the Focus group or had a lift, not many had used public transport and only one person was collected by organised transport.
- There was concern about the parking and the cost to travel to a Hub.
- The fee for the toll bridge was also of concern.
- Some individuals had been sent home in their nightwear in a Taxi after treatment and hoped that would not be the case at the Hub, as it was undignified.
- The time for an ambulance to arrive caused stress to some attendees, on one occasion the ambulance had been called at 10am but did not arrive until 11pm.
- Some participant had said that they had used the shuttle bus to and from St Helens and it was an excellent service
- Advice was not always clear on long term cancer sufferers and that hospital parking was free.
- There needs to be plenty of disabled spaces in the Hub car park.

**Anything Else?**

- The Focus Group was a good way to collect information
- Some of the group has experience with DWP not believing that they could not work. There needs to be a better understanding from DWP about cancer and maybe the GP's/Consultants could assist with written confirmation.
- If there is lack of funding will the Hub proceed?

**GROUP 3**
**Conducted:** 30th October from 11am
**Held at:** Whiston Hospital
**Attendance:** 9 attendees (8 patients and 1 carer)

**Use of local cancer services**

Positive experiences

- Overall, the group were very positive about St Helens and Whiston Hospitals, particularly about the Lilac Centre.
- "The Lilac Centre and Clatterbridge are very good, if I have any problems I ring the Lilac Centre"
- "Halfway through Chemo I wasn't feeling well and I rang the Lilac Centre, they said come in right away. I felt hugely safe at the Lilac Centre and felt everything was going to be okay. They kept me in for 5-6 hours until I was stable. They also noticed I was in a bad mental place and they suggested how they could help me with that."
- "St Helens is very good, the way they plan your care takes the fear out of it."
- "At the Lilac Centre I felt like a treasured possession."
- The group explained that if they have problems and need to go to A&E that they can phone Clatterbridge and they will make sure your notes are ready on arrival at A&E and you are fast tracked through
- "The process is hugely efficient."
- "It is important that you don't feel that there are gaps you can fall through."
- "The appointments are never rushed you don't feel processed."
- One lady explained how staff start to reassure you as soon as you are walking down the corridor to your appointment."

Room for improvement

- A couple of people explained how you can have a wait to see your consultant if they are holiday or off sick. Although they would have preferred not to wait, they were happy to see the consultant they had been dealing with along the journey.
- Some explained that there can be a wait nowadays for checking of bloods, many explaining that it didn't used to be like that

Areas that need extra support

- One person thought there were some staff shortages and that staff seem to move on a lot

**Views on the need to change services**

Clinics at the Hospital

- All 9 participants have had an appointment at one of the 4 hospitals mentioned.
- Some people mentioned that on occasions if their consultant is on holiday it can mean them waiting for appointments however, most felt they wanted to wait and see that consultant.
- Others felt there were consultant nurses on hand if you needed any help whilst the consultant oncologist was away
- Some would be happy to see another consultant if they felt reassured that they were up to date on their history and the right message was put across to patients, also that there was consistency
- "I worry about doctors taking calls on holiday and burn out."
- Some agreed that they did need a team working with them

**The challenges now**

Emergency Care

- Some explained that they wouldn't go to A&E they would go to the Lilac Centre or if they did need to go to A&E they would show their 'chemo alert card' and would be taken straight through or would call Clatterbridge beforehand.
- Most explained that there is a risk of infection at A&E

Appointments

- "I had an instance where my appointment for scans and check-ups with the consultant came through on the days I was on holiday, I called to change but the waiting time was 3 months. I am not sure why."

**Views on the proposed 'Hub'**

The 'Hub' model

- The group felt their St Helens and Whiston experience of care should be a best practice model and that the environment was also very good in that it did not have a hospital feel
- Not having to go to A&E is good
- Not sure what it is?
- Sounds like a tiered system
- One couple explained that the holistic support as it is now is quite basic and the types of support offered at the hub would be better
- Most felt the Hub would not be of great benefit to them as they have a good experience of services at St Helens and Whiston Hospitals
- Some of the benefits of the hub included holistic support, access to clinical trials, not waiting any longer than 7 days for an appointment and bringing consistency to clinical pathways
- Some thought the emotional support would be good
- Most felt they needed more information on the hub to give an informed opinion and asked to see patient journeys
- Some thought it sounded like actual treatment would not be at the hub but remain local
- One person was worried about how the hub will help the staff and regional teams
- One lady wanted to see support provided for children whose parents were going through cancer treatment as this was not currently available

**Patient Access**

- All participants would drive or be given a lift to their appointments
- "The last thing you want to do when going through treatment is to get on a bus."
- "You want a painless journey that is well located and spaces to park."
- Some explained that Warrington was terrible to park and get to
- People said they wouldn't go to Warrington due to the parking and traffic issues
- "You are already worked up so you don't want parking hassle."
- Some explained that parking and access at St Helens was a good example for access

- 45 minutes was considered by most to be too long a journey, 30 minutes maximum was thought to be long enough. However, one lady said she would travel longer if necessary.
- "You also need to think about the person who is bringing you, how long is it for them."
- Most thought free or assistance to pay for parking would be good and were not aware of any sort of help for this at the moment

**Anything else…?**

- "At the moment the clinical pathways are very good, I don't want to see this change."
- Most explained how they felt St Helens and Whiston should be benchmarks for care

**GROUP 4**
**Conducted:** 1st November from 1.30pm
**Held at:** Cancer Survival Support Group at Livewire
**Attendance:** 10 attendees (8 patients and 2 carers)

**Use of local cancer services**

Positive experiences

- All agreed that the rehabilitation at Livewire was very good but only a 6-8-week course
- Following the rehab at Livewire, most formed the Cancer Survival Support Group. All agreed this was a very positive experience
- Most agreed that the treatment they received at Halton and Warrington Hospitals was very good "can't fault it"

Room for improvement

- All of the group felt the support following their initial treatment was lacking, most saying other than the rehab that they were not offered any other type of support
- All agreed that they needed something else and hence the formation of the support group
- "There isn't enough aftercare, you are left in limbo." "There are times when you need to speak to someone outside of the family".
- There was no help from the group from Macmillan "couldn't get hold of them".
- One person explained how there were a lot of administrative and communication problems with his treatment. The hospital got his name and address wrong and failed to tell him he couldn't have treatment if he was on Aspirin.
- Poor aftercare was noted by all
- One person explained how they had tried to call Clatterbridge but had no response

Areas that need extra support

- Aftercare
- "They need to signpost to Livewire more"

- One person explained that she felt she needed counselling for herself and her family but none was offered

**Views on the need to change services**

Clinics at the Hospital

- All 8 had attended Halton or Warrington Hospitals
- All agreed that having one consultant was not good but that they needed consistency
- An example was given of a consultant going on holiday and other consultants left in the lurch
- One person felt the GP should be more cancer specialist trained to help with diagnosis]
- Some described how many years ago there used to be Macmillan nurses at the GPs

The challenges now

- Most said they had never really heard of clinical trials although a few described how they were told after the fact that they had been on a clinical trial
- One person described how they were not told about the after effects of radiotherapy, all felt this should be explained better to patients
- Many described having appointments cancelled

**Views on the proposed 'Hub'**

The 'Hub' model

- Most were unclear as to what the hub entailed
- One lady thought it was yet another service that would not be around for very long
- One person described it as extended help, somewhere to hear about rehabilitation, availability of local doctors and/or trainee doctors on hand
- Some confusion about Livewire being called a Hub and the proposed Hub
- Suggestions as to what the Hub should provide included a helpline/call centre where patients or carers could call for advice and signposting/delivery of support services
- Some mentioned concerns about travel times
- One person suggested all the leisure facilities like Livewire could have a cancer care hub

**Patient Access**

- All patients accessed cancer care services by car, most being driven by a family member. One person would get a taxi.
- There were mixed messages regarding the availability of free parking and when it was valid or available
- One lady suggested that you should be able to flag the shuttle bus down when it passes by your home
- Most thought 30 minutes was about the maximum time a patient should travel to services. 45 minutes was not completely out of the question so long as the journey was by car
- The participants want to see treatment all in one place ideally

**Anything else…?**

- No further comments

**GROUP 5**
**Conducted:** 7th November from 7pm
**Held at:** Sam's Diamonds Charity
**Attendance:** 4 patients

**Use of local cancer services**

Positive experiences

- Everything on my doorstop, St Helens down the road. Easy to get back and forth and to have people looking after children but not for long.
- Can't fault St Helens at all
- Treated at Lilac Centre, the nurses were amazing. Less than 10 mins down the road, my husband could drop me off and go back to the children. It enabled us to carry on as normal as you possibly can and demonstrate to the children that everything is normal. Having it on the doorstep took the stress out of it.
- You crave normality for your family and for you. You are trying to protect your family from the stress of it.
- I saw my consultant the same person for 10 years and that continuity was great. I go to the Delemere centre that is local for my complimentary therapies, treatment etc. I don't have any family locally so it really helps. The fact that I can go into hospital, get my bloods done and then go shopping and come back for treatment, means I can keep normality. I do have to go to Clatterbridge for radiotherapy and that is further but that's okay.
- Diagnosis and treatment all good and now have injections at the Lilac Centre which I was worried about but I can't fault it.
- Nurses were brilliant.
- For my second diagnosis I had the same team of people treating me and it felt very comfortable as I knew them already.
- Had reflexology and that was really nice through the Lilac Centre.
- There is a lot more support this time going through cancer then there was 7 years ago and more consideration about living with cancer.

Room for improvement

- Downside, waiting times. You can have an hour waiting.
- For half yearly check-up I never see the same person, the consultant. You get the relationship but you never see them after the surgery.
- This time around the breast care nurse does not how to deal with someone with secondaries. A specialised secondary breast care nurse would be better.

Areas that need extra support

- Need more information and a councillor to help with the emotional side of it. Needed someone to help understand the information to make different choices for treatment.
- Some people however don't want to make decisions and want decisions made for them.
- Continuity of care for everyone – a range of examples of different experiences of good and poor service.
- Depends on the patient as to what support you require.
- How do you find out about lymphedema nurse through the hospital?
- Lack of knowledge about what is out there but actually the Delemere does a range of courses and therapies.
- Secondary cancers don't get as much support as they should.

**Views on the need to change services**

Clinics at the Hospital

- My consultant had to go on hospital but when I knew I was going to see two other ladies I was okay because I knew they knew my situation. I got the sense that they all knew me and I didn't need the consultant.
- Some feel they have already received the team approach from services they have had.
- It is much nicer seeing the same person because you get to know them, you feel less like a number.

The challenges now

- Clinical trials have been offered but I didn't take it up as I saw it as being test on me
- Mixed thoughts on trials and when they were offered
- You should be offered trials if it is appropriate
- Everybody's journey and circumstances are different. I have the trust in the team to offer me the right options for me.
- There has always been a waiting time. But you can't expect someone to hurry up when they are possibly having a breakdown. You actually don't mind waiting, you kind of expect it.
- Appointment times come through very quickly. Once you are on the treadmill you are off.
- Mixed reviews about visits to A&E and people who are immune suppressed. Whiston A&E facilities for cancer patients was not great, they had been phoned by Clatterbridge and were expecting me but they didn't have a free room for me.
- Others have used the specialist line and sent to the right environment.

**Views on the proposed 'Hub'**

The 'Hub' model

- If it is the same staff with skills and experience then why can't they deliver it where they are. It is specialist equipment then I would go where the machine is.
- First thoughts are that you will have to travel to Liverpool to get treatment.
- How would the hubs sit in the current system? What will happen to the Lilac Centre?
- I feel like I already have a hub.
- Will the Urgent Care be 24 hours?
- Lack of understanding around what will be in the hub and how it will work.
- Are they taking the services from the Delemere Centre – I can't see them keeping them open.
- I don't think I am missing out on anything now.
- The urgent care sounds good.
- Just need an urgent care 24 hours, independent sign posting services and routine appointment to be better, these are the only things that we would benefit from.

**Patient Access/Location**

- You should have a choice as to where you travel
- Happy to travel for a specialism and to see different people.
- Location is important to patients.
- It is a big area and the transport system is not great
- It is a worry as to where the hub will be.
- Whatever it is that keeps your life normal you can't do if you have to travel too far.

**Anything else…?**

- Feel like decisions have already been made and the hub will be happening
- Concerns that not talking to members of the public

**GROUP 6**
**Conducted:** 8th November from 10.30am
**Held at:** Knowsley Carers Centre
**Attendance:** 2 attendees (carers for patients with cancer)

**Use of local cancer services**

Positive experiences

- Mum had prostate cancer, nursing care was exceptional and dealt with me as well. They looked after my mum every step of the way
- My friend had a good experience at the Linda McCartney Centre
    - She had a trial which gave her extra time
    - Macmillan were very good and helping her out at home
    - People spoke to her and kept her informed

Room for improvement

- Very poor experience – cancer not picked up early enough even though there were lots of scans and in and out of hospital
    - Finally, she had a PET scan at Liverpool Royal
    - The nurse was very nice and explained more and gave pain relief but then no one else came to see her for 7 days
    - Even social services didn't come when they said they would
    - No follow up after it happened
    - Palliative nurse was very nice
- With my mum the hospital kept saying she was okay but the doctor was saying she is not
    - They put her in rehab for 9 months and she had lots of tests
    - Consultant at Clatterbridge said if she had been brought from Aintree earlier they would have given her treatment not rehab.
    - I was told an old-fashioned examination and not just tests would have shown the cancer

Areas that need extra support

- If there was a hub and someone to turn to or talk to it would have been much better
- No one from Macmillan came to me and the support was needed
- A place to go to find out information
- You need someone to take control, it shouldn't be something you have to look for, it should be offered
- We are looking in to developing a carers passport at Knowsley Carers and we are working with the Trusts. Whereby someone caring carries it with them and it says you are involved in discussions and support for the individual
- It shouldn't be hit and miss when support is offered

**Views on the need to change services**

Clinics at the Hospital

No appointment with a consultant at one of the four hospitals

- Don't think it matters that consultants are working alone there still seems to be delays
- Local is better
- Depends on the distance to travel

The challenges now

- Waiting is a problem when someone is really not well
- Regarding emergency care – your stress levels are high and A&E is not the right environment
- My friend was not left in A&E, she rang through beforehand and they were waiting when went in, it saved going through everything when at the desk

**Views on the proposed 'Hub'**

The 'Hub' model

- Good that there will be access to clinical trials
- New therapies should be as near as possible
- Waiting times would be cut down
- Quick appointments when diagnosed

- More information to hand
- More specialist care locally
- Less travel
- Urgent care more specific rather than A&E
- Services it will offer:
    - support services for information to tell you what will happen
    - specialist team for dietary
    - Macmillan's where someone can go and talk to someone – not just physical it is social wellbeing
    - Benefits
    - Voluntary groups
    - Pampering days that you can walk in to make people feel better
    - Designated parking – otherwise it ups the stress levels
- Feels positive
- Feels concentrating on cancer
- More local, won't wait, treatment in 24 days – every day counts

Concerns:

- That they have staff to run it and long-term accessibility of it
- parking

**Patient Access**

- use a car
- time is a main consideration – mini buses go to Clatterbridge but if last one you can't wait a long time and also big journeys are not conducive to chemo.
- No more than 45 mins travel time
- Maybe there should be a taxi contract
- Have designated drivers who are volunteers

**Anything else…?**

- Making sure they have teams and money before they build anything
- Good that bringing things more local, having everything in one place
- Carers centre here is very positive
    - Having someone not in the family that you can talk to

- Would expect a link to the hub with the carers centre

**GROUP 7**
**Conducted:** 15th November from 1.30
**Held at:** St Roccos Hospice
**Attendance:** 4 attendees (patients)

**Use of local cancer services**

Positive experiences

- Clatterbridge is marvellous
  - They gave me a hospital bed that fits in my bedroom
  - Helped me get equipment from Macmillan
- St Roccos also benefits a lot of people
  - It has been a godsend
  - I have had treatment for 9 years, my oncologists have said a positive mindset has helped
- St Roccos have been able to check on me every week and signpost me to other services
- There is an excellent service at the Royal
  - You have to wait but I have no problem with that
- At St Roccos you can speak to someone other than a family member such as another patient
- There is no Maggie's centre in our area

Room for improvement

- Distance is difficult
- Warrington needs a lymphedema nurse
- I would like to have heard about St Roccos earlier

Areas that need extra support

**Views on the need to change services**

Clinics at the Hospital

2 people have had an appointment at one of the four hospitals

- Not really aware of consultants working alone
- Aware of MDT teams
- They do work together?

The challenges now

- I wanted to talk to people about clinical trials
- There seems to be lots of trials available
- Mixed views on using A&E
    - Poor experiences at Warrington with pain control and feeling they could be more compassionate

**Views on the proposed 'Hub'**

The 'Hub' model

- Expect it to provide - Benefits advice, pain control, help with repeat prescriptions
- Minimising stress with cancer
- Sounds like mini Clatterbridge
- One to one, seems more personal
- As I am immune suppressed, I'd rather call in 1st and speak to someone before going into hospital
- Sounds really good – like the idea of going to hub and not A&E, at A&E you are so at risk of infection

Concerns

- Is there money to staff?
- Are they going to able to replicate Clatterbridge on a smaller scale?
- See it as taking a while to set up

**Patient Access**

- 30 – 45 mins max time to travel
- If you are feeling bad you don't want to travel to far

- Make sure transport is provided

**Anything else…?**

- St Roccos has a positive feel

**GROUP 8**
**Conducted:** 7h January from 1.30pm
**Held at:** Warrington Disability Partnership
**Attendance:** 10 attendees (9 patients, 1 carer)

**Use of local cancer services**

Positive experiences

- Speed of treatment dealt with quickly at Warrington
- Consultation at Liverpool – speed of treatment good
- 90% satisfaction overall
- Excellent service – not kept waiting, no appointments cancelled, pathway fine

Room for improvement

- Have to go outside Warrington for chemo – travelling when feeling unwell is not ideal
- Information provided is not good
    - You can't take it all in at your 1st appointment
    - A Macmillan nurse was present but it is difficult to get hold of them afterwards
    - I wasn't told about practical aspects like parking
- Sometimes there is too much information given in paperwork form
    - Blunderbuss approach to giving out leaflets
        - Lots of duplication
        - Why not given in a digital form?
- Pure chance that I came across a lymphedema nurse, it was not on my pathway as such
- You have to rely on the power of good conversation to find a way through it all
- Whilst having treatment you get seen every day and you don't know what you don't know. Once that stops you are just left – there is no one to check in with you
- Terms used and language used by consultants can be clumsy and inappropriate
- Comms are not very good and technology is not linked up - examples given of the number of letters received. The efficiency and customer services aspect is not good.
- Timings for chemo treatment are not very good, you can be waiting around. Not sure why they don't stagger appointments

Areas that need extra support

- You should be given information at each stage in your pathway
- Power of patient conversation should be tapped into, embraced somehow, perhaps through social media forums
- Should be a check in after treatment e.g. 10 min conversation maybe with peer support
- There is no perception in oncology to treat someone with a disability
    - Example given at maxifacial unit in Fazakerley of the wrong language used, asking about resus and not listening to the patient who has knowledge of their disability and what they can and can't do
    - I was asked if I'd like resuscitating. Is my life worth less than an able-bodied person?
    - There is a lack of understanding and respect and empathy regarding disabilities and patients understanding of their other conditions
- Do feel we have to fight for care sometimes e.g. aftercare and psychological support
    - Some examples given from attendees of receiving psychological support but others hadn't
- We need to know where cancer charities are

**Views on the need to change services**

Clinics at the Hospital

- They need to work more as a team
- There is a problem with basic record keeping and patient history
    - Referring to a consultant going on holiday and others should know where everything is up to

The challenges now

- No major challenges outlined regarding having one consultant

**Views on the proposed 'Hub'**

The 'Hub' model

- Seems like a good idea

- Great idea
- Got to be of benefit
- Done elsewhere and didn't work e.g. Charing Cross – would be good to find out why
- What is the evidence base that it would be better?
    - Feel like we are reinventing the wheel
- Doesn't sound any different
- How will the care I receive now be greatly improved?
- Hub should offer psychological support
- Who is employed?
- What is the hierarchy of staff?
- Is the model sound?
- It needs to offer peer support and social connections
- The group like the idea that the hub could signpost to cancer charities and other support
- We should have access to a specialist nurse at the point of need

**Patient Access**

- As patients we understand that we need specialist units and that we may need to travel
- Very individual – a disability can have an impact on access
- If on the South side of Warrington, you have to travel through town and use toll bridges
    - There is a cost to this and a time factor
- 45 minimum depends on the mode of transport, if a bus there are many stops
- No one was told about any other form of transport other than a car
- The time of appointment is important
    - Seems to be no consideration for travel distances and personal circumstances

**Anything else…?**

14th July is disability awareness day – good day to promote consultation with the centre etc.

**GROUP 9**
**Conducted:** 11th January from 10am
**Held at:** Halton Carers
**Attendance:** 3 attendees (all patients, 2 staff members)

**Use of local cancer services**

Positive experiences

- Overall the group thought the service was very good
  - No query with any of them
  - No cancelled appointments
  - St Helens and Whiston very good
  - Care once there fantastic, staff amazing went above and beyond
  - Staff like a 2nd family
- Macmillan very good, helped with benefits, insurance, support at home, constantly in touch
- Lots taken out of your hands and helped (which is what I needed)
- Done hope course and course at the Royal 'look good feel better'
- Royal Liverpool amazing
- Now seen straight away if I call up at Whiston
- Very quick service/care from diagnosis to operation and treatment
- Given number by the hospital for Checkamlads, they were brilliant

Room for improvement

- Some problems with A&E. I had a routine blood test but I then felt unwell. Called Clatterbridge and they rang through to A&E so they were expecting me and they knew I had potential leukaemia and my immune system was low. Had to wait in A&E for a long period of time and not in private room. Felt very stressed.
- I had canular problems and I went to Delemere. One lady was very rude and dismissive of my problems.
- Someone doing ultrasound refused to have me in the room – I felt this was because I was gay and with my partner and they were Asian.
- Heard a lot about Macmillan in Halton but never heard from them

- Have bloods done in Halton but I find we don't get the results quickly so I prefer to go to Liverpool

Areas that need extra support

- They should prioritise A&E visits as I was sat in the main room with 100s of others and my immune system was low
- Wanted better from Delemere Centre in Whiston, better follow up
- When I went to the Lilac cancer centre but I felt overwhelmed, I think that is just me as they were brilliant
- Halton Carers referred me to Mind - having someone different to speak to is good
- After having regular reviews for 3-5 years it is scary as to what happens next

**Views on the need to change services**

Clinics at the Hospital

- Most always felt like there consultant was working within a team
    - There were regular MDTs
    - 4 consultants working together
- One did notice there was no one to get a 2nd opinion
- All prefer team approach

The challenges now

- Trails were considered good but one lady described how they can be randomised
    - This is scary because it can cause more stress as to whether you get on it or not
    - Someone described going on a trial and them losing the biopsy results and that it was a painful procedure

**Views on the proposed 'Hub'**

The 'Hub' model

- Easier access
- Less waiting times
- Would like people to have the same support and care that I have had
- Would like the hub to offer every cancer service under one roof

Concerns:

- Concerns about scale and whether they would receive care at a personal level
- Never going to please everyone
- Depends on location
- Are we talking about changing inpatients and making all inpatients at Liverpool?
- Where is the funding coming from?

**Patient Access**

- All used cars
- Depends on cancer treatment as to how long is okay to travel
- 30 mins max – any longer and it causes stress and anxiety
- Concerns that if in a city centre the travel time and cost would be more
- Appointment times can be an issue if need to travel a distance
- Some experience of carers using taxis and it costing a lot of money
- Can be long wait for pick-ups and drop offs
- Cost of transport, parking results in extra pressure

**Anything else…?**

- Is cannabis oil being considered for treatment?
- How is it going to be funded?

**GROUP 10**
**Conducted:** 5th February from 11.30am
**Held at:** St Helens Carers Centre
**Attendance:** 1 attendee (despite re-arranging and lots of advertising by the carers centre, only one carer with experience of cancer care services attended the tea and toast carers meeting on the 5th February)

**Use of local cancer services**

- Used cancer care services 5 years ago
- Experience of delays in diagnosis
- Attendance at A&E at Whiston Hospital
- Consultant seen at St Helens Hospital
- Operation took place at Whiston
- No awareness found of treatment or appointments being connected to Clatterbridge
- Long waiting time for first appointment, this then resulted in a speedy referral for a scan and consultation
- The initial appointment where cancer was diagnosed was described as confusing and difficult to get past the word 'cancer' and listen to anything else
- Check ups now take place every 6 months following an extension from every 3 months
- The nurse specialist was described as *"brilliant, very approachable, you felt you could ring her at any time for advice, no problem getting hold of her"*

<u>Room for improvement</u>

- The respondent described feeling like she wanted a 'time out space' 'somewhere comfortable to go' out of the consultancy room to take in what was said over a cup of tea and then to go back into the room to ask questions or hear more
- When asked about whether the patients' other conditions were taken into account, the respondent said they just seemed to focus on the cancer and could have been more considerate about the other conditions

**Views on the need to change services and Hub**

- The respondent felt like there consultant was working as a team
- Urgent care was described as much more preferable to attending A&E

# *Feedback from Professionals*

**In-depth Interview Overview**

Ten in-depth interviews were conducted with front line professionals working in cancer care. Five were from St Helens and Knowsley Teaching Hospital NHS Trust (STHK) and five from Warrington and Halton Hospital NHS Foundation Trust (WHH). The interviewees were recruited via contacts provided by the CCGs communications and engagement leads.

A discussion guide was developed with the ESCT communications and engagement group. The interviews sought to gather insight into:

- Current working practices and their views on what is working well and where there is need for improvement,
- Opinions on the proposed hub,
- Identification of any current blockages,
- Which services they considered to be the most important
- What they thought was the best approach to setting up a cancer hub.

The interviews were approximately 30 minutes in duration and consisted of semi structured discussions. The facilitator took notes throughout the sessions, a full write up of the notes can be found in the main in-depth interview findings.

**Summary of In-depth Interview Findings**

<u>Overview of the Current Cancer Care Services</u>

- All those interviewed gave a variety of examples of where their Trusts cancer care services were working well
- Professionals working in STHK described the care provided in their geographical area as high quality, with strong pathways and excellent team working
    - The Lilac Centre was particularly highlighted as being a centre of excellence which could be used as best practice examples of cancer care
    - The professionals explained that the ethos and culture of the team working across the trust was very good
- Professionals from WHH also provided a breakdown of services they felt were working well and described the communications across the team as good

  - Areas mentioned as working well included: radiology, Halton Cancer Centre, and a dedicated team of nurse specialists
  - The respondents felt Halton was a vanguard for prevention
  - Many of the WHH professionals spoken to felt having local services for chemotherapy was important to prevent poorly patients from travelling to far for treatment
- The majority of professionals across the two Trusts felt oncology was stretched and described examples of difficulties having lone oncologists and getting them to have a physical presence at MDTs
- Professionals working in WHH described how it was not ideal that patients would go to Whiston for a first appointment. They felt this affected the patient experience and, in some cases, due to the nature of the conditions e.g. difficulties breathing, that travelling further for the first appointment was not suitable for the patient
- The WHH professionals felt there could be more opportunities for clinical trials and better IT systems linking with Clatterbridge.

<u>Opinions on the Proposed Hub</u>

- All professionals interviewed felt the Hub was a good idea and could improve the quality of care. Many described it as follows:
  - Concentrated resources
  - Centre of excellence
  - Streamlining services
  - Multi-disciplinary team across the sector
  - Consolidate and improve
  - Centralising outpatient services
  - Open up more opportunities for clinical trial.
- Many thought it would provide better lines of communications for oncology and some thought it would enable better timing of interventions
- STHK professionals were concerned as to whether the ethos and culture they had developed could be replicated
- Others hoped the Hub would not result in a downgrade of services and more workload but would actually build on current plans and provide a better continuity of care for patients
- A few also noted it could keep more patients out of A&E
- Professionals across the Trusts highlighted distance for patients to travel as a potential issue, with some feeling patients would not be phased by this

- WHH professionals were keen to ensure that the Hub should service patients equally across the sector in relation to travel and care.

Most Important Factor

- Interviewees were asked what they thought was the most important factor in offering the best possible cancer care. The following were the most mentioned:
    - Accessibility
    - Collaborative working/cross pollination of expertise/team working
    - Timely service *"right thing for the patient at the right time"*
    - Centralised location with the least travel
    - The culture and flexibility meaning quick decisions can be made
- Other important factors mentioned by individuals were:
    - Quality of care *"patients should not get worse care due to changes"*
    - Patient centred care
    - Staff resilience
    - Good communications
    - MDT set up
    - Reducing A&E admissions
    - Less cost implications for patients

Potential Blockages

- Many professionals spoken to didn't feel there were any blockages that they could foresee
- Some felt there could be opposition across the Trusts and described the need for collaborative, equal working
- Availability of oncologists, location of the Hub and no cross pollination across surgical and none surgical were mentioned as likely blockages
- Some professionals from WHH also thought the first appointment in St Helens for their patients and no clinical nurse specialist cover could create problems

Best Approach to Setting up a Hub

- The interviewees were asked what they felt was the best approach to setting up a cancer Hub that would work for patients and staff. The most common suggestions were:
    - Collaborative working to develop the Hub including patient involvement
    - Patient centred
    - Learning from best practice as to what is currently working in the sector
    - Avoiding political influence

  - Future proofing/forward thinking – building in robustness

- Other suggestions by individuals included:
  - well trained staff
  - responding to the demands of the local population
  - joined up care with other services
  - flexible oncology
  - financially viable
  - Chemotherapy in one place
- In terms of location, all professionals were keen to see the Hub within their location and at their current Trust site.

**Main In-depth Interview Findings**

The following pages contain the notes from each of the ten in-depth interviews.

## Professional In-Depth Interview 1

***Q1.*** **I'd like an overview feel from you about local non-surgical cancer care services in your area. What do you feel is provided particularly well and where do you feel there is room for improvement?**

In terms of what is provided well, there is high quality care in terms of standards. In order to deliver that there are issues in terms of pressure of services, demand and limited workforce and things are undoubtedly stretched.

I work in St Helens and Knowsley, are pathways are strong, we are regularly compliant with 62 days. Everyone tracking that pathway and making sure the timeline is appropriate, the feedback we get and external monitoring testifies that they are good at that.

Capacity and access and better use of resources and shared use of diagnostics. Working in a bigger environment you to have that protection of a stronger and MDT environment rather than danger of working in isolation.

***Q2.*** **What are your thoughts about the Hub approach and how do you feel it will affect patients?**

As a clinician it makes a huge amount of common sense about the patient group and huge amount of potential improvement for patient pathways. Streamlining pathways and potential to bringing closer to home will have a huge benefit for the patient population. More centralised hub making available for trials and MDT bring things into the future.

***Q3.*** **How do you feel the Hub model could potentially affect you and how you work?**

The way we work will have better lines of communication for oncology. The current model they fly in and fly out and they are stretched particularly due to travel time. A point of access in one location makes it more stable and has huge benefits.

**What do you think patients will think?** Working in a region where patients travel for care, I don't think patients are phased by travel if they know what they are getting at the end is quality care. They just want to make sure it is the very best. I can't see how it particularly causes a huge problem for them. Advantage potential for a lot more, radiotherapy could be

closer to home, quality of care and likely insurance of consultant continuity of care and better trials where previously trials were poor – will ultimately lead to better cancer survival.

***Q4.*** **From your experience, what are the potential or current blockages to enabling you and your colleagues working closer together to deliver non-surgical cancer services?**

An issue that we currently face is availability of resources, the oncologists being stretched across sites, trying to juggle in different places. A centralised location will help that and streamline services, especially acute oncology.

***Q5.*** **What do you think is the most important factor in offering the best possible cancer care in your area?**

Ensuring quality of care.

Accessibility is critically important and we need to make sure it is a managed pathway but we also need a model that delivers both quality and accessibility.

***Q6.*** **What do you feel is the best approach to setting up a cancer Hub that will work for patients and staff?**

- It needs professionally well-trained able staff
- Patient centred
- Respond to demands of local pop
- Well located

**Is there anything else you would like say?**

It can't be in isolation, the whole delivery across the whole region in primary secondary and other care needs to be joined up to everything else going on.

That is where it has not gone as well in the past e.g. women's care

**Would you like to stay in touch:** Yes, would like to stay in touch.

## Professional In-Depth Interview 2

***Q1.*** **I'd like an overview feel from you about local non-surgical cancer care services in your area. What do you feel is provided particularly well and where do you feel there is room for improvement?**

We have been extremely fortunate as we have the centre on the same site as the breast cancer centre, I am extremely happy. What we use to have was one oncologist but now we have 3, 1 medical and 2 clinical. We are not in the situation where we only have 1. I can see where this is all coming from as other don't have the same.

In Ormskirk there, breast service is closing and I have seen the other end of the spectrum, I can see the sector wanting to make it more robust.

***Q2.*** **As you are probably aware, the local CCGs are talking to people about developing a Hub for non-surgical cancer care. What are your thoughts about the Hub approach and how do you feel it will affect patients?**

It is probably a good idea because it would concentrate resources in one area. Need to make it in an area where people can access it as people may not be in a state to travel. We were one of the first spokes from Clatterbridge giving chemo on site and that was the reason for it because people can't travel. I wonder if we could have Chemo in one place in the eastern sector but you still have the ability to have a flexible location for oncologist. Oncologist could still do clinics in one place.

I would feel very disappointed if my patients got a worse service, if they get good or better then great but if compromising on standards then that wouldn't be right or fair.

***Q3.*** **How do you feel the Hub model could potentially affect you and how you work?**

Depends where it is. If on a St Helens and Knowsley site then it wouldn't affect me greatly. If elsewhere my concerns would be not just facility and buildings but the ethos of doctors and nurses e.g. at the Lilac centre consultant oncologists can just bob in if there is something we need to check, that flexible approach and will is an ethos, a culture that we have built up in the trust over the years. That is difficult to replicate in a new place.

I only hope that this is not a tick box exercise, people really need to see what goes on in the different sites and what the patient will exactly receive in the service and environment.

I would hope that if this type of service is not provided elsewhere that we could develop the kind of best practice we have here, elsewhere. I would like to think that we could provide this type of service to everyone.

***Q4.*** **From your experience, what are the potential or current blockages to enabling you and your colleagues working closer together to deliver non-surgical cancer services?**

For us none whatsoever, we also have a self-supported follow up programme. Having oncologist on site we can do a virtual MDT, it is an excellent integrated system. We also have the ability to fund raise for our patients. I have a quote from another doctor that says we don't know of any other service that pulls funds together for patients. This is the type of commitment that staff have to patient care.

There are a lot of other things that commissioners don't have to provide that our patients are getting through our other funding e.g. free bra

I can't speak for other places but the feedback I get from patients and doctors from Clatterbridge about our service, they say this is something they don't get elsewhere.

***Q5.*** **What do you think is the most important factor in offering the best possible cancer care in your area?**

- Expertise
- Commitment to the job
- Proximity for patients – not be all and end all
- Making sure the patient is in the centre of this not about ease of service for Clatterbridge and oncologist. What is best from the patient and work from there.

***Q6.*** **What do you feel is the best approach to setting up a cancer Hub that will work for patients and staff?**

Obviously take into account numbers, the site and where you feel it is a feasible option. We have to understand that this day and age finance has to come in, it has to be affordable. Look at what we have got and what is financially viable and make a decision.

I suppose that those who came up with it already know that it is required and having a hub is a better option. I take that as a given.

Needs to be on clinical, medical and not political grounds

**Is there anything else you would like say?**

- Trials – I hope they take that into consideration
- Forward thinking, following patients up
- Patients are used to their local hospital and if they go somewhere else and don't know the doctor and hospital, they need to see someone they know, even if they travel to the hub, they need someone that is a common factor e.g. their nurse. Someone who is known to them locally at the hub site
- Culture and flexibility and ability to provide above and beyond.
- Interested in hearing back about the work individually.

## Professional In-Depth Interview 3

***Q1.*** **I'd like an overview feel from you about local non-surgical cancer care services in your area. What do you feel is provided particularly well and where do you feel there is room for improvement?**

Haematology is slightly different, not much involvement with the cancer centre but some via the Royal. We do liaise closely with oncologist and cancer services and important pathway. The Lilac Centre is a unique centre and shared with haematology and oncology, we feel it is good practice, as it allows shared care and we focus expertise rather than plurality and we feel it is a useful thing and have been praised for this. We liaise about patients on a repeated basis.

Symptoms pathway and origin pathway very good here. We liaise with oncology on this and its closely linked with acute oncology nurses.

Team working is really good across the whole of the Trust. For example, I am not in a clinic at the moment but they know that they can call me and I will go if required. Everyone pulls in the same direction. Team working and doing what is right for the patient and getting things done in a timely fashion.

We do link in with Clatterbridge but it is almost as if we are part of the team.

The Lilac Centre is superb with speciality CNS, extra support and care,

It is almost as if we are working in a hub model already.

Improvements – access to clinical oncology and oncologists is an issue in the region and it is a recurring theme. We have had fantastic support from doctors but you do sense that they are short of numbers and struggle to cover what ideally would be covered. So, we have never had clinical oncology at MDT, though they can dial in or video.

Patients having to travel to the Royal to see clinical oncology or to Clatterbridge raises geography issues for patients.

We don't feed into medical oncology quite so much as we do our own but they do have problems with cross cover of holidays.

***Q2.*** **As you are probably aware, the local CCGs are talking to people about developing a Hub for non-surgical cancer care. What are your thoughts about the Hub approach and how do you feel it will affect patients?**

I think it will be of benefit. Two competing issues, centralisation versus treatment closer to home, both desirable but competing factors. With a hub we can drive up the level of patient care to what we see we are doing here. If you have co-location of nurse specialists, diagnostics etc, all co-located, it is much easier to provide and breed excellence.

We have clinical trials here so access that way as well.

A hub would breed excellence of clinical care. We feel we provide an excellence of care but we feel this could be done elsewhere.

Our trust is looking at how we might work more closely with follow up of patients or distance modelling of chronic diseases – we are being used as an exemplar. We find any patients we do help in Warrington want to have follow up here.

A hub would improve quality of care.

Downside is, will it impact patients having to travel and possibly downgrade other services.

***Q3.*** **How do you feel the Hub model could potentially affect you and how you work?**

My part as haematologist, I don't think that will be impacted. Don't think this will be fully centralised. If we had the hub here the lilac might do more none haematological chemo, will that impact on my patients to get them in? I hope not. Will it involve us to see more Warrington patients, therefore increase workload?

Other part of my role is helping other specialities with diagnosing lymph nodes etc, I don't think it will be affected.

Acute oncology, advanced nurse practice who manages complications of chemo. If we can make that unit bigger and provide more of that and expand, getting more people out of emergency will be better for patients.

***Q4.*** **From your experience, what are the potential or current blockages to enabling you and your colleagues working closer together to deliver non-surgical cancer services?**

Other than whether there is a delay on getting clinical oncology. I don't think we have particular blockages in diagnostics. In my role no major blockages.

You can always have more staff and everywhere is pushed for staff. We have a turnover of temporary nurse specialists. Length of time it takes to train is a challenge.

A bigger centre and therefore more staff and a junior team is a challenge at times. Need to build in robustness and cross experience is beneficial.

***Q5.*** **What do you think is the most important factor in offering the best possible cancer care in your area?**

Offer a timely service that does the right thing for the right patient at the right time.

Getting them on the right pathway. Minimising swapping of pathways.

Teams that work too rigidly on MDT can be a problem, we want decisions made promptly.

For example, we found there were a lot of breeches of patients diagnosed with lymphoma, we found they were changing pathways. We set up a situation whereby when an imaging report identifies lymphoma as a possible diagnosis, we contact those processing the imaging and we give advice of where they can present patients for diagnosis to ensure they get on the best pathway. Saving any breeches. Speeds the whole pathway up. This is the one thing that gets key decision makers to get patients on the right pathway and get them through that pathway as quickly as possible. That is what I think excellence looks like.

***Q6.*** **What do you feel is the best approach to setting up a cancer Hub that will work for patients and staff?**

- Consensus.
- No political fudges.
- There is now a mention of a shared site which makes it look like a political decision to keep both hospitals happy.
- The hub has to be a hub, one thing.

**Is there anything else you would like say?**

- You want people to be bold and future proof it, and be ambitious e.g. looking at extended number of patients and new treatments etc.
- Thinking about 10/15 years' time not just now, look forward.
- Clinical trials are massive part of looking towards the future, we are well served but not enough trials overall.

## Professional In-Depth Interview 4

***Q1.*** **I'd like an overview feel from you about local non-surgical cancer care services in your area. What do you feel is provided particularly well and where do you feel there is room for improvement?**

What really stands out about the services we provide is our chemo unit at the Lilac centre. It is staffed by our own staff and has a really good reputation and won lots of awards. It has continuity with staff, good retention of staff and lots of staff go on to senior roles from it. Continuity with patients very good, we have our own triage line.

We have support service, complimentary therapies, counselling. Patients do a lot for the unit themselves to raise money and get involved. There way of contributing to a service they find is really good.

Our oncologist has been instrumental in the development of oncology services and the lead is very innovative and encourages other too.

Good team of nurse specialists. Instrumental in this.

We have our own hub already, fabulous comms and links. Own links with others to help keep patients out of hospital.

What we provide is excellent.

**Improvements** - things are getting busier, more patients for chemo, space is a premium. But we have plans in place to increase the space we have. Plans for an acute oncology assessment space and more chemo areas.

***Q2.*** **As you are probably aware, the local CCGs are talking to people about developing a Hub for non-surgical cancer care. What are your thoughts about the Hub approach and how do you feel it will affect patients?**

Having everything under one roof, multiple disciplinary team with a model of a one stop service at diagnosis would enhance the journey for the patients. They have a plan in place and know who their key worker is going to be. To have this across the sector it would improve quality of care and equal care for all.

We see patients who sit on the border geographically, we see great differences in support that patients are getting and what we provide hear is really good and everyone has access to that.

The location of the hub maybe a negative thing, patients may have to travel further, but if they know the care will be there, they will travel. Ends justify the means and if they know the reason they will understand.

***Q3.*** **How do you feel the Hub model could potentially affect you and how you work?**

Just going to build on our plans anyway, certainly for ambulatory model.

As an acute oncology team, we are looking to keep people out of hospital.

Having the hub status, there is a lot financially it will help us as a team to do what we wanted to do anyway.

***Q4.*** **From your experience, what are the potential or current blockages to enabling you and your colleagues working closer together to deliver non-surgical cancer services?**

Not sure there are. Within cancer services we have a really good team and with other teams in the trust we work closely with acute medicine, diagnostics, radiotherapy and we get patients through very quickly.

***Q5.*** **What do you think is the most important factor in offering the best possible cancer care in your area?**

Provide an equitable service for all patients.

That patients have a say in how the services are delivered.

***Q6.*** **What do you feel is the best approach to setting up a cancer Hub that will work for patients and staff?**

Asking patients what they want.

Looking at the service you have already, looking at problems along that way also from patient feedback, performance figs and how you can build on that.

What services, how many clinics, how much chemo for the number of patients coming through.

**Is there anything else you would like say?**

We work like a hub already, relationships really good, comms good, CNS brilliant, we all put the patients first and work innovatively. Strong oncology team. Very visible on chemo unit and keep patients out of hospital. Have our own ambulatory care unit within chemo unit and on acute unit working in collaboration to stop putting pressures on A&E site.

## Professional In-Depth Interview 5

***Q1.*** **I'd like an overview feel from you about local non-surgical cancer care services in your area. What do you feel is provided particularly well and where do you feel there is room for improvement?**

**Good things** – improvement made in lung cancer diagnostic pathway. Over 3-4 years introduction of pre-MDT meeting which has halved the number of people we discuss in an 1hr meeting with full disciplinary team, therefore each patient gets more time especially complex ones.

- Radiology department is excellent, they have worked hard to shorten the investigations and improved from before. More recruitment too.
- National audits have shown consistent improvement in initial KPIs in cancer patients and significant improvement in surgical section and therefore marker of overall cancer care. Warrington was previously behind but now above national average.
- Halton cancer centre where there is the chemo services and benefits team, councillors etc – a lot of support services required for cancer patients there and very good environment – very good thing there locally
- We have a dedicated team of cancer nurse specialists and always have good feedback

**Room for improvement** – over last few years there has been struggles with oncological clinical and medical cover and rates of treatment received by our patients. There have been vacancies at Clatterbridge and some plans for cover but that has not always been perfect. MDT coordination has been affected.

There is a low oncology treatment rated in Warrington and Halton and there does seem to be some effect on impact on oncology cover that might be causing that.

Compared to surgical rate the oncology treatment rate is not as good and lower than national average.

We have looked into reasons with Clatterbridge but there are multiple reasons. But in my view, there is low oncology cover which impacts on this. Lack of oncology does adversely affect decision making because of other work gone into MDT so now we are discussing

most complex. During this discussion if there is not an oncologist present it does adversely affect care.

Access to oncology appointment – the patients are not getting a good experience. The plan from Clatterbridge is that the first new patient appointment would be at Whiston but that means longer travel as they used to be at Warrington and Halton for oncology. They are going to a hospital that they don't know. Parking is a problem etc. lot of patients are frail or have poor respiratory – it is not a good patient experience for them. Going all the way to Whiston is adversely affecting patient experience for oncology patients.

As we cover a lot of Cheshire – for them to go to Whiston is a long way.

***Q2.*** **As you are probably aware, the local CCGs are talking to people about developing a Hub for non-surgical cancer care. What are your thoughts about the Hub approach and how do you feel it will affect patients?**

I understand where the requirement comes from but I think the requirement is that there needs to be some front admission of care and recognition of workforce shortage.

I think there is a genuine workforce shortage and therefore the solution would be to concentrate resources. That is where it has come from. If this improves things then it is of benefit. But it needs to serve the population equally.

Right now, it is not equal because of travel and patient experience is poorer.

If there was a hub then the policies and pathways associated with the way of working has to be equal across the patch. If serving the whole of eastern sector. Has the potential to be beneficial.

***Q3.*** **How do you feel the Hub model could potentially affect you and how you work?**

I think it will involve travel for MDT purposes but if its benefits patients and better than getting now and improve outcomes and waiting times, then I wouldn't have a problem.

***Q4.*** **From your experience, what are the potential or current blockages to enabling you and your colleagues working closer together to deliver non-surgical cancer services?**

Before hub model was officially thought about. We had thought about a process. We found barriers that it seemed unequal. It didn't feel collaborative and an unequal movement of services. Any collaborative working has to be exactly that, we felt it wasn't equal.

***Q5.*** **What do you think is the most important factor in offering the best possible cancer care in your area?**

- High prevalence of cancer we should all be addressing that, smoking and deprivation
- Early diagnosis leading to better outcomes
- Prevention strategies
- Halton – is a vanguard for prevention for better living and healthier living
- Accessibility of services by patients
- Wherever a hub is sited it will be far away from someone but it needs to be somewhere where it provides equality in terms of service and accessibility.
- Current hubs in Merseyside and that does impact patients and therefore important to have a hub in the eastern sector.
- Accessibility to oncology services and patient experience toward oncology services

***Q6.*** **What do you feel is the best approach to setting up a cancer Hub that will work for patients and staff?**

- Geography
- Future proofing effectively, able to be working for patients 5-10 years down the line. Right now, for radiotherapy we don't have for anywhere in the Cheshire area.

**Is there anything else you would like say?**

From my perspective I work for Warrington and Halton and I would like to see the hub sited in Cheshire for accessibility and improving what poor experience our patients are getting and to improve radiotherapy etc.

We do already have a good service at Halton. They should be able to provide additional services at Halton. The unit is under the badge of Clatterbridge already. As a brand it would be expansion of Clatterbridge's own centre and could mould to benefit patients.

I would like eastern centre site based at Halton, I think it would improve the experience of our patients.

## Professional In-Depth Interview 6

***Q1.*** **I'd like an overview feel from you about local non-surgical cancer care services in your area. What do you feel is provided particularly well and where do you feel there is room for improvement?**

Really motivated and highly engaged group of people who are keen to develop the services and embrace the national initiatives e.g. timeliness pathways. The clinicians are highly supported by the cancer department, all have good relationships with the team, CCGs and clinicians.

We have a fantastic radiography department in terms of scans and report. Despite recruitment problems.

Pathology is very good and turnaround time is very fast.

Done a lot of work across the departments to ensure it works well.

For molecular tests we have done a lot of work to smooth the pathways with Liverpool and our pathways and have seen much improved turnaround times for our patients.

Plenty of staff here, all of main tumour groups supported with a broad range of clinicians. We have resilience, not staffed by locums. We have cross cover built into job plans.

We have good numbers of nurse specialists to support patients and clinical support workers.

Where we are doing virtual pathways, we have good navigators.

Good staff for MDT prep and structures to enable the team to function efficiently and we have oncology presence with MDTs.

**Improvements**

Like most places we need much more resilient cross cover when oncologists are away. We need 2 oncologist and 1 medical oncologist – we think the hub will bring us this. Enable us to deliver standards to deliver by peer review.

We are all on a cycle of continued improvement all the time. We are in the middle of modernising the lung cancer pathway across the network. Our service has improved dramatically as a result of that being changed.

***Q2.*** **As you are probably aware, the local CCGs are talking to people about developing a Hub for non-surgical cancer care. What are your thoughts about the Hub approach and how do you feel it will affect patients?**

The hub will help us consolidate and improve on e.g. oncology care that we have started doing already.

We have acute oncology embedded in this Trust for several years. As a result, the Lilac centre functions as an ambulatory care. The opportunity is that the hub would enable us to extend that e.g. 7 days a week.

Also enable us to enhance relationship with acute oncology teams and on call teams.

Consolidate the oncology with patients.

Some patients will come to the Lilac centre but there are some that may come through GP into A&E. There are opportunities for capturing those patients as well more reliably through oncology pathways, if we extended some of the working through the front door. Which enables people to stay out of hospital.

I think it will impact on surgical cancer care in certain circumstances. I think the surgeons will help use it to configure their own services. They are keen to have clarity on this.

It will mean that some patients will travel further from their homes but do they want to receive high quality care within a team where there is fantastic resource and cover or would they prefer care closer to home where outcomes may be different.

***Q3.*** **How do you feel the Hub model could potentially affect you and how you work?**

Things have already changed in a sense that oncology care has already moved from Warrington to Whiston. They now teleconference into MDT. That has had a knock-on effect in terms of lung service it has forced us to look at the nurse support the patient gets. We have had to work out clear pathways and comms strategies between the nursing teams across the two Trusts.

By doing this – we have established that we can accommodate these patients re staff and space. We can't give feedback on patients however as they are not our actual patients. It seems to have worked well**.**

***Q4.*** **From your experience, what are the potential or current blockages to enabling you and your colleagues working closer together to deliver non-surgical cancer services?**

Main blockage – Warrington have been depleted re chest and we have been willing to go over and help them. But the opposition has come completely from Warrington. WHH initially engaged but they may have felt their service was threatened but in practice we would have driven things much earlier and driven innovation across the sites.

***Q5.*** **What do you think is the most important factor in offering the best possible cancer care in your area?**

- Medical staffing levels – need resilience to run services effectively and high quality
- Culture of an organisation – we are a really signed up bunch of lead commissioners and that translates into good outcomes to patients. The interface with other departments is good. Therefore, easy to lead change and innovation
- Physical environment – space e.g. we could have radiotherapy unit on either site and expand building as not land locked

***Q6.*** **What do you feel is the best approach to setting up a cancer Hub that will work for patients and staff?**

Critical decision – lack of decisiveness at the moment is impeding progress. Once a decision is made it will help with a change in attitude and enable people to work collaboratively and help people get on with it.

**Is there anything else you would like say?**

It may be worth speaking with thoracic surgeons because there plans to reconfigure are happening in parallel. (e.g. Julius Assante-Siaw)

## Professional In-Depth Interview 7

***Q1.*** **I'd like an overview feel from you about local non-surgical cancer care services in your area. What do you feel is provided particularly well and where do you feel there is room for improvement?**

When I first came, I thought it was very good and much more personal than I had seen before in Manchester. Very good for the patient. It then got taken off us and having to go to St Helens for first appointment and then to Halton with no consultant cover initially. I thought it really disadvantaged patients. It has helped now a bit with a nurse consultant which has made a difference but could be improved better.

It is brilliant that people can receive chemo care locally.

Better that they can be reviewed while having chemo but not great that they are having to go to St Helens to be seen. They feel that they are under Clatterbridge but never go to Clatterbridge. They are confused that they have to go to St Helens first.

What doesn't work with 1st appointment at St Helens – they don't have CNS, which plays a huge part in patient care. I think they need them at that appointment as the patient often has questions. We are kept informed but it is better to be in there.

***Q2.*** **As you are probably aware, the local CCGs are talking to people about developing a Hub for non-surgical cancer care. What are your thoughts about the Hub approach and how do you feel it will affect patients?**

It is difficult because each area has the same views that our patients are at the front and wherever some patients are going to have to travel and will affect them.

I think it would be beneficial to have a set centre like the Delemere centre but it is not centralised for some patients as Warrington borough is bigger. If in the right area it would be very advantages for staff and patients and cut down on DNA's, improve patient treatments.

Needs to be a lot less wishy washy than it is at the moment.

***Q3.*** **How do you feel the Hub model could potentially affect you and how you work?**

If in the right place it could be very beneficial and streamline our work. If not, it causes a lot more work, causing it harder to keep on top of patients.

We could have more involvement with Clatterbridge staff, more networking, knowing what is available.

***Q4.*** **From your experience, what are the potential or current blockages to enabling you and your colleagues working closer together to deliver non-surgical cancer services?**

First appointments being at St Helens. No actual CNS cover.

***Q5.*** **What do you think is the most important factor in offering the best possible cancer care in your area?**

- Centralised hospital or hub where staff from referring hospitals can link in and go across for appointments.
- Less travelling for patients.
- Less cost implications for patients – unless palliative care they get very little help on this front.
- Cut down on A&E admissions which would be a huge impact.

***Q6.*** **What do you feel is the best approach to setting up a cancer Hub that will work for patients and staff?**

- Patient involvement
- Frontline staff involvement in cancer care
- A&E staff – they can reflect on number of attendances from cancer patients

**Is there anything else you would like say?**

It is hard because wherever it is impacts on others, they need to look at what they already have in place and plan from there.

## Professional In-Depth Interview 8

***Q1.*** **I'd like an overview feel from you about local non-surgical cancer care services in your area. What do you feel is provided particularly well and where do you feel there is room for improvement?**

**What works well:**

- The oncology treatment is in the Delemere Centre, alongside therapists that do reiki, counselling etc. We see them when they meet oncology at their first appointment.
- There are good communications.
- Good parking here so it is not stressful for the patient.
- Volunteers go around each week, patients get to know them and builds up a rapport.
- Cohesive set up.

**Improvement:**

Not that I can think of. It runs really well and smoothly, each aspect runs well, have close relationship with oncology.

The surroundings recently updated, all bright and airy.

***Q2.*** **As you are probably aware, the local CCGs are talking to people about developing a Hub for non-surgical cancer care. What are your thoughts about the Hub approach and how do you feel it will affect patients?**

At the moment they have to travel for radiotherapy which can be stressful and tiring. Chemo patients can sometimes end up in A&E. An urgent care/ambulatory care in the hub would be good and nicer for patients. They could nip in and have bloods and urine tests and would streamline the service for them in an environment they know.

***Q3.*** **How do you feel the Hub model could potentially affect you and how you work?**

As a team we work between Warrington and Halton, from my point of view it would be fantastic to have access to patients and for everything to be on site with radiotherapy too. Oncology is a major part of our service. There is loads of space to develop the services that we need.

***Q4.*** **From your experience, what are the potential or current blockages to enabling you and your colleagues working closer together to deliver non-surgical cancer services?**

No blockages.

If the hub was based on a Warrington and Halton site that would be improve things greatly. The first appointment with oncology is very important. If it was on another site it could be a problem. It is nice for them to see a face that they know. If we missed that first oncology appointment it could be a big blow. As a Trust we rate that as a major part and it does really help patients

***Q5.*** **What do you think is the most important factor in offering the best possible cancer care in your area?**

- Accessibility for patients – the less travel the better
- Cohesiveness and good communications between the team – if all on one site we would find that we can speak to people face to face, on the site that would be fantastic (she means if they had radiography on site too)
- Wound problems can be a problem – one of us could see them straight away if radiography was on site
- Radiotherapy not on site but would be good if it was re wound treatments and being able to see them on site.

***Q6.*** **What do you feel is the best approach to setting up a cancer Hub that will work for patients and staff?**

**Is there anything else you would like say?**

I have seen oncology for a long time. The amount of experience is expanding and we communicate closely, our team is working really well and would be gutted to see that change. Having therapies on site enables us to introduce to patients on site.

## Professional In-Depth Interview 9

***Q1.*** **I'd like an overview feel from you about local non-surgical cancer care services in your area. What do you feel is provided particularly well and where do you feel there is room for improvement?**

**Works well** – nice unit available at Halton, with Macmillan funding, waiting environment for patients, holistic need support and volunteers supporting the patient's journey. A new enthusiastic breast oncologist and those doing radiotherapy. Can treat centre flows very nicely from the patient's perspective it works well. Lots of positive feedback

**Improvements:**

Having a lone medical oncologist does have an impact on appointment times and then if she is on leave there is no one else to pick up work load. Far from ideal with significant increase demand. Would be ideal if we had increased availability of medical oncologist so working collaboratively would work.

Also, trials – we are keen on these but short on recruiting for trials particularly breast cancer trials locally, we have to send them off to other areas. We need personnel to support.

***Q2.*** **As you are probably aware, the local CCGs are talking to people about developing a Hub for non-surgical cancer care. What are your thoughts about the Hub approach and how do you feel it will affect patients?**

- Working more closely with personnel
- On-site support
- Increased accessibility of services for patients
- Centralise outpatient services, once done the patients see an improvement

**Concerns:** where sited, would champion own trust but if at St Helens and Knowsley rather than Halton it would have implications on our patients and we would lose them to Christie. Travel would be issue for our patients. Merseyside would be very well served.

***Q3.*** **How do you feel the Hub model could potentially affect you and how you work?**

Having things geographically closer would help with discussions with patients and about patients, open path of communications with other staff. More oncologists to speak to patients. Better Timing of interventions and MDT. At Chester they have joint oncology, and they are present at MDT. To bring that model of care would be great. At times it would be good to talk to them at a pre-MDT with the oncologist. Makes the MDT more efficient.

***Q4.*** **From your experience, what are the potential or current blockages to enabling you and your colleagues working closer together to deliver non-surgical cancer services?**

Availability of single medical oncologist

Limitations of geographical sites of 2 sites, the time lag between we see the patient for results and oncologist sees them. I would love it to tie together, morning oncology clinic and then patient is seen straight away. Reducing appointments for patients and parking etc. would allow breast care nurses to flow and provide patient support for the journey.

***Q5.*** **What do you think is the most important factor in offering the best possible cancer care in your area?**

Centralised location for the service

Planning scans adapted from our side for CT, now available at both radiotherapy units in region but still that is an extra point of travel for the patient. Could that be utilised for our existing scanning facilities.

Multidisciplinary approach – at moment very stretched, we need another breast care nurse.

Metastatic support – we are weak on this and have a significant amount of patients with this disease and don't have specialist support for this

***Q6.*** **What do you feel is the best approach to setting up a cancer Hub that will work for patients and staff?**

See what the patient wants from it, what they think provides a good service for them i.e. parking, journey times, transport support, length of time at hospital, parking certificates, allocated spaces, catering facilities, environment, clinical room, counselling rooms, dressing rooms (at the moment they dress in the consultant room, better to be in clinical environment).

IT infrastructure – systems not efficient and our systems don't link with Clatterbridge. We need to look at this as a whole region. We have big delays if they see a Clatterbridge colleague, it can be 2-3 weeks before we get a paper letter. Clatterbridge have blackberry phones that they dictate on but there must be issues somewhere. This could have significant impact if there are more consultants.

**Is there anything else you would like say?**

At the moment there are plans to re-build on the Halton site with multi support on the site. We already have a dedicated space with our oncologists in mind that exists, that has a fit to purpose. When I have worked at other trusts I can't see where they are going to put this on their existing land.

## Professional In-Depth Interview 10

***Q1.*** **What do you feel is provided particularly well and where do you feel there is room for improvement?**

**Positives:**

- MDT works well. Oncologists come to MDTs, radiologists dial in, they are not always present but part of MDT.
- Patients are then seen as outpatients for a review
- Treatment takes place at Clatterbridge
- Clinicians and nurse specialists are very approachable, the team work works well.

**Negatives:**

- Patients can be travelling a long way which patients don't like, if there was one nearer it would be better regarding travel.
- Having staff based locally would be better and streamline MDT
- Oncologists spread across a wide path is difficult and holidays can be a problem.

***Q2.*** **As you are probably aware, the local CCGs are talking to people about developing a Hub for non-surgical cancer care. What are your thoughts about the Hub approach and how do you feel it will affect patients?**

- Great idea
- The river crossing and travel is difficult
- Clatterbridge is inaccessible geographically regarding travel
- Having an Eastern Hub is a good idea

***Q3.*** **How do you feel the Hub model could potentially affect you and how you work?**

- Have support
- Not much cross pollination across surgical and none surgical

- Having oncology nearer would be better and enables back up would be more useful

***Q4.*** **From your experience, what are the potential or current blockages to enabling you and your colleagues working closer together to deliver non-surgical cancer services?**

- Distance and travel
- We went through a stage of difficulty with accessing oncologists and some recruitment issues but we are now on an even keel
- Still would like x2 oncologists each week – job planning has been an issue

***Q5.*** **What do you think is the most important factor in offering the best possible cancer care in your area?**

- MDT set up
- We are lucky in Merseyside re our colorectal and Christie is nearby too
- Local MDT – we have regular input and specialists
- You need the right people in the room at the right time for the discussions
- Need cross pollination of team
- Good supportive team at local hospital
    - Everyone needs to pull in the same direction

***Q6.*** **What do you feel is the best approach to setting up a cancer Hub that will work for patients and staff?**

- Collaborative working and approach – got to go the same way as others and Trusts working closer together
- Joint MDTs
- People specialising in certain things
- Better service overall
- Best service you can for patients and Trusts working together and Clatterbridge providing local support

**Is there anything else you would like say?**

From a geographical view Halton is probably in the middle – for location of the hub.

# Glossary

| | |
|---|---|
| ESCT | Eastern Sector Cancer Transformation |
| CCG | Clinical Commissioning Group |
| STHK | St Helens and Knowsley Teaching Hospital NHS Trust |
| WHH | Warrington and Halton Hospital NHS Foundation Trust |
| A&E | Accident and Emergency |
| LGBT | Lesbian, Gay, Bisexual and Transgender |
| CNS | Clinical Nurse Specialist |
| MDT | Multi-Disciplinary Team |

# Transforming Specialist, Non-Surgical, Cancer Care in the Eastern Sector (Halton, Knowsley, St Helens and Warrington)


## Travel Impact Assessment

## Version: 1.4 Final

# Contents

## Executive Summary

This Travel Impact Assessment summary is to support the Eastern Sector Cancer Hub service change process.

The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) provides care to the majority of people in Cheshire and Mersey (C&M) and plans to deliver transformation through Cancer Care Sector Hubs to provide a more holistic approach to patient care closer to patients' homes when it is safe and appropriate to do so.

Commissioners in Halton, Knowsley, St Helens and Warrington are working with the local provider of cancer services: Clatterbridge Cancer Centre NHS Foundation Trust (CCC), users of cancer services and Councils to review and redesign specialist, non-surgical, cancer care.

This travel impact assessment report looks at the effects of the service change upon the travel to services that patients must make.
The impact assessment used data provided by Healthwatch and local surveys carried out in the 4 boroughs. This was used to provide an overview of public and private transport to understand the impact of patient location versus the hub location.

In this impact assessment, these areas were compared to data about where people live in order to estimate how many people would be affected by the proposals. The work also looked at the impact of changes upon areas with high levels of deprivation associated with specific 'protected characteristics' including no car access and long-term illness/disability.

## Key Findings

- The majority of patients (75-95%) currently travel to their CCC appointment via private transport and are likely to continue to do so, particularly for their first appointment
- Availability and cost of parking is the primary concern for patients travelling via private transport
- The structure of parking charges varies between the two Trusts:
    - Parking is free for 20 minutes at St Helens and Whiston hospital sites, and for 30 minutes at Warrington and Halton hospital sites
    - Stays of more than 20 minutes and up to 3 hours are £0.50-1.00 cheaper at St Helens and Whiston hospital sites
    - Stays of more than 3 hours and up to 6 hours are £0.50-1.00 cheaper at Warrington and Halton hospital sites
    - The maximum charge on all sites is £6.00 for up to 24 hours parking
    - Weekly passes cost £10.00 at Warrington and Halton hospital sites and £12 at St Helens and Whiston hospital sites

    - Limited free parking spaces are available for cancer patients at St Helens Hospital while Warrington and Halton Hospitals offers free parking to all cancer patients
- Patients whose journeys involve crossing the river by car and who are not eligible for any discount schemes may incur additional costs of up to £16.00 over a year in bridge tolls (based on 1 new appointment and 3 complex follow-ups), though registered Blue Badge holders can make unlimited crossings for a one-off registration fee of £5.00; eligible Halton residents can make unlimited crossings for an annual fee of £10.00 and Warrington residents would not be expected to use the crossings to reach any of the four Eastern Sector hospital sites
- Some cancer patients may be eligible to reclaim all or part of their travel expenses including parking and tolls via the NHS Healthcare Travel Costs Scheme
- Up to 10% of patients travel via public transport (bus/train), with the proportion likely to be lower for journeys outside of Liverpool
- Cancer patients travelling via public transport may encounter access, connection and cost issues, particularly for journeys that cross borough boundaries or involve different bus operators
- Some Eastern Sector patients already travel 'out-of-area' to attend their CCC outpatient appointments, and not all patients currently attend their nearest hospital site, for a variety of reasons including service provision, location of clinics and GP/patient/consultant preference
- Depending on the chosen location of the Eastern Sector Hub, patients may still choose to attend another Sector Hub (Aintree, Wirral or Liverpool)
- Warrington residents currently travel furthest for their first outpatient appointment, mainly because very few new patient appointments are currently provided at Warrington Hospital
- The biggest increase in travel times would be felt by St Helens and Knowsley residents if the Sector Hub was located in Halton or Warrington hospital sites
- Overall car mileage in the Eastern Sector would only increase significantly if the Sector Hub were located at Halton General Hospital
- Locating the Sector Hub at St Helens Hospital would have the least impact for patients in terms of travel times by both private and public transport and also mileage
- Locating the Sector Hub at Halton General Hospital or Whiston Hospital would be the most equitable in terms of car journey times from all Eastern Sector GP practices, i.e. these two sites are closest to being at the 'centre' of the Eastern Sector; Warrington Hospital is the furthest from the 'centre'
- The maximum car journey time from an Eastern Sector GP practice to any of the four possible Eastern Sector Hub sites would be 41 minutes (from Rainford to Warrington Hospital)
- Locating the Sector Hub at either St Helens Hospital or Whiston Hospital would minimise public transport travel times for patients from the most deprived areas of the Eastern Sector which have the lowest rates of access to private transport

## Commentary and interpretation

While locating the Sector Hub at St Helens Hospital would have the least impact in terms of patient journeys, this is partly because more first appointments are already provided there than at the other three Eastern Sector hospital sites. It should also be noted that more Knowsley patients may choose to access the Aintree Sector Hub if the Eastern Sector Hub were located at either Halton General Hospital or Warrington Hospital.

For the 75-95% of patients who travel via private transport, there is little to choose between the four sites in terms of journey time (<5 minutes difference) or parking charges (50p difference). Also none of the sites is 'ruled out' by the CCC commitment to a maximum car journey of 45 minutes. Availability of (free) parking is likely to be a more important factor but is difficult to quantify and compare between sites.

The bridge toll structure could be considered a barrier to locating the Sector Hub at Halton General Hospital, although Warrington and Halton Hospitals' proposal would pay for patients' toll charges (estimated annual cost of between £2,000 and £9,000 based on external analysis). It is worth noting that for Halton residents, car journey times to St Helens Hospital and Whiston Hospital are as quick as to Warrington Hospital, and also that no concerns were raised by Halton residents crossing the river for their appointment at the Lilac Centre.

There is little difference between St Helens Hospital and Warrington Hospital in terms of average public transport times (again <5 minutes), or between any of the sites in terms of maximum journey times.

Perhaps the clearest differentiator between the sites is that patients from the most deprived areas would find access via public transport more difficult if the Sector Hub were hosted by Warrington and Halton Hospitals than by St Helens and Knowsley Hospitals.

## Background

The NHS has a National Cancer Transformation Programme with a national strategy for England (2015 – 2020); Cancer Care is also a key priority of the NHS Long Term 10 year Plan (LTP) 2020 -2030.

The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) provides care to the majority of people in C&M and plans to deliver transformation through Cancer Care Sector Hubs to provide a more holistic approach to patient care closer to patients' homes when it is safe and appropriate to do so.

Commissioners in Halton, Knowsley, St Helens and Warrington are working with the local provider of cancer services: Clatterbridge Cancer Centre NHS Foundation Trust (CCC), users of cancer services and Councils to review and redesign specialist, non-surgical, cancer care.

Improving cancer outcomes has been a high-profile NHS priority for some time. In 2014 the Five Forward View recognised the progress the NHS had made in diagnosing and treating cancer but identified that cancer survival rates remained below our European counterparts and committed to action on three fronts: better prevention, swifter access to diagnosis, and better treatment and care for all those diagnosed with cancer.

The Clatterbridge Cancer Centre service delivery model is a centre for inpatients and outpatients for rare and complex cancer care and four 'Sector' Hubs;

- Wirral – South (Wirral and West Cheshire)
- Liverpool - Central
- Aintree - North
- **'Eastern Sector' in a location to be determined through a formal process**

In scope are specialist, non-surgical, outpatient services for adults (18+) who live or have a GP in Halton, Knowsley, St Helens and Warrington, who have been diagnosed with a 'common' cancer and referred to Clatterbridge Cancer Centre for treatment with drugs and/or radiotherapy. For clarity the 'common' cancers are Breast, Lung, Colorectal and Prostate

The process is to determine the model of care and then to evaluate *where that is best located for the benefit of the collective population* of the four boroughs i.e. either at St Helens & Knowsley Teaching Hospitals NHS Trust (STHK) or Warrington & Halton Hospitals NHS Foundation Trust (WHH).
The service will be delivered by Clatterbridge in partnership with one of the trusts.

The project is governed through a Programme Management Office reporting to the decision making bodies – the four CCGs through a Joint Committee, and NHSE Specialised Commissioning, NHS England Service Change Assurance Process, Local Government processes – Overview and Scrutiny Committees.

## NHS Assurance Process

NHS England has a defined process for assuring service change which includes all elements of planning, assuring and delivering service change for patients. NHS England's role in the service change process is to support commissioners and their local partners, including

providers, to develop clear, evidence based proposals for service change, and to undertake assurance to ensure they can progress, with due consideration for the government's four tests of service change.

The objective of service change should be to achieve a fundamental improvement in the quality and sustainability of services, in a way that gains the support of patients, staff and the public. The assurance process set out in the following pages aims to help organisations apply a best practice approach when progressing complex programmes of service change and mitigate the risks of successful challenge.

There must be clear and early confidence that a proposal satisfies the governments four tests, NHS England's test for proposed bed closures (where appropriate), best practice checks and is affordable in capital and revenue terms.

The government's four tests of service change are:

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- Clear, clinical evidence base.
- Support for proposals from clinical commissioners.

The four tests are broken down into various service change assurance checks which need to be clearly evidenced to by the commissioner. The checks cover a wide range of areas such as finance, clinical, governance, communications and engagement, resilience, workforce, estates and travel.

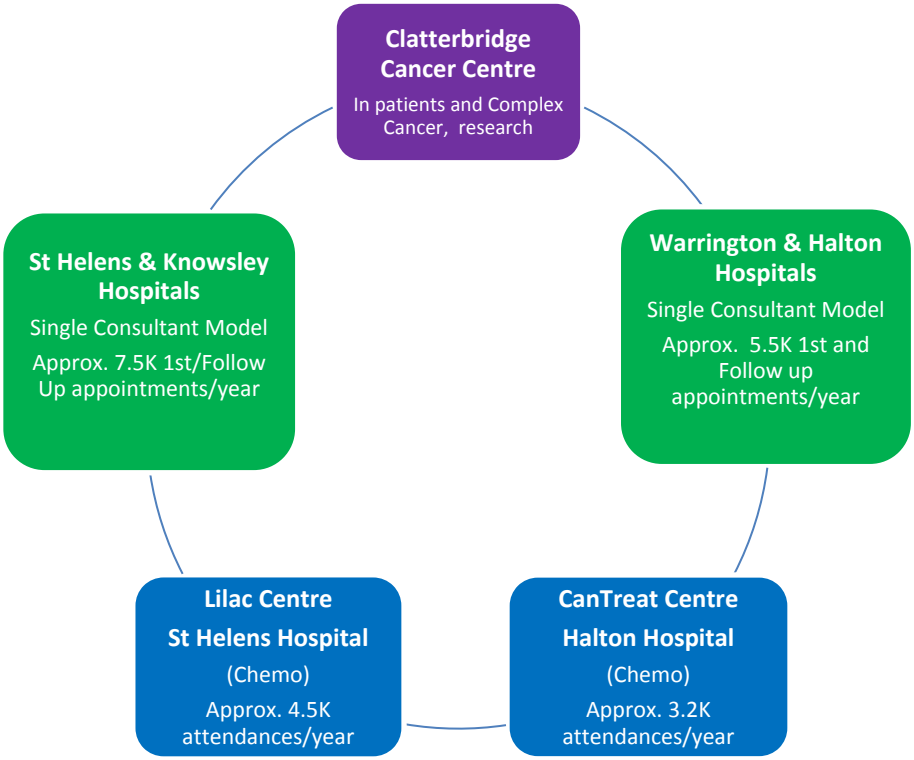
The focus of this document is the below service change assurance check.

***Has the travel impact of proposed change been modelled for all key populations including analysis of available transport options, public transport schedules and availability/ affordability of car parking?***

## Current Service and Model

- Clatterbridge Cancer consultants work at clinics (Monday – Friday) across 4 sites at: St Helens & Knowsley Teaching Hospitals NHS Trust (x2) Warrington & Halton Hospitals NHS Foundation Trust (x2).
- Quite often they work as a solo consultant and without MDT support or the opportunity to have joint consultations with the patient's surgical team for example.
- This can result in delayed appointments and as a consequence it can take longer for a person to start treatment.
- This impacts on the consistent achievement of the cancer standards such as first definitive treatment within 62 days of GP referral; this also has a potential impact on a person's outcome.

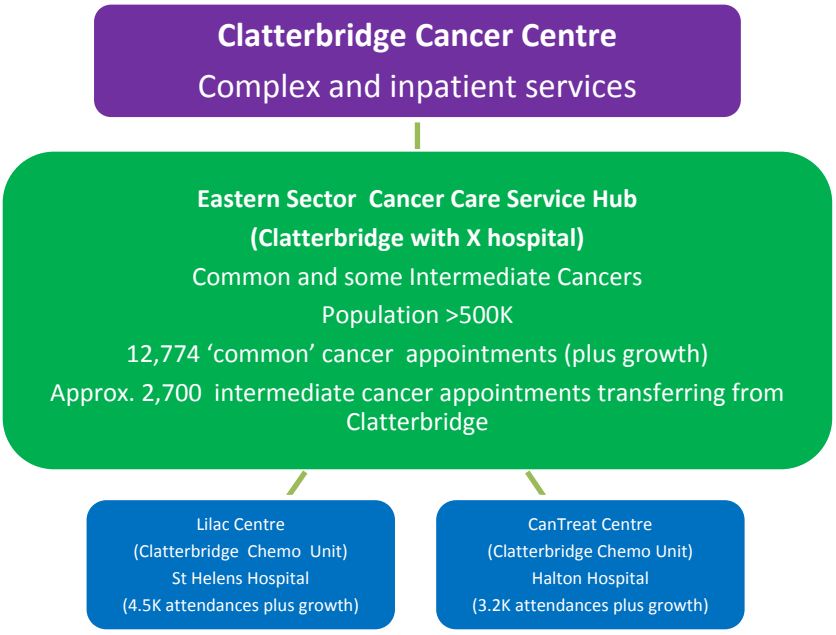
- Patients who become unwell during treatment usually have to go to A&E which is often not the best place for people having chemotherapy or radiotherapy to go.
- Not all patients have the opportunity to access clinical trials whereas there is more opportunity for people attending the Clatterbridge hospital site.
- Chemotherapy is mostly delivered closer to home in the local planned care hospitals – Halton Hospital and St Helens Hospital.
- In common with other areas there are some recruitment and retention difficulties.




## Proposed Service and Model

- Holistic needs assessment for all patients via a multi-disciplinary team based service with improved convenience; seven day services; longer days i.e. evenings, 52 weeks/year.
- More coordinated patient focussed care; CCC team responsible for co-ordinating drug and radiotherapy treatments including linking with GPs and surgical teams with use of digital technology.
- Faster access to more personalised holistic care; 1st appointment within 7 days of referral after being diagnosed with cancer and treatment to commence within 28 days.

- Some intermediate and complex cancer outpatient care will be able to move from the Clatterbridge Centre site to the sector hub (approx. 2700 appointments/year) bringing care closer to home for many more local people.
- The new service will also include access to a cancer specific ambulatory care unit to ensure that, where appropriate, patients are seen by staff who know them and their treatment and A&E is avoided wherever possible
- Routine screening for entry into clinical trials will be available for all patients
- This service model will also provide a more supportive professional environment which will be more attractive to clinicians and should enable us to recruit and retain more staff
- The Eastern Sector Cancer Care Hub is to be future proofed with sufficient estate (minimum 800m2 of ground floor space) to host a radiotherapy unit if required following the national review which is currently underway.



## Assessing the Travel Impact of Proposed Changes

The variety of evidence referenced in this travel impact assessment can be categorised as follows:

- Audits, surveys and samples of patients/journeys in the Eastern Sector, designed specifically to provide insight into how local patients travel to appointments and any travel-related concerns/issues
- Publicly-available information that is applicable to the proposed changes, including national policy/guidance on travel expenses and local car parking charges
- A primary analysis of the likely impact of proposed changes on travel times and distances for Eastern Sector patients attending outpatient appointments at CCC clinics

The evidence is summarised below with any original source files embedded at the end of each subsection:

- Headlines from patient travel surveys
- Parking and bridge toll parking structures
- Public transport sample journeys
- Potential impact on patient journeys
- Help with travel costs
- Summary of key findings, commentary and interpretation

### Headlines from patient travel surveys

In Sep/Oct 2018 CCC conducted a travel audit of a number of its clinics across Cheshire & Merseyside, sampling 539 patients, which suggested that:

- 25% drove themselves
- 51% were driven by a friend/relative
- 11% used public transport
- 7% arrived by taxi
- 5% used patient transport services

An audit specific to two clinics that were moved from WHH sites to StHK sites for operational reasons identified that of the 38 patients who completed the survey in July 2018, 95% travelled by car.

For those patients who cannot attend their Clatterbridge appointment by car (their own or a friend/relative) CCC accesses either North West Ambulance Service (NWAS) or West

Midlands Ambulance Service (WMAS) depending on where the patient lives. This is based on commissioner arrangements.

Both NWAS and WMAS have a criteria for booking patient transport or for advising what other alternatives a patient can access for travel to hospital. In general most patients with a diagnosis of cancer will be able to travel to their appointment via patient transport, and depending on clinical need this may range from an ambulance that will support a trolley transfer through to hospital taxis or the NWAS volunteer drivers.

Patients who do not qualify for patient transport are signposted to access to additional funding such as MacMillan (who provide a telephone helpline with access to a Welfare Rights advisor) or to the NHS Healthcare Travel Costs Scheme (HTCS) for those on low income.

Use of public transport was most prevalent for those patients attending appointments in central Liverpool.

CCC Travel Audit.pptx

In Sep/Oct/Nov 2018 a survey was undertaken to seek patient and carer views on travel and parking for their appointments at the Lilac Centre on the St Helens hospital site. The survey was conducted over a period of 6 weeks, staggered to ensure that the Trust captured views from as many different patients as possible. A total of 254 questionnaires were completed and included in the analysis. Key themes were identified as follows:

- The majority of patients (94%) indicated that they travelled by car to the Lilac Centre, including those who were brought by a relative or friend as well as those who drove themselves; 3% came by public transport and 2% by hospital transport
- The majority of patients (83%) had a journey of 10 miles or less
- Patients travel from a wide geographical range extending to all parts of St Helens, Knowsley and Widnes but also from Liverpool, Halton, Warrington, Wigan, Cheshire, Preston and Wales
- 88% of patients said their journey to the Lilac Centre had been easy on that particular day, while 12% encountered difficulties including road works and difficulty with parking
- For patients travelling from outside the StHK catchment area:
    - All 10 patients travelling from Warrington postcodes came to the Lilac Centre by car, with journeys of between 5 and 15 miles
    - 4 of the 5 patients that travelled from Runcorn came by car, with one travelling by taxi, and although 2 of the 5 patients experienced difficulties

with parking, none of them raised any concerns about travel time or costs incurred to cross the Mersey Gateway Bridge
    - 55 patients who participated in the survey travelled from Widnes, of which all bar one came by car, with the remaining person coming by hospital transport
- 81% of the 42 patients who travelled more than 10 miles to the Lilac Centre did not make any comments about how easy their journey had been or any problems encountered, but 16% of people felt their journey was long or encountered roadworks which slowed them down
- 48% of respondents had a positive experience of parking at the Lilac Centre, many providing positive feedback in comparison to parking at Warrington and Whiston hospital sites, however 42% encountered difficulties including insufficient car parking spaces or maximum time allowed for disabled people adjacent to the Lilac Centre, raised concerns about availability and cost of parking and questioned whether parking should be free for cancer patients

Lilac Centre Travel Survey Report - Nove

A survey of 80 patients attending the CANtreat chemotherapy unit on the Halton hospital site in December 2018 found that:

- 89% travelled by car
- 8% went via public transport
- 3% arrived by patient transport

## Parking and bridge toll charge structures

The structure of parking charges varies between the two Trusts as shown in the table below which indicates that:

- Parking is free for 20 minutes at St Helens and Whiston hospital sites, and for 30 minutes at Warrington and Halton hospital sites
- Stays of more than 20 minutes and up to 3 hours are £0.50-1.00 cheaper at St Helens and Whiston hospital sites
- Stays of more than 3 hours and up to 6 hours are £0.50-1.00 cheaper at Warrington and Halton hospital sites
- The maximum charge on all sites is £6.00 for up to 24 hours parking

| Parking charge structure | St Helens and Knowsley Hospitals | Warrington and Halton Hospitals |
|---|---|---|
| Free | 20 minutes | 30 minutes |
| 1 hour | £1.00 | £2.50 |
| 2 hours | £2.00 | |
| 3 hours | £3.00 | £3.50 |
| 4 hours | £4.00 | |
| 5 hours | £5.00 | £5.00 |
| 6 hours | £6.00 | |
| 24 hours (maximum) | £6.00 | £6.00 |
| Weekly pass | £12.00 | £10.00 |

http://www.sthk.nhs.uk/patients-visitors/st-helens/parking-at-st-helens-hospital
http://www.sthk.nhs.uk/patients-visitors/whiston/parking-at-whiston-hospital
https://whh.nhs.uk/about-us/our-hospitals/getting-halton-hospital
https://whh.nhs.uk/about-us/our-hospitals/getting-warrington-hospital

Free parking spaces for cancer patients are available next to the Lilac Centre on the St Helens Hospital site on a first-come, first-served basis, while Warrington and Halton Hospitals issues free parking permits to all cancer patients.

For journeys that involve crossing either the Mersey Gateway Bridge or the Silver Jubilee Bridge (once reopened), the following fees/tolls apply:

- £2.00 per crossing by car, discounted to £1.80 for £5.00 one-off registration fee
- Unlimited crossings for eligible Halton residents for £10.00 annual fee
- Unlimited crossings for Blue Badge holders for £5.00 one-off registration free

https://www.merseyflow.co.uk/toll-charges

'Eligible Halton residents' are those living in a property in Council Tax Band A-F; or G-H and who have successfully applied to Halton Council to be included in the residents' discount scheme as a result of economic hardship or other special circumstances. It is not known whether a diagnosis of cancer would qualify as 'special circumstances'.

Warrington and Halton Hospitals have proposed a standard operating procedure that would pay for patients' toll charges.

## Public transport sample journeys

The Healthwatch organisations for the Eastern Sector area and the Warrington CCG Patient Forum were asked to consider the impact of patient transport in light of the Transformation of Cancer services. From the outset it was clear that it would not be possible to map or undertake all of the potential journeys patient could make from each of the four localities, so it was decided to undertake journeys from a recognised central location. The journeys

were undertaken to try and arrive for a 0930 or 1600 appointment at the hospital sites. The journeys were undertaken by both Healthwatch staff and volunteers involved with patient engagement activities.

A total of 22 journeys were made from central locations in Knowsley (Huyton Bus Station), Runcorn (Shopping City), St Helens (Bus Station), Warrington (Interchange, Winwick B&Q and Latchford) and Widnes (Green Oaks), with sample travel times in minutes as shown in the table below.

| From | to Halton General Hospital | to St Helens Hospital | to Warrington Hospital | to Whiston Hospital |
|---|---|---|---|---|
| **Huyton Bus Station** | 102 | 56 | 54 | 20 |
| **Runcorn Shopping City** | Journey not undertaken | 64 | 72 | 58 |
| **St Helens Bus Station** | 100 | 8 | 105 | 20 |
| **Warrington Interchange** | 50 | 56 | 5 | 53 |
| **Warrington Winwick B&Q** | Journey not undertaken | Journey not undertaken | 41 | Journey not undertaken |
| **Warrington Latchford** | Journey not undertaken | Journey not undertaken | 36 | 65 |
| **Widnes Green Oaks** | 40 | 30 | 43 | 40 |

Out of the 22 journeys undertaken, two resulted in late arrival for the 0930 appointment:

- From Huyton Bus Station to St Helens Hospital (late by 2 minutes)
- From Huyton Bus Station to Warrington Hospital (late by 5 minutes)

Notes recorded for each of the journeys highlighted the following factors for consideration:

- Issues around multiple buses to get to certain locations
- Day tickets only valid for specific bus operators
- Older People's bus passes cannot be used until after 0930
- Buses not turning up
- Walking from bus stop to hospital
- Misinformation and incorrect buses used
- Shuttle buses are helpful and supportive aid to patients
- Bus and bus station environments, particularly during inclement weather
- Limited seat availability on certain bus services

updated transport document Healthwatc

## Potential impact on patient journeys

Patient journeys from each Eastern Sector GP practice to each of the four Eastern Sector hospital sites have been mapped using Google Maps to calculate average travel times and distances, then applied to CCC Eastern Sector activity data to estimate the potential impact of proposed changes on patient travel in terms of minutes and miles.

A total of 1,440 journeys have been mapped from 90 GP practices across Halton, Knowsley, St Helens and Warrington to the four hospital sites:

- Departing via private transport at 0800
- Departing via private transport at 1200
- Arriving via public transport at 0900
- Arriving via public transport at 1300


Average travel times and distance have been applied to the CCC activity expected to be affected by the proposed changes, i.e. first outpatient appointments and complex follow-ups for patients with a common cancer, registered with an Eastern Sector GP practice and seen at one of the four Eastern Sector hospital sites. The distribution of 1,285 first outpatient attendances for common cancers in 2018/19 is shown in the table below. Under

the proposed model, all of this activity would be seen in the Sector Hub on one of the four Eastern Sector sites.

| CCG of registration | Halton General Hospital | St Helens Hospital | Warrington Hospital | Whiston Hospital | Total |
|---|---|---|---|---|---|
| **Halton** | 75 | 118 | 6 | 81 | **280** |
| **Knowsley** | | 92 | 2 | 75 | **169** |
| **St Helens** | 11 | 265 | 3 | 141 | **420** |
| **Warrington** | 228 | 75 | 51 | 62 | **416** |
| **Total** | **314** | **550** | **62** | **359** | **1,285** |

As shown in the table below, patients travelling by car for their first appointment would see average journey times increase from 16-17 minutes to:

- 19-21 minutes if the Sector Hub is located at Halton General Hospital
- 17-19 minutes if the Sector Hub is located at St Helens Hospital
- 19-21 minutes if the Sector Hub is located at Warrington Hospital
- 18-20 minutes if the Sector Hub is located at Whiston Hospital

| Average journey time by car from | to current hospital site | to Halton Hospital | to St Helens Hospital | to Warrington Hospital | to Whiston Hospital |
|---|---|---|---|---|---|
| **Halton** | 14-15 | 9-10 | 18-20 | 20-21 | 16-17 |
| **Knowsley** | 15-17 | 18-21 | 18-21 | 23-27 | 11-12 |
| **St Helens** | 12-13 | 23-25 | 9-10 | 23-27 | 16-18 |
| **Warrington** | 21-23 | 22-24 | 24-26 | 12-13 | 24-26 |
| **Total** | **16-17 minutes** | **19-21 minutes** | **17-19 minutes** | **19-21 minutes** | **18-20 minutes** |

The tables below show equivalent analysis for maximum car journey times and average mileage from each CCG.

| Maximum journey time by car from | to current hospital site | to Halton Hospital | to St Helens Hospital | to Warrington Hospital | to Whiston Hospital |
|---|---|---|---|---|---|
| **Halton** | 18 | 14 | 26 | 28 | 23 |
| **Knowsley** | 31 | 29 | 31 | 36 | 23 |
| **St Helens** | 27 | 36 | 21 | 41 | 30 |
| **Warrington** | 31 | 35 | 36 | 24 | 33 |
| **Total** | **31 minutes** | **36 minutes** | **36 minutes** | **41 minutes** | **33 minutes** |

| Average mileage by car from | to current hospital site | to Halton Hospital | to St Helens Hospital | to Warrington Hospital | to Whiston Hospital |
|---|---|---|---|---|---|
| **Halton** | 6 | 4 | 8 | 8 | 7.5 |
| **Knowsley** | 6 | 12 | 8 | 13.5 | 3 |
| **St Helens** | 4 | 12.5 | 3 | 9 | 5 |
| **Warrington** | 10.5 | 12 | 11 | 3 | 12 |
| **Total** | **7 miles** | **10 miles** | **7 miles** | **7.5 miles** | **7.5 miles** |

Patients travelling via public transport would see average journey times increase from 42-46 minutes to:

- 60-64 minutes if the Sector Hub is located at Halton General Hospital
- 44-50 minutes if the Sector Hub is located at St Helens Hospital
- 47-54 minutes if the Sector Hub is located at Warrington Hospital
- 50-57 minutes if the Sector Hub is located at Whiston Hospital

| Average journey time by bus from | to current hospital site | to Halton Hospital | to St Helens Hospital | to Warrington Hospital | to Whiston Hospital |
|---|---|---|---|---|---|
| **Halton** | 40-42 | 27-28 | 48-52 | 48-50 | 50-53 |
| **Knowsley** | 42-44 | 85-87 | 50-53 | 58-65 | 30-32 |
| **St Helens** | 31-32 | 75-82 | 24-25 | 58-70 | 39-40 |
| **Warrington** | 54-65 | 55-62 | 59-74 | 30-35 | 68-89 |
| **Total** | **42-46 minutes** | **60-64 minutes** | **44-50 minutes** | **47-54 minutes** | **50-57 minutes** |

The table below shows equivalent analysis for maximum bus journey times from each CCG.

| Maximum journey time by bus from | to current hospital site | to Halton Hospital | to St Helens Hospital | to Warrington Hospital | to Whiston Hospital |
|---|---|---|---|---|---|
| **Halton** | 64 | 47 | 82 | 65 | 78 |
| **Knowsley** | 78 | 110 | 85 | 119 | 70 |
| **St Helens** | 60 | 111 | 52 | 109 | 67 |
| **Warrington** | 93 | 95 | 108 | 70 | 115 |
| **Total** | **93 minutes** | **111 minutes** | **108 minutes** | **119 minutes** | **115 minutes** |

The table below shows average public transport travel times based on deprivation of practice population (1 = most deprived, 10 = least deprived based on IMD 2015 https://fingertips.phe.org.uk/profile/general-practice/)

| Average journey time by bus from practices in deprivation decile | to current hospital site | to Halton Hospital | to St Helens Hospital | to Warrington Hospital | to Whiston Hospital |
|---|---|---|---|---|---|
| **1** | 43-44 | 75-78 | 50-51 | 59-71 | 42-44 |
| **2** | 32-33 | 54-58 | 33-35 | 52-56 | 45-47 |
| **3** | 42-46 | 56-64 | 46-50 | 45-53 | 48-56 |
| **4** | 30-31 | 58-66 | 25-26 | 47-61 | 39-40 |
| **5** | 44-48 | 53-57 | 47-53 | 31-33 | 55-68 |
| **6** | 43-49 | 56-57 | 47-56 | 40-44 | 42-52 |
| **7** | 31-35 | 66-68 | 37-41 | 56-63 | 22-23 |
| **8** | 55-56 | 74-75 | 43-44 | 73-77 | 57-59 |
| **9** | 56-66 | 72-79 | 52-60 | 49-60 | 70-83 |
| **10** | 57-72 | 55-65 | 63-94 | 40-49 | 78-101 |
| **Total** | **42-46 minutes** | **60-64 minutes** | **44-50 minutes** | **47-54 minutes** | **50-57 minutes** |

### Help with travel costs

As noted above, some patients may be eligible to claim a refund of reasonable travel costs under the NHS Healthcare Travel Costs Scheme (HTCS). To qualify for help with travel costs under the HTCS, the patient or their partner must receive one of a list of qualifying benefits or allowances, or meet the eligibility criteria for the NHS Low Income Scheme.

NHS Healthcare Travel Costs Scheme

2.19 MacMillan Transport information

## Summary of key findings, commentary and interpretation

Based on the evidence presented above, the following key findings are put forward for consideration:

- The majority of patients (75-95%) currently travel to their CCC appointment via private transport and are likely to continue to do so, particularly for their first appointment
- Availability and cost of parking is the primary concern for patients travelling via private transport
- The structure of parking charges varies between the two Trusts:
    - Parking is free for 20 minutes at St Helens and Whiston hospital sites, and for 30 minutes at Warrington and Halton hospital sites

    - Stays of more than 20 minutes and up to 3 hours are £0.50-1.00 cheaper at St Helens and Whiston hospital sites
    - Stays of more than 3 hours and up to 6 hours are £0.50-1.00 cheaper at Warrington and Halton hospital sites
    - The maximum charge on all sites is £6.00 for up to 24 hours parking
    - Weekly passes cost £10.00 at Warrington and Halton hospital sites and £12 at St Helens and Whiston hospital site
    - Limited free parking spaces are available for cancer patients at St Helens Hospital while Warrington and Halton Hospitals offers free parking to all cancer patients
- Patients whose journeys involve crossing the river by car and who are not eligible for any discount schemes may incur additional costs of up to £16.00 over a year in bridge tolls (based on 1 new appointment and 3 complex follow-ups), though registered Blue Badge holders can make unlimited crossings for a one-off registration fee of £5.00; eligible Halton residents can make unlimited crossings for an annual fee of £10.00 and Warrington residents would not be expected to use the crossings to reach any of the four Eastern Sector hospital sites
- Some cancer patients may be eligible to reclaim all or part of their travel expenses including parking and tolls via the NHS Healthcare Travel Costs Scheme
- Up to 10% of patients travel via public transport (bus/train), with the proportion likely to be lower for journeys outside of Liverpool
- Cancer patients travelling via public transport may encounter access, connection and cost issues, particularly for journeys that cross borough boundaries or involve different bus operators
- Some Eastern Sector patients already travel 'out-of-area' to attend their CCC outpatient appointments, and not all patients currently attend their nearest hospital site, for a variety of reasons including service provision, location of clinics and GP/patient/consultant preference
- Depending on the chosen location of the Eastern Sector Hub, patients may still choose to attend another Sector Hub (Aintree, Wirral or Liverpool)
- Warrington residents currently travel furthest for their first outpatient appointment, mainly because very few new patient appointments are currently provided at Warrington Hospital
- The biggest increase in travel times would be felt by St Helens and Knowsley residents if the Sector Hub was located in Halton or Warrington hospital sites
- Overall car mileage in the Eastern Sector would only increase significantly if the Sector Hub were located at Halton General Hospital
- Locating the Sector Hub at St Helens Hospital would have the least impact for patients in terms of travel times by both private and public transport and also mileage
- Locating the Sector Hub at Halton General Hospital or Whiston Hospital would be the most equitable in terms of car journey times from all Eastern Sector GP practices, i.e. these two sites are closest to being at the 'centre' of the Eastern Sector; Warrington Hospital is the furthest from the 'centre'
- The maximum car journey time from an Eastern Sector GP practice to any of the four possible Eastern Sector Hub sites would be 41 minutes (from Rainford to Warrington Hospital)

- Locating the Sector Hub at either St Helens Hospital or Whiston Hospital would minimise public transport travel times for patients from the most deprived areas of the Eastern Sector which have the lowest rates of access to private transport

While locating the Sector Hub at St Helens Hospital would have the least impact in terms of patient journeys, this is partly because more first appointments are already provided there than at the other three Eastern Sector hospital sites. It should also be noted that more Knowsley patients may choose to access the Aintree Sector Hub if the Eastern Sector Hub were located at either Halton General Hospital or Warrington Hospital.

For the 75-95% of patients who travel via private transport, there is little to choose between the four sites in terms of journey time (<5 minutes difference) or parking charges (50p difference). Also none of the sites is 'ruled out' by the CCC commitment to a maximum car journey of 45 minutes. Availability of (free) parking is likely to be a more important factor but is difficult to quantify and compare between sites.

The bridge toll structure could be considered a barrier to locating the Sector Hub at Halton General Hospital, although Warrington and Halton Hospitals' proposal would pay for patients' toll charges (estimated annual cost of between £2,000 and £9,000 based on external analysis). It is worth noting that for Halton residents, car journey times to St Helens Hospital and Whiston Hospital are as quick as to Warrington Hospital, and also that no concerns were raised by Halton residents crossing the river for their appointment at the Lilac Centre.

There is little difference between St Helens Hospital and Warrington Hospital in terms of average public transport times (again <5 minutes), or between any of the sites in terms of maximum journey times.

Perhaps the clearest differentiator between the sites is that patients from the most deprived areas would find access via public transport more difficult if the Sector Hub were hosted by Warrington and Halton Hospitals than by St Helens and Knowsley Hospitals.

**Authors – Murray Scott and Laura Davies**

# PRE-CONSULTATION EQUALITY ANALYSIS
# EASTERN SECTOR CANCER HUBS

# Pre-Consultation Equality Analysis Report: Eastern Sector Cancer Hubs

Start Date: Nov 2018
Finish Date:

Signature:

Signed off (senior manager):

## 1. Purpose of this document:

Meeting the needs of the Equality Act 2010 is a statutory duty. Section 149 Public Sector Equality Duty is engaged, along with other sections of the act (see below), when a service provider is making changes to a service that may have an impact on service users.

Knowsley, Halton, St Helens & Warrington CCGs are making changes, these changes have to be tracked against different protected characteristics to see if there will be any negative impact on any particular people or groups covered by the Act.

Pre-consultation:

A 'pre-consultation' equality analysis report looks at 'potential' barriers and impacts and tries to identify which groups will need specific engagement as part of the consultation process. This is then fed in to the consultation and engagement activities.

Post consultation:

All responses and any other evidence is then reviewed, and a final Equality Analysis report is made. This reports on how well the change in service will meet the Equality Act 2010 and any negative impacts that need to be understood and mitigated before any final decision to change the service is made by the decision makers. The final report has to be presented to the decision makers.

The Equality Act 2010.

The parts of the acts that are 'engaged' (i.e. active in relation to this proposal) are:

Section 4 – protected characteristics

Section 13 - direct discrimination

Section19 – indirect discrimination

Section 20 – duty to make adjustments

Section 29 – provision of a service

Section 149 – Public Sector Equality Duty

In relation to Public Sector Equality Duty (PSED) there are three objectives.

Section 149 Public Sector Equality Duty states:

> A public authority must, in the exercise of its functions, ***have due regard*** to the need to—
>
> (A) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
>
> (B) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
>
> (C) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In order to satisfy objective A, the following section have to be considered:

- Section 4 – protected characteristics,
- Section 13 - direct discrimination,
- Section19 – indirect discrimination,
- Section 20 – duty to make adjustments for people with disabilities, and
- Section 29 – provision of a service, are fundamentally relevant to this project.

In order to satisfy ‘objective B’ - ‘Advance equality of opportunity’ - section 3 of PSED, will have to be explored and met where relevant:

> 3 (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
>
> 3(b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;

3(c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low

Objective ‘C’ - ‘foster good relations’ is not engaged in this project as the project is not one of tackling hate crime, community cohesion and /or challenging prejudice or building relationships across community and cultural boundaries.

When all the evidence is collected, post consultation, all the sections of PSED will be commented on and a view will be taken on whether, in making the change Knowsley CCG and partners are doing so lawfully.

**2. Details of service / function:**

The Clatterbridge Cancer Centre is a specialist hospital providing radiotherapy, chemotherapy and supporting services for the non-surgical treatment of cancers. Currently the main base of the hospital is Clatterbridge Cancer Centre-Wirral, there is also a satellite radiotherapy treatment centre at Clatterbridge Cancer Centre-Aintree (which opened in 2011) and we provide outpatient and chemotherapy care in local hospitals right across Cheshire, Merseyside and the Isle of Man.

From July 2017 our services include the regional specialist services for patients with blood cancers (a service previously provided from The Royal Liverpool Hospital). This includes treatments such as bone marrow transplants.

Cancer survival rates have doubled over the last 40 years, with around half of patients now surviving the disease for more than ten years. This is a success story for the NHS. However, the rate of cancer and its diagnosis is rising, which means every year our services have to respond to growing demand. This means we are now supporting many more patients to live well with and beyond cancer; Public Health England have predicted that 1:2 people will be living with cancer from 2025, this will place continued pressure on our current services because 1:3 people live with cancer now.

More and more new therapies to treat cancer (e.g. immunotherapy) are becoming available, which means the number of treatments we can offer is increasing and it is no longer acceptable that patients should travel long distances for care that can be provided closer to home. 90% of chemotherapy and immuno-therapy for common cancers (breast, lung, colo-rectal and prostate) can now be safely and effectively provided closer to home and for some patients at home. There is no need to travel to the Cancer Centre.

These new treatment options also mean that our patients will require even more joined up care by specialist teams of staff who can work closely together to ensure we deliver high quality care and access to research, consistently throughout the year.

Like many hospital services, CCGs and Trusts need to think differently about how they can best deliver services in the future.

Other drivers for change include:

• patients wait no longer than 7 days for a first appointment following referral
• Their treatment begins within 24 days of that first appointment
• All patients get the same access to clinical trials, so that all patients can access the latest treatments and also be a vital part of developing new treatments
• 90% of patients with common cancers receive chemotherapy and immune-therapy closer to home; less travel to the Cancer Centre for common cancer care
• Patients get consistent access to supportive services (for example cancer information, dietary advice, benefits advice) at their first appointment

What is the **legitimate aim** of the service change / redesign?

- Demographic need and changing patient need's because of cancer survival rates
- Value for Money-more efficient service

## 3. Change to service: what is the fundamental change to service?

The new clinical model will:

- Provide high quality, sustainable care
- Meet growing demand and expectations
- Integrate care and research
- Maximise accessibility

The model:

- 4 hubs will provide the majority of care for common cancers, and also some intermediate cancers which can be repatriated significantly increasing the range of treatments which provided closer to patients' homes
- New Hospital in Liverpool will physically integrate complex care, acute oncology services and research centres of excellence
- Linked and underpinned with digital transformation through 'connecting for the future# programme
- To help care in the most clinically appropriate place, the range of cancer needs are split in to three:-
    - **Rare** – less than 500 referrals per year : testicular, Penile, Brain, CNS, sarcoma and ocular caners (treatment delivered at the centre)

- **Intermediate**: between 500 -1400 referrals per year: Head, neck, HPB, Myeloma, MUO ( treatment increasingly at hubs)
- **Common –** over 1400 referrals per year: Breast, Lung, Prostate and Lower GI (treatment mostly at hubs)

**Sector Hubs**

Sector Hubs will provide the majority of first Clatterbridge appointments for common ( and some intermediate) cancers. They will provide more complex chemotherapy, as well as a co-located, dedicated ambulatory acute oncology service. Three of the hubs will provide radiotherapy.

Moving to 'four' sector hubs and the region will provide the optimum balance between local care for patients and ensuring that all patients can consistently see a tumour -site -specific consultant lead team of experts for their first appointment. This team will co-ordinate all aspects of their care and treatment. Sector Hubs will provide extended hours service seven days a week.

**For patients:**

The hub model will provide :-

- a wider multi-professional team
- co-ordinate and signpost to wider support/services – to access everything that is available in the community
- improve continuity and consistence of palliative enhanced supportive care.
- Cancer specific ambulatory care
- Entry into the service via telephone triage and referrals from other service points of the NHS e.g. 111, NWAS, UTC, A&E
- Co-locations with chemo services
- Extended opening ours
- Access to clinical trials

**If the service is a 'new or redeveloped' service – has 'new money' been made available or have budgets been moved from one sector to another?**

Its anticipated that no new money will be made available but a better use of existing resources.

**4. Barriers relevant to the protected characteristics ( where are the potential disadvantages)**

A number of exploratory talks with selected parties ( see report below for full details[1]) such as clinicians, cancer patients, cancer support services, took place to discuss the outline care model and to identify issues that the project developers need to be cognisant of as they develop the models towards a preferred option and public consultation.

There was overwhelming support for the idea of Hubs and making cancer care closer to communities. When asked about what the priority should be in selecting such centres- the top concern was clinical excellence. However, whilst this is understandable, it can skew thinking to locations. In effect, no matter where the hubs are placed, they will become clinically excellent. Once this issue is put to one side, by far the most concerning issues for attendees where:

- Location, Travel and parking
- Equitable service delivery for all
- Understanding the limits to  hubs provision

When asked a number of searching questions, the following answer emerged:

Q1 – why is change needed
(Top answer) Patients currently have to travel too far

Q2b – why a cancer hub?
(Top joint answers)
The need to provide specialist treatment
Easy to access / local service

Q4 who will it affect?
(Top answers)
Patients living further away from the hub
Patients and relatives that rely on public transport
Elderly Patients
Patients and relatives who drive and need access

Some felt there should be equality amongst people who do and don't drive, many felt patient wellness should be considered more thoroughly in relation to fitness to travel distances for care/treatment.

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ESCT
[1] Pre-Consultation En pre-consultation engagement report with selected parties

However, there was a juxtaposed view that was prevalent in that some people thought ‘patients would be happy to travel further for specialist care’. Though clarity needs to be sought on this point as to whom this refers to, especially if it’s tied into a question on any future questionnaire.

In relation to the use of public transport the following problems/issues were identified

- Bus not always a direct route
- Out of borough passes don’t work
- Time of use of pass, cannot use before 9.30am
- Bus passes only give free travel from 9.30am
- Cost is high
- Over 45 mins by bus
- Multiple bus journeys
- Length of time and any change overs
- Waiting time for buses in non-urban areas
- Some bus routes are less frequent or stop after 6pm
- Extra cost if carer comes
- Merseyside bus pass can only be used in the border
- Possibly patients who are frightened or have mobility issues using the bus
- Need to be clear on public transport and clear on every circumstance
- Often you will need more than one of the two buses to get to your destination

And when considering the issue of Patient Access the following points where raised

- Is this a fair target only counting car journeys? [45 minutes to get from home to site]
- Are you saying its acceptable for some areas to have worse access?
- Complicated bus journeys, cost of transport and finding a car park space is just as important.
- Delays at clinic can be a lot longer, prompt appointments need to be considered
- Must consider Toll Bridge, Tunnels etc
- Patient vulnerability

  o Effect upon patient mobility and access to transport

  o What facilities and functions would need to be put in place to enable vulnerable individuals to access services given the 45-minute travel time estimate?

- Time of day for appointments versus travel time will this be taken in to consideration or included in 45-minute travel time?
- How will travel be for a patient who has just been for their treatment

In addition to the above, ***there has to be clarity over just what the Hubs will provide*** as conversations reveal high expectations and a variety of service suggestions were made to be included in the hub: (items in italic are not typical and may not be considered or be made available at every hub – clarity on what is available will have to be given as part of the consultation documentation)

- o Signposting to local support services
- o *Holistic needs assessments*
- o An information point for advice and guidance
- o *Pharmacy on site*
- o *24-hour urgent care*
- o Therapies
- o Lymphedema services
- o Rehabilitation
- o *Counselling for patients and families*
- o Radiotherapy
- o *Peer support*
- o *Pampering*
- o *Benefits advice*
- o *Wig specialists*
- o *Pain advice*
- o Appropriate seating (covering different disabilities and mobility issues)
- o Good signage to find your way around the building
- o *Refreshments*
- o IT support
- o *Virtual consultations*
- o *Creche*
- o Disabled access
- o *Generally avoiding a hospital type feeling.*

Any future Consultation should consider the following:

| Protected Characteristic | Issue | Remedy/Mitigation |
|---|---|---|
| **Age**<br>Young people[2]<br>Older/retirees | ○ What is the relations between young cancer patients and link to new hubs?<br>○ Older people – need to understand how they travel to appointments | Ensure young people are part of the consultation process<br><br>Ensure older people are part of consultation exercise.<br><br>Ensure all adult age groups are included in the consultation/engagement |

[2] https://smhs.gwu.edu/cancercontroltap/sites/cancercontroltap/files/AYA%20Social%20Media%20Toolkit%20FINAL.pdf

| | | |
|---|---|---|
| | and relationship with hubs and whether they will be more likely to be disadvantage | process |
| Disability:<br>Physical<br>Learning difficulties<br>Mental health<br>Sensory impairment<br>Atypical neuroprocessing | Clear concern was shown around disability in terms of access and equality of treatment.<br><br>Anecdotal evidence of discriminatory practices in local services where disclosed in workshops. | Ensure disability groups are part of consultation covering main areas of disability.<br><br>Consider focused groups as well as general questionnaire<br>Ensure disability groups and people are included in the consultation processes.<br><br>Consider special 'focus groups' to cover different disabilities ( e.g. deaf, blind)<br><br>Consider reasonable adjustments to venues/ questionnaires/ support to get views of disabled people. (e.g. easy read document/ braille/ induction loops at events<br><br>Ask questions about:<br>• Barriers/ difficulty in travel.<br>• Barriers/difficulty in using equipment (e.g. screening)<br>• Level of support they may need in accessing and going to appointments.<br><br>Ensure any publicity material that uses imagery has inclusive imagery<br><br>Post consultation consider further work on acceptable service level |

| | | |
|---|---|---|
| | | performance for disabled patients |
| Gender reassignment | No immediate issue identified by work groups – however, there were little to no 'trans' voices in the groups. | Consider focus group with trans community as part of general consultation. |
| Marriage and civil partnership | No Immediate issues identified- however, many patients rely on partners to support them and take the to and from appointments. | Include how 'partners' will be better supported in Hub model as part of consultation process. |
| Pregnancy & maternity | No Immediate issue identified out of work shops | Ensure consultation links with parents |
| Race | No immediate issues were identified from the workshops – however there are specific cancers which have a greater impact on certain BAME groups – e.g. prostate cancer and Afro-Caribbean men. | Ensure that BAME groups are identified and have clear links to the consultation process.<br><br>Consider BAME focus groups<br>• Identify barriers to travel<br>• Identify barriers to screening/early attendance with symptoms<br><br>Ensure any publicity material that has imagery has inclusive imagery |
| Religion and belief | The charity group 'Cancer Black Care' organisation draws attention to the fact that in some communities a diagnosis of cancer was seen as "the will of God" and in others the knowledge that a person had cancer could affect the marriage prospects of their children. | Ensure religious and different cultural groups are included in consultation process. |
| Sex (m/f) | Both male and females are affected by cancers. | Ensure both groups are well represented as part of consultation process. |

| | | |
|---|---|---|
| Sexual orientation | At present there is little information relating to cancer by sexual orientation.<br><br>Anecdotal evidence of discriminatory practices in local services where disclosed in workshops. | Ensure any publicity material that has imagery has inclusive imagery.<br><br>Ensure that LGBTQ+ are part of consultation process. |

**5. Does this service go to the heart of enabling a protected characteristic to access health and wellbeing services?**

YES: Cancer is a main health concern and service to help better treat and support patients would be highly desirable.

**6. Consultation:**

The proposal of 'hubs' is a new way of working for the area, this in essence is a restructuring of cancer services. As such, it is highly likely, that local people will have a legitimate expectation on service provision and will need to be consulted on such a move, in particular:

- How services will be delivered and the case for change – and do people agree the need for change
- Cost to such an endeavour and whether it is a 'money saving exercise', as part of the information given to support consultation
- Performance standards that will be delivered with such a change, as part of information given to support the consultation
- Travel implication and impact of travel, as currently perceived linked to final proposal
- Equality of service – how the Hubs will meet and support people with different needs.
- What types of services will be delivered from hubs
- Comments

To this end, the consultation process needs to consider 'focus groups' from specific protected characteristics ( BAME/ LGBTQ+/ Trans/ Disability) as well as a 'general questionnaire' targeted at the general population.

Questions around travel need to include issues on 'difficulty' and 'means of travel'

e.g. (a) will travelling to the new hub be: More difficult, As difficult, less difficult, about the same as before.
(b) how do you usually travel to hospital appointments ( list methods)
(c ) Do you think it will take you longer to travel to your nearest hub ( by how much?)

Whilst there is evidence that many/ most people travel to treatment appointments by car, there needs to be clarity on patient methods of movement in relation to hubs.

In order to understand potential concerns/ impacts, the questionnaire needs to also collect equality data to aid disaggregation of answers and analysis.

**Section 7 , 8and 9 for completion after final consultation.**

**7 Have you identified any key gaps in service or potential risks that need to be mitigated**

**Ensure you have action for who will monitor progress.**
**Ensure smart action plan embeds recommendations and actions in Consultation, review, specification, inform provider, procurement activity, future consultation activity, inform other relevant organisations(NHS England, Local Authority**

**8. Is there evidence that the Public Sector Equality Duties will be met (give details)**
**Section 149: Public Sector Equality Duty (review all objectives and relevant sub sections)**

**PSED section 1- Objective A: Eliminate discrimination, victimisation, harassment and any unlawful conduct that is prohibited under this act:**

**PSED 1, Objective B; Advance Equality of opportunity**

**PSED objective B, sub section (3)(a): 'remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic';**

**PSED section 1, Objective B, sub section (3)(b): 'take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it';**

**PSED section 1, objective B, subsection (3)(c): 'encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low'.**

**PSED section 1, objective C: 'foster good relations between persons who share a relevant protected characteristic and persons who do not share it.'**

**PSED section 2: – 'A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1)[the 3 objectives]'.**

**PSED section 4 – 'The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons disabilities.'**

**PSED section 5 – 'Due regard to the need to foster good relations by tackling prejudice and promote understanding' Not engaged**

**PSED section 6 – Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.**

**9. Recommendation to Board**

**PSED will be met / unmet**

**Actions that need to be taken**

Notes:
Piggybacking questions; There is an opportunity to ask questions about 'screening and early detection' in the form of 'how likely is it that if you suspect you have cancer you would see a GP ' 'immediately, put off for a few weeks, wait until symptoms worsened, very reluctant to pursue' etc - whilst not linked to the question of Hubs, it would allow us to capture information that could shape Public Health/Information giving to the population encouraging early detection.

NHS Halton, NHS Knowsley, NHS St Helens & NHS Warrington CCGs

# Transforming Specialist, Non-Surgical, Cancer Care in the Eastern Sector (Halton, Knowsley, St Helens and Warrington)


**Options for service delivery**
**Long-List Options Appraisal Workshop**

# LONG-LIST OPTIONS APPRAISAL WORKSHOP
## Tuesday 3rd July 2018 09:30 – 12:00
## Boardroom, Knowsley CCG, Nutgrove Villa, Huyton, L36 3YE

| | | Present | Apology |
|---|---|---|---|
| **MEMBERS** | | | |
| Dianne Johnson (DJ) | Chief Executive, Knowsley CCG (Chair, SRO for Eastern Sector Cancer Hub) | ✓ | |
| Mark Lammas (ML) | Commissioning Programme Manager, Knowsley CCG | ✓ | |
| Dr Ernie Marshall (EM) | Deputy Medical Director, Clatterbridge Cancer Centre NHS Foundation Trust | ✓ | |
| Jennie Crook-Vass (JCV) | Programme Manager, Clatterbridge Cancer Centre NHS Foundation Trust | ✓ | |
| Alexa Traynor (AT) | Communications Assistant Director, Clatterbridge Cancer Centre NHS Foundation Trust | ✓ | |
| Dr Susan Burke (SB) | Macmillan GP & Primary Care Lead for Cancer & End of Life Services, Warrington CCG | ✓ | |
| Andrew Bibby (AB) | Assistant Regional Director of Specialised Commissioning (North), NHS England | | ✓ |
| Paul Mavers (PM) | Healthwatch Knowsley Manager | ✓ | |
| Iain Stoddart (IS) | Chief Finance Officer, St Helens CCG | | ✓ |
| Maria Austin (MA) | Strategic Lead, Communication & Engagement, Warrington CCG / Halton CCG | | ✓ |
| **IN ATTENDANCE** | | | |
| Suzanne Fenneh (SF) | Service Specialist, Specialised Commissioning (North) NHS England | ✓ | |
| Adam Vinyard (AV) | Senior Finance Manager, St Helens CCG | ✓ | |
| Jackie Connell (JC) | Commissioning & Transformation Manager, St Helens CCG | ✓ | |

**Long-List Options Appraisal Workshop**
DJ led this session. The purpose of the workshop was to review the criteria / requirements for a Sector Hub and appraise whether the long-list of options met the criteria for short-listing and further detailed review.

ML introduced the criteria for a Sector Hub identified by Clatterbridge Cancer Centre. The criteria were available via the screen in the Boardroom, and handouts were provided to the Project Group.

The Project Group formalised the criteria to be used for the Long-List Options Appraisal and a future Short-List Options Appraisal. The Project Group discussed the criteria identified and reorganised the content to fit into 6 areas of infrastructure / estates requirements to host a Sector Hub.

The Project Group agreed that the Sector Hub is required to be in a clinical facility, and therefore any long-list options not located within a clinical facility were ineligible to continue to be considered.

The Project Group also agreed on the weightings of the sections of the criteria. In summary the criteria and weightings are below:

| Criteria | | Weighting |
|---|---|---|
| 1) | Facilities to deliver a Sector Hub Outpatients Service | 40% |
| 2) | Future potential for Satellite Radiotherapy development | 15% |
| 3) | Research & Innovation infrastructure | 10% |
| 4) | Patient Access | 10% |
| 5) | Support Services | 20% |
| 6) | Strategic Fit & Partner Intentions | 5% |
| | | 100% |

The Project Group completed the Long-List Options Appraisal assessing the capability of the Long-List options to meet the criteria agreed and whether it was possible for each option to host a Sector Hub.

A summary of the Long-List Options Appraisal is below:

**Option 1: Do Nothing; continue with current service model / provision**
Option has the potential to meet the following criteria:

- Patient Access *(although Patient Access within the current provider Trusts, this option would not provide a Radiotherapy facility)*

Option does not meet the following criteria:

- Facilities to deliver a Sector Hub Outpatients Service
- Future potential for Satellite Radiotherapy development
- Research & Innovation infrastructure
- Support Services
- Strategic Fit & Partner Intentions

Outcome: Not Short Listed.

**Option 2: ESCH within a local, non-clinical setting**
Outcome: Not Short Listed; the Project Group agreed that the Sector Hub is required to be location within a clinical facility.

**Options 3: ESCH(s) at local Urgent Care Centres(s) / Walk-In-Centre(s)**
Option has the potential to meet the following criteria:

- None of the criteria *(although Patient Access within the community, this option would not provide the co-dependencies for a Radiotherapy facility)*

Options does not meet the following criteria:

- Facilities to deliver a Sector Hub Outpatients Service
- Future potential for Satellite Radiotherapy development
- Research & Innovation infrastructure
- Patient Access
- Support Services
- Strategic Fit & Partner Intentions

Outcome: Not Short Listed.

**Option 4: ESCH at St Helens & Knowsley Teaching Hospitals NHS Trust**
Option has the potential to meet the following criteria:

- Facilities to deliver a Sector Hub Outpatients Service

- Future potential for Satellite Radiotherapy development
- Research & Innovation infrastructure
- Patient Access
- Support Services
- Strategic Fit & Partner Intentions

Options does not meet the following criteria:

- None of the criteria

Outcome: To be Short Listed for further detailed review.

**Option 5: ESCH at Warrington & Halton Hospitals NHS Foundation Trust**

Option has the potential to meet the following criteria:

- Facilities to deliver a Sector Hub Outpatients Service
- Future potential for Satellite Radiotherapy development
- Research & Innovation infrastructure
- Patient Access
- Support Services
- Strategic Fit & Partner Intentions

Options does not meet the following criteria:

- None of the criteria

Outcome: To be Short Listed for further detailed review.

**Option 6: ESCH(s) both St Helens & Knowsley Teaching Hospitals NHS Trust and Warrington & Halton Hospitals NHS Foundation Trust with services split by Tumour Group**

Option has the potential to meet the following criteria:

- Facilities to deliver a Sector Hub Outpatients Service
- Future potential for Satellite Radiotherapy development
- Research & Innovation infrastructure
- Patient Access
- Support Services
- Strategic Fit & Partner Intentions

Options does not meet the following criteria:

- None of the criteria; however whether both Trusts could provide a sustainable workforce and the support services required for a Sector Hub will need to be explored further.

Outcome: To be Short Listed for further detailed review.

**Option 7: ESCH at the new Clatterbridge Cancer Centre – Liverpool site (2020)**

Option has the potential to meet the following criteria:

- Future potential for Satellite Radiotherapy development
- Research & Innovation infrastructure
- Support Services
- Strategic Fit & Partner Intentions

Options does not meet the following criteria:

- Facilities to deliver a Sector Hub Outpatients Service *(as the new site has not been planned to have capacity for the Eastern Sector Outpatient capacity in addition to the Central Sector)*
- Patient Access *(as the location would provide convenient access within 45 minutes car journey for >90% of patients who would access care in the Sector Hub)*

Outcome: Not Short Listed.

**In Summary:** The following options are to be Short-Listed for further detailed review:
1) ESCH at St Helens & Knowsley Teaching Hospitals NHS Trust
2) ESCH at Warrington & Halton Hospitals NHS Foundation Trust

ESCH(s) both St Helens & Knowsley Teaching Hospitals NHS Trust and Warrington & Halton Hospitals NHS Foundation Trust with services split by Tumour Group

## Appendix 1: Long List Appraisal Summary Table

ESCH Options Appraisal 3rd July 20:

**Eastern Sector Cancer Hub Long-List Options Appraisal: To identify Potential Sites For Service Provision - Undertaken on Tuesday 3rd July 2018 by the Eastern Sector Cancer (Non-Surgical) Transformation Project Group**

| Eastern Sector Cancer Hub Service Specification / Design Principles | | | Weighting (%) | Project Options | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Do nothing; continue with current service model / provision | ESCH within a local, non-clinical setting | ESCH(s) at local Urgent Care(s) / Walk-In-Centre(s) | ESCH at STHK | ESCH at WHH | ESCH(s) at both WHH & STHK | ESCH at the new Liverpool CCC Site (2020) |
| **Clinical Facility** | **1** | Is the ESCH required to be in a clinical facility? *(If Yes, all options / sites not within a clinical facility are ineligible to continue in this process)* | 0% | Eligible | Ineligible; not a Clinical Facility | Eligible | Eligible | Eligible | Eligible | Eligible |
| **Infrastructure & Estates** | **2** | **Facilities to deliver a Sector Hub Outpatients Service:**<br>• **Sufficient facilities to deliver multi-professional clinics seeing almost all new patients for common cancers and some intermediate cancers in the sector:** The estimated requirement is 12 rooms per day Monday to Friday, co-located ideally, but may be split across hot / cold sites within same Trust.<br>• **Waiting area for up to 60 patients per clinic.**<br>• **Hub-based CCC Teams:** 25-30 person multi-professional team base (e.g. Large flexible open plan office / offices).<br>• **Accommodation Standards:** HBN Compliant and commitment to achieve Macmillan Quality Environment Mark (MQEM), a quality standard for cancer care environments.<br>• **Full MDT video-conferencing** facility and shared interface with PACS and Histopathology, accessible via desktop.<br>• Prompt access to imaging, pathology and pharmacy services.<br>**Safe Use of Systemic Anti-Cancer Therapy (SACT) Facilities:**<br>• Facilities and environment to develop sector hub chemotherapy facility provide 7 days of intermediate and complex SACT:<br>o 20 chairs in sector hub.<br>o Co-located with OPD clinics.<br>o Access to prep, aseptics etc.<br>o HBN and commitment to achieve MQEM.<br>**Acute Oncology (AO) Sector Hub / Ambulatory Assessment**<br>• The concept of a physical space on a hot-site to develop sector-based Acute Oncology **Ambulatory Assessment** on 6-7 days a week basis.<br>• 4 trolley / bed assessment spaces.<br>• **Maximum geographical proximity to sector SACT hub** (access to the best concentration of specialist medical and nursing workforce).<br>• **Central coordinating function for vague symptoms and malignancy of unknown origin (MUO) pathways in the sector**, as anticipated patient numbers suggest this model is best viewed as a Hub model with strong links to promote access to local services where possible. | 40% | **X** | | **X** | ✓ | ✓ | ✓ | **X** |
| | **3** | **Future Potential for Satellite Radiotherapy development:**<br>• **Available footprint** to develop a future satellite radiotherapy facility:<br>o **Minimum 800 m2 of ground floor space** within a site development control plan.<br>o To support **2 linacs plus support accommodation** for floor clinics.<br>o Excludes radiotherapy planning/simulation capabilities at this stage.<br>• **Co-located / close adjacency** with Oncology out-patient clinics and sector chemotherapy hub. | 15% | **X** | | **X** | ✓ | ✓ | ✓ | ✓ |
| | **4** | **Research and Innovation (R&I) Infrastructure:**<br>• Access to facilities and its infrastructure to **support delivering significantly increased R&I activity** in the sector, including:<br>o Sample collection, processing, storage and transport.<br>o Commitment from local laboratories to support R&I activity.<br>o Access to biobank. | 10% | **X** | | **X** | ✓ | ✓ | ✓ | ✓ |
| **Patient Access** | **5** | **Patient Access:**<br>• Convenient access within 45 minutes car journey for >90% of patients who would access care in the sector hub.<br>• Free car parking available adjacent to the sector hub for all patients on active SACT and radiotherapy treatment.<br>• Commitment to develop enhanced patient transport services e.g. shuttle services to ensure good access to sector hub for those who do not have access to a car. | 10% | ✓ | | **X** | ✓ | ✓ | ✓ | **X** |

| Eastern Sector Cancer Hub Long-List Options Appraisal: To identify Potential Sites For Service Provision - Undertaken on Tuesday 3rd July 2018 by the Eastern Sector Cancer (Non-Surgical) Transformation Project Group | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Eastern Sector Cancer Hub Service Specification / Design Principles | | | Weighting (%) | Project Options | | | | | | | |
| | | | | Do nothing; continue with current service model / provision | ESCH within a local, non-clinical setting | ESCH(s) at local Urgent Care(s) / Walk-In-Centre(s) | ESCH at STHK | ESCH at WHH | ESCH(s) at both WHH & STHK | ESCH at the new Liverpool CCC Site (2020) |
| **Support Services** | **6** | **Support Services:**<br>**• Commitment to delivering extensive provision of 'wrap around' services based on developing existing services and resources.**<br>These to be available in sector hub, co-located with multi-professional clinics, including:<br>o Clinical Nurse Specialists and key workers.<br>o Benefits advice.<br>o Cancer information.<br>o Therapies.<br>o Dietetics.<br>o Wigs and prostheses.<br>o Counselling and psychological medicine.<br>o Palliative Care Services (Nurse & Consultant-led via the local specialist Palliative Care Team). | 20% | X | | X | ✓ | ✓ | ✓ | ✓ |
| **Broader Strategic Fit** | **7** | **Strategic Fit & Partner Intentions:**<br>• Sector hub located alongside sustainable MDTs for common cancers.<br>• Alignment with any emergent future model of elective and emergency acute care in the sector.<br>• Commitment from Emergency Department team to develop effective ambulatory AO pathways.<br>• Commitment to delivering training placements in sector hubs for Deanery trainees.<br>• **Connectivity and inter-operability** with IT CCC systems including Meditech. | 5% | X | | X | ✓ | ✓ | ✓ | ✓ |
| **Long List Options Appraisal Outcome** | | | | Fail | Fail | Fail | Pass 1st Stage; to be short-listed | Pass 1st Stage; to be short-listed | Pass 1st Stage; to be short-listed | Fail |
| **Estimated Cost (£m)** | | | | | | | | | | |

**Please Note:**

1) The long-list of options reviewed by the Project Group determined whether sites have the potential to provide an Eastern Sector Cancer Hub.

2) The outcome of the Long-List Options Appraisal is documented as a Pass 1st Stage or Fail to determine the short-listed options.

3) A detailed analysis of the short-listed options will be undertaken by the Project Group to identify the feasibility and availability of the service specification criteria at each site short-listed.

**Eastern Sector Cancer (Non-Surgical) Transformation Project Group individuals who participated in the Long-List Options Appraisal on Tuesday 3rd July 2018 included:**

| | |
|---|---|
| Dianne Johnson | Chief Executive, Knowsley CCG (Chair, SRO for Eastern Sector Cancer Hub) |
| Mark Lammas | Commissioning Programme Manager, Knowsley CCG |
| Dr Ernie Marshall | Deputy Medical Director, Clatterbridge Cancer Centre NHS Foundation Trust |
| Jennie Crook-Vass | Programme Manager, Clatterbridge Cancer Centre NHS Foundation Trust |
| Alexa Traynor | Communications Assistant Director, Clatterbridge Cancer Centre NHS Foundation Trust |
| Dr Susan Burke | Macmillan GP & Primary Care Lead for Cancer & End of Life Services, Warrington CCG |
| Paul Mavers | Healtwatch Knowsley Manager |

| | |
|---|---|
| Representing Andrew Bibby, Assistant Regional Director of Specialised Commissioning (North), NHS England | |
| Suzanne Fenneh | Service Specialist, Specialised Commissioning (North) NHS England |
| Representing Ian Stoddard, Chief Finance Officer, St Helens CCG | |
| Adam Vinyard | Senior Finance Manager, St Helens CCG |
| Jackie Connell | Commissioning & Transformation Manager, St Helens CCG |

# Transforming Specialist, Non-Surgical, Cancer Care in the Eastern Sector (Halton, Knowsley, St Helens and Warrington)


## Evaluation Process Document

## Date: 26th June 2019

## Version: 1.1 Final

**Introduction**

The purpose of this document is to describe the evaluation process that will be used to assess the Trust submissions to deliver the Eastern Sector Cancer Hub.

The NHS has a National Cancer Transformation Programme with a national strategy for England (2015 – 2020); Cancer Care is also a key priority of the NHS Long Term 10 year Plan (LTP) 2020 -2030.

The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) provides cancer care to the majority of people in Cheshire and Merseyside and plans to deliver improved outcomes and experience through a transformed delivery model comprising a centre for inpatients and complex cancer care and four 'sector hubs' providing a more holistic approach to patient care closer to patients' homes when it is safe and appropriate to do so. The sector hubs are to be based at four locations across C&M as follows:

- Wirral – South (Wirral and West Cheshire)
- Liverpool - Central
- Aintree - North
- 'Eastern Sector' in a location to be determined through this formal evaluation process

**Services in Scope**

This formal evaluation process is to determine where the service is best located for the benefit of the collective population of the four boroughs, i.e. either at St Helens & Knowsley Teaching Hospitals NHS Trust (STHK) or Warrington and Halton Hospitals NHS Foundation Trusts (WHH).

The services in scope are specialist, non-surgical, outpatient services for people who live or have a GP in Halton, Knowsley, St Helens and Warrington, who have been diagnosed with a 'common' cancer and referred to Clatterbridge Cancer Centre for treatment with drugs and/or radiotherapy.
**The 'common' cancers are Breast, Lung, Colorectal and Prostate*

The service will be delivered by CCC in partnership with one of the trusts.

**Background**

A workshop to consider options for this project was held on 3rd July 2018, chaired by the SRO and attended by the Eastern Sector Cancer (Non-Surgical) Transformation (ESCT) Project Group. The purpose of the workshop was to review and agree the Long-list Options Appraisal Criteria and to assess the Long-list Options against the criteria and determine the short-list option/s to go forward to consultation.

A criteria and requirements document, based on the required infrastructure and facilities, was developed with CCC to describe the requirements of the service model in terms of space required, facilities needed, clinical dependencies etc. The Trusts were then invited to present to members of the ESCT Project Group their vision for the future Hub and submit their proposals for delivery of the Hub. This took place in between August – December 2018. At that point external independent expertise was secured to support evaluation of the Trusts and to mitigate any potential bias in the process.

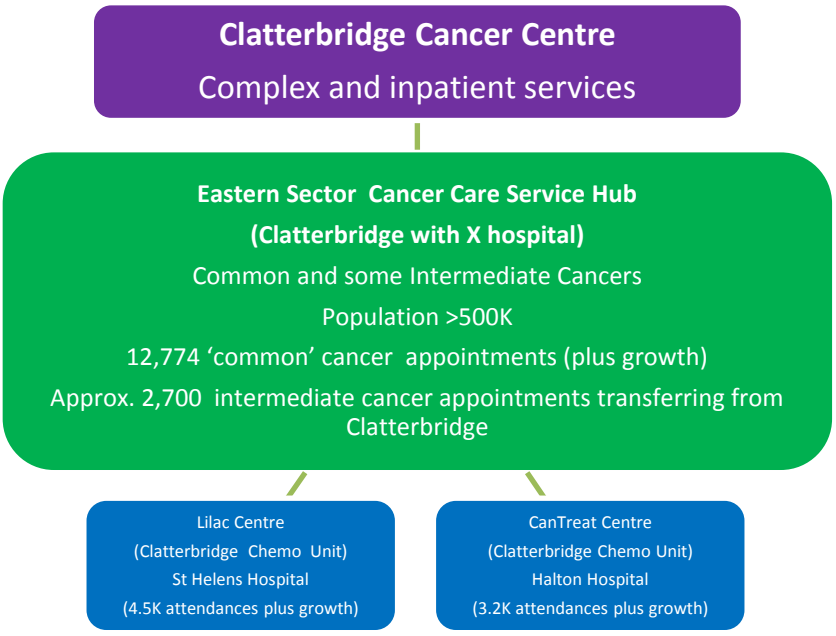
Some further clarifications were sought from the Trusts throughout April and May 2019 and, at the request of both trusts, a brief pause took place at the end of May into early June to clarify the

evaluation process. We have now clarified the process and how it will progress further from June 2019. This document sets out the evaluation process and requirements. External independent expertise from NHS SBS has been brought in to provide experienced, professional and objective input to run the evaluation stage in an open and transparent manner. The timeline is outlined on the next page and sets out key meeting dates and deadlines to adhere to with a view to concluding the evaluation by end of July 2019.

**Aims and Objectives of the Eastern Sector Hub**

- Holistic needs assessment for all patients via a multi-disciplinary team based service with improved convenience; seven day services; l**onger days** i.e. evenings, **52 weeks/year**.
- More coordinated patient focussed care; CCC team responsible for co-ordinating drug and radiotherapy treatments including linking with GPs and surgical teams with use of digital technology.
- Faster access to more personalised holistic care; 1st appointment within **7 days of referral** after being diagnosed with cancer and **treatment to commence within 28 days.**
- Some intermediate and complex cancer outpatient care will be able to move from the Clatterbridge Centre site to the sector hub (approx. 2700 appointments/year) bringing care closer to home for many more local people.
- The new service will also include access to a cancer specific ambulatory care unit to ensure that, where appropriate, patients are seen by staff who know them and their treatment and A&E is avoided wherever possible
- Routine screening for entry into clinical trials will be available for all patients
- This service model will also provide a more supportive professional environment which will be more attractive to clinicians and should enable us to recruit and retain more staff
- The Eastern Sector Cancer Care Hub is to be future proofed with sufficient estate (minimum 800m2 of ground floor space) to host a radiotherapy unit if required following the national review which is currently underway**.**

**Proposed Model**



**Timescales**

The table below sets out a summary of this process and planned timetable:

The NHS England Assurance Process and Senate review will run alongside this timetable from June through to September 2019.

| Stage | Date |
|---|---|
| CCG meeting with Trusts to outline evaluation process | 25th June 2019 2019 5-6.30pm |
| CCG issue final template for Trust submission | 26th June 2019 |
| Trusts submit final template for evaluation | 24th July 2019 at 12 noon |
| Evaluation Panel Meeting | End July 2019 |
| Outcome report drafted and Trusts informed (pending the Stage 2 Assurance sign off) | Early August 2019 |
| NHSE and Senate Final Reviews | Aug - September 2019 |
| NHS England confirmation of NHS Stage 2 Assurance decision and proceed to Public Consultation | End of September 2019 |
| Public Consultation Commences | October 2019 |
| Public Consultation Concludes | December 2019 |
| Decision Made (MMJC/NHS E Spec Comm) | January 2020 |

**Evaluation**

The evaluation process will be conducted in a fair and transparent manner. The submissions will be evaluated in line with the process outlined below.

**Evaluation Panel**

A Multidisciplinary Evaluation Panel comprising senior representatives from each partner organisation (excluding STHK and WHH) will be established and they will represent all Eastern Sector commissioning organisations and CCC. All members of the Panel will receive the detailed submissions and attend the evaluation moderation meeting. All members of the panel will be required to complete a declaration of interest and confidentiality agreement if they haven't already done so.

The Evaluation Panel will be selected by the SRO Dianne Johnson in consultation with the CCG Accountable Officers, NHSE Specialised Commissioning and CCC. The Panel will be a group representing the below areas of expertise:

- Clinical Model and Quality
- Finance & Workforce
- Public & Patient Experience
- Commissioning

**Evaluation Process**

The agreed evaluation criteria and scoring information was shared with both Trusts on 25th June 2019 at the ESCH Next Steps/ Clarification Meeting and are outlined in this document so the methodology for evaluation is clear.

At the meeting on 25th June 2019 with the SRO and key members of the wider project group, the process was clearly outlined along with the associated criteria and scoring methodology. The Trusts are receiving this document and template on 26th June 2019 **for completion by 12 noon on Wednesday 24th July 2019.** The Evaluation Panel will then receive the final submissions and score independently before coming together as a group to agree final moderated scores. The evaluation panel will include justifying comments based on their professional judgement, using the agreed evaluation criteria and scoring methodology outlined in this document.

In order for the Trusts to comply they must:

- Fully complete all sections; AND
- Achieve a "pass" in respect of all questions that are stated as pass / fail; AND
- Achieve at least the minimum score of 3 stated for all Red Flag Questions; AND
- Achieve a minimum score of 2 for all other questions (i.e. non Red Flag Questions) AND
- Complete the finance section including the template provided.

The outcome of this evaluation will feed into the NHS England Stage 2 Assurance process.

**Evaluation Criteria**

| Criteria | Weighting |
|---|---|
| INFRASTRUCTURE AND ESTATES | Pass/Fail |
| A – Clinical Quality & Patient Experience | 65% |
| B – Workforce, Finance and Sustainability | 20% |
| C – Organisational Quality and Performance | 15% |

***Please note the detailed breakdown of the sub criteria against each question in the template.***

**Scoring**

| Scoring methodology for Pass/Fail Questions | Grade |
|---|---|
| Meets all the criteria set out in the question | Pass |
| Does not meet all the criteria set out in the question | Fail |

| Scoring methodology for Scored Questions (unless otherwise stated in respect of specific questions) | Score |
|---|---|
| **Superior** – response demonstrates a superior understanding of the vision and/or plans to implement it | 4 |
| **Comprehensive** – response demonstrates a comprehensive understanding of the vision and/or plans to implement it | 3 |
| **Acceptable** – response demonstrates an acceptable understanding of the vision and/or plans to implement it | 2 |
| **Limited** – response demonstrates a limited understanding of the vision and/or plans to implement it | 1 |
| **Deficient** – response demonstrates significant gaps in understanding of the vision and / or plans to implement it. | 0 |

- Some questions are marked as RED FLAG QUESTIONS for which there is a minimum pass mark of 3 (Comprehensive) unless otherwise stated.
- For all other questions there is a minimum score of 2 (Acceptable)

- Finance is scored in terms of Affordability and Sustainability.
    - Affordability - The lowest cost = 10%, with the second lowest cost achieving a score proportionate to the cost difference.
    - Sustainability - All costs aggregated. The lowest cost = 5%, with the second lowest cost achieving a score proportionate to the cost difference

This outcome will form part of the Stage 2 NHS England Assurance process and will be fed into the public consultation process. The Trusts will be notified of the outcome and feedback will be shared at the appropriate time.

**Queries**

Any queries in relation to this evaluation process should be directed to Laura Davies, Senior Manager at NHS SBS in the first instance as below.

**laura_davies1@nhs.net or 07966 825747**

**Clarification Questions**

Trusts are encouraged and have a responsibility to seek whatever clarification they may require in regard to this process.

All clarification questions must be made solely via email to Laura Davies – **laura_davies1@nhs.net**.

No other route to submit clarification questions is to be used and any questions submitted otherwise than in accordance with this will not be responded to. The deadline to submit clarification questions is **Wednesday 17th July 2019 at 12 noon.**

We will endeavour to respond to each clarification question within 3 three working days.

In order to ensure equality of treatment and transparency, details of all clarification questions and the clarification responses will be shared with both Trusts on a regular basis via email.

Weekly calls will be diarised with the Trusts to support the evaluation process.

# Response Template for Completion

## Issue date 26th June 2019

## Deadline for completion 12 noon 24th July 2019

## ESTATES AND INFRASTRUCTURE

## Radiotherapy Unit – Pass/Fail

**There is a requirement for minimum 800m2 of ground floor space to host a radiotherapy unit should it be required. The Trusts ability to accommodate this requirement is a prerequisite to full consideration through the evaluation process.**

**Please provide any relevant diagrams or supporting illustrations.**

Please confirm below that you have the minimum requirement as outlined above.

| RESPONSE (Maximum word count 100) |
|---|
| |

## Specific Service Requirements - Pass/Fail

**There is a minimum estate, infrastructure and facilities requirement to enable the clinical service model. Please confirm below how you are able to meet the minimum requirement as outlined below:-**

**Please provide any relevant diagrams or supporting illustrations.**

- Sufficient facilities to deliver multi-professional clinics seeing almost all new patients for common cancers and some intermediate cancers in the sector:
    - 16 sessions of clinical activity each week
    - A total of 52 outpatient rooms each week
- Sufficient patient waiting space for each clinic that conforms to best practice (Macmillan Cancer Support) guidance on such areas
- Dedicated office accommodation to act as a base for CCC medical and clinical staff
- Facilities and environment to develop sector hub chemotherapy facility provide 5 ½ days of intermediate and complex SACT:
    - 20 chairs
    - Co-located with outpatient clinic capacity where possible
    - Access to prep, aseptics etc.
- Commitment to full compliance with the Mandated SACT dataset requirements
- Physical space to develop sector-based acute oncology ambulatory assessment 6-7 days a week
- Circa. 4 trolley/bed assessment facility
- Site should support timely access to the SACT hub
- Service will be a central coordinating function for vague symptoms and malignancy of unknown origin (MUO) pathways in the sector

| RESPONSE (Maximum word count 100) |
|---|
| |

## SECTION A: Clinical Quality & Patient Experience – 65%

**1. Vision – 35% (RED FLAG QUESTION)**

Please set out your overall approach to deliver the vision, model and benefits for the Eastern Sector Cancer Service Hub (ESCH).

*The following information is provided to inform responses to this question*

- *Information for Trusts - a supporting presentation providing background information and outlining the clinical model.*
- *A link to stakeholder engagement and pre-consultation engagement documents*

http://www.knowsleyccg.nhs.uk/transforming-cancer-care/

| RESPONSE (Maximum word count 6000) |
|---|

**2. Research and innovation infrastructure – 5%**

Please describe your approach to research and innovation:-

**For information below are some of the areas for consideration in your response**

- Access to facilities to support delivering significantly increased R&I activity in the sector, including:
    - Sample collection, processing, storage and transport
    - Biobank
    - A commitment from local laboratories to support R&I activity
    - Commitment to work with CCC R&D to deliver research portfolio

| RESPONSE (Maximum word count 1000) |
|---|

**3. IM&T Infrastructure – 5%**

Please set out how you will utilise digital technology to enable working across locations, services, providers and sectors?

**For information below are some of the areas for consideration in your response**

- Full multi-disciplinary team video-conferencing facility and shared interface with PACS and histopathology, accessible via desktop
- Connectivity and inter-operability with CCC IT systems including Meditech.
- Commitment to work with CCC IMT on shared solution/fixes

| RESPONSE (Maximum word count 1000) |
|---|

**4. Access – 5% (RED FLAG QUESTION)**

Please describe how your proposed location provides suitable access for patients

**For information below are some of the areas for consideration in your response**

- Convenient access within 45 minutes car journey for >90% of patients who would access care in the sector hub
- Free car parking available adjacent to the sector hub for all patients on active SACT and radiotherapy treatment and clear signage communicating this.
- Commitment to develop enhanced patient transport services (voluntary drivers, hospital taxis and other transport providers bus companies for example) to ensure good access to sector hub for those who do not have access to a car**.**
- Equal access and support with associated costs for all patients in terms of public and private transport methods in relation to the differing range of journeys relative to site location and public transport networks e.g. toll bridge
- Work with CCC to ensure a choice of appointment times and opening hours that reflect patient feedback for more flexibility e.g. early appointments, later appointments for those less mobile etc.
- Consideration of protected characteristics and vulnerability – mobility, modes of transport etc.

| RESPONSE (Maximum word count 1000) |
|---|

**5. Accessible services for patients – 5%**

Please describe how the service will be personalised to peoples' individual needs, including clinical needs and patient experience, across all stages of the pathway. Responses should include an explanation of:

- How you plan to meet the individual needs of patients;
- What reasonable adjustments you will make for patients with sensory impairments, learning disabilities or those whose first language is not English;
- What reasonable adjustments you will make for privacy and dignity requirements in relation to culture and religion;
- Equality & Diversity awareness training you will make available to staff; and
- How the service environment will be made welcoming, accessible, comfortable and ensure patients' dignity and privacy.

| RESPONSE (Maximum word count 1000) |
|---|

**6. Person centred service – 5%**

Please detail how patients, carers and the general public will be involved in the planning and development of the service. Responses should include an explanation of:

- How the service will proactively seek and utilise patient input;
- How the service will engage with key partners such as Healthwatch and local groups third, faith and voluntary sector; and
- How the process for acting upon input received from patients, Healthwatch and other stakeholders will inform service development on an ongoing basis

| RESPONSE (Maximum word count 1000) |
|---|

**7. Patient journey – 5 %**

Please describe a patient journey from arrival at the hub based on the following scenarios. Your response will need to be cognisant of and address interdependencies with other services and / or providers, including CCC:-

- Patient arrives at hub without appointment but is expecting to see a consultant today.
- A patient is referred to the service who does not have capacity but does have an identified carer attending the appointment.
- Due to a road closure a patient has experienced a significant delay in their journey in arriving at their appointment and is extremely stressed about the appointment and missing their time slot.
- How will you ensure that patients are supported on arrival to the hospital site and find the signage clear to avoid patients getting lost within main hospital site?
- A patient has attended the hub and has received their 1st appointment. They attended alone and across the next few days' feels confused and unsure of the next steps in term of treatment. How can you avoid this? And what would you do if this happens?

| RESPONSE (Maximum word count 1000) |
| --- |
| |

## SECTION B: WORKFORCE, FINANCE AND SUSTAINABILITY – 20%

**1. Workforce – 5%**

Please outline your overall workforce strategy which will meet the needs of this service including:

- How you will recruit and retain skilled and experienced staff in sufficient numbers to deliver the service in partnership with CCC.
- How you will as a Trust accommodate the increasing staff requirements given the fact that incidence of cancer is increasing.
- How you will integrate the CCC team/service into your staff approach, leadership and governance frameworks

| RESPONSE (Maximum word count 1000) |
|---|

**2. Finance & Sustainability – 15%**

Evaluation of the financial aspects is based on 2 areas:

**a. Affordability (Total lowest cost over 3 years) – 10%.**

The lowest cost = 10%, with the second lowest cost achieving a score proportionate to the cost difference.

**b. Sustainability (Total lowest cost over 3 years) – 5%.**

All costs aggregated. The lowest cost = 5%, with the second lowest cost achieving a score proportionate to the cost difference**.**

| RESPONSE<br><br>**TEMPLATE AND ACTIVITY TO FOLLOW** |
|---|

## SECTION C: ORGANISATIONAL QUALITY AND PERFORMANCE – 15%

**1. CQC – 4%**

Care Quality Commission (CQC) registration is an essential requirement of service delivery. Please confirm your CQC registration number and current rating. In addition please provide a short summary to support your current rating including examples of good practice and any measures you are taking to improve areas.

| RESPONSE (Maximum word count 1000) |
|---|

**2. Performance – 4%**

Please provide your performance against the 62 day and 31 day national standards for the past 2 financial years and to date in 19/20 and outline any challenges to achieving and maintaining these standards?

| RESPONSE (Maximum word count 1000) |
|---|

**3. Quality Concerns – 3%**

3a. Please detail if your organisation, its employees or contractors are currently subject to any ongoing remedial action in relation to quality that could affect this service or ultimately patients? **1.5%**

3b. Please detail if your organisation has received any improvement notices within the last three years or if your organisation is currently under investigation in relation to any formal quality issues? **1.5%**

| RESPONSE (Maximum word count 1000) |
|---|

**4. Surveys – 3%**

4a. Please outline your performance against the national cancer patient experience survey and outline any challenges to achieving and maintaining these standards? **1%**

4b. Please outline your performance against the national staff survey and outline any challenges to achieving and maintaining these standards? **1%**

4c. Please outline your performance against the national Patient Environment Assessment Team (PEAT) and outline any challenges to achieving and maintaining these standards? **1%**

| RESPONSE (Maximum word count 1000) |
| --- |
| |

**5. Qualitative information – 1%**

Please provide details of any other external independent qualitative assessments that you feel are appropriate in relation to this service change process?

| RESPONSE (Maximum word count 1000) |
| --- |
| |