



## **Comprehensive Cancer Centre Pre-Consultation: Qualitative Analysis Report**

**June 2013**

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## Executive Summary

Following an independent review into cancer service provision, commissioned by the Merseyside and Cheshire Cancer Network (MCCN) in 2008, The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) are in the process of developing a business case to reconfigure the non-surgical oncology services they provide in line with the review recommendations. In outline, the proposal is for CCC to build a new cancer centre in Liverpool to provide all oncology inpatient services and associated radiotherapy, chemotherapy and outpatient services that the Trust is responsible for. The Trust's Wirral site would be retained and continue to provide outpatient radiotherapy and chemotherapy treatments for Wirral and West Cheshire patients who would find it easier to access the Wirral site rather than Liverpool. CCC will also retain the satellite Radiotherapy facility on the Aintree site and will continue to provide services in the existing clinics in hospitals across the region. This report contains an analysis of responses, by the Centre for Public Health (CPH), to an engagement survey, which was carried out by MCCN as part of the development of the business case.

The survey included a Principal Consultation Question (PCQ) to ascertain whether network residents were in favour of the proposed reconfiguration and the opportunity to record, in their own words their reasons why they were or were not. The data gathered is largely qualitative and therefore has been subjected to an epistemological analytic approach using Nvivo computer software. The survey data comprised 4,164 responses to the PCQ. This data also revealed that 3,755 (90%) respondents left comments to the open question within the survey.

## Results

The analysis found that respondents who opposed the reconfiguration were mainly from areas close to the current services ('CH' postcode) but that overall a large majority of respondents supported the proposal.

The emerging themes identified and evidenced (in alphabetical order) were:

- Accessibility
- Cost
- Good Current Services
- Ill Health
- Loss of Services
- Travel
- Visits

These themes were observed across many responses but with Loss of Services, Cost and Good Current Services being themes particularly pertinent to No voters and to a lesser extent therefore, respondents with a 'CH' postcode.

## Recommendations

Based on the analysis within this report, it is recommended that:

- the business case records and reflects the reported benefits to the majority of respondents, namely reduced travel for patients and their families and a view that general accessibility using public transport will be improved by locating the service in Liverpool.
- the business case includes a strategy for informing and reassuring those who oppose the proposals that the quality of service will not reduce as a result of reconfiguration.
- the business case makes provision to comment, as far as possible, on the possibility of further service reconfiguration in response to concerns that this may be the start of a programme of service withdrawal.
- consideration is given to how best to further communicate which patients will need to receive their care in Liverpool following reconfiguration and which will continue to be treated at the Wirral site.

## 1. Background

This analysis has been commissioned by NHS Cheshire, Warrington and Wirral on behalf of themselves and NHS Merseyside.<sup>a</sup> These NHS organisations together with Specialist NHS Trusts, Acute Hospital Trusts and Hospices make up the Merseyside and Cheshire Cancer Network (MCCN)<sup>b</sup>.

In 2008, MCCN commissioned an independent review of how cancer services are organised across the region. This showed that benefits could be gained for patients and their families by expanding the services provided by The Clatterbridge Cancer Centre NHS Foundation Trust (CCC). The review recommended the establishment of a comprehensive cancer centre. The establishment of such a centre would involve the reconfiguration of current services such that inpatient services currently provided at The CCC on the Wirral<sup>c</sup> would be located adjacent to the redeveloped Royal Liverpool University Hospital<sup>d</sup> as well as associated radiotherapy, chemotherapy and outpatient services that the Trust is responsible for.

The Trust's Wirral site would be retained and continue to provide outpatient radiotherapy and chemotherapy treatments for Wirral and West Cheshire patients who would find it easier to access the Wirral site rather than Liverpool. CCC will also retain the satellite Radiotherapy facility on the Aintree site and will continue to provide services in the existing clinics in hospitals across the region.

Further work is being carried out in order to develop a business case for the proposed investment. An engagement exercise with the local populations who might be affected by the proposed reconfiguration has been carried out and this report contains an analysis of the responses to that consultation. This engagement exercise was designed to inform local people about the proposal, find out whether they were in support of the proposed reconfiguration and inform the formal consultation exercise and development of the business case. Local people were asked a Principal Consultation Question (PCQ):

*"After finding out about the plans to develop a new Clatterbridge Cancer Centre for Cheshire and Merseyside, which would be based next to the Royal Liverpool University Hospital, do you think this is a good idea?"*

Respondents could either answer *yes*, *no* or *not sure*. Respondents were then asked to provide comments about their chosen answer ("*why do you think this?*"). This analysis considers the responses to the PCQ in relation to where people lived and further investigates the themes arising from the additional question about why people responded to the question in the way they had.

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<sup>a</sup> These organisations are due for reorganisation under NHS reforms and cease to exist at the time of publication

<sup>b</sup> For a full list of network members, see [http://www.mccn.nhs.uk/index.php/about\\_us\\_network\\_organisations](http://www.mccn.nhs.uk/index.php/about_us_network_organisations)

<sup>c</sup> Hereafter referred to as CCC

<sup>d</sup> Hereafter referred to as the Royal Liverpool

## 2. Extant Literature

Several reports have been produced in order to understand the technical and costing implications of reconfiguration. These include the *Baker-Cannon* report<sup>[1]</sup> and the *Ellison-Cottier* report<sup>[2]</sup>. Equality issues, such as whether the reconfiguration would positively or negatively impact on a group with characteristics protected by law, have also been considered<sup>[3]</sup>. These reports recognise that reconfiguration will have travel implications for those currently living near to the current and proposed sites. The reports conclude that there will be some people who will experience reduced travel as a result of the proposal and some for whom journey time will increase. Overall, the reports find that a majority of future patients will experience reduced travel time based on where the burden of disease lies within the MCCN population. The reports also find that a relatively small population experience direct travel benefits from the current service location and these benefits are no longer realised once the public transport journey time exceeds about 15-30 minutes.

## 3. Methodology

### 3.1. Data

This analysis is drawn from survey data taken from a survey sample of 4,164 respondents. Cleaned data revealed that 3,755 (90%) respondents left comments to an open question within the survey. The data presented was predominantly qualitative requiring an epistemological approach and a method based on critical realism.

In order to provide quantitative and qualitative analyse of the data by location, respondents had the opportunity to record their postcode along with their responses. There was a variety of responses gathered with some respondents providing a full postcode, and some only a partial postcode. In a few cases no postcode was given (n=23). In view of this data inconsistency a number of geographies have been prepared to enable analysis to take place (Table 1)

**Table 1: Postcode Geography Definitions**

	<b>Geography Name</b>	<b>Geography Definition</b>
1	Liverpool Postcodes	Contains all postcodes beginning "L" (Liverpool postal district). It does not including "LL" which is a N Wales postcode district
2	Cheshire Postcodes	Contains all postcodes beginning "CH" (Chester postal district). The CH postcode is the most coterminous postcode for the Local Authority Footprints of <i>Wirral</i> , and <i>Cheshire West and Chester</i> . The classification of 'Cheshire' used here is purely for ease of presentation and does not include postcodes relating to the Cheshire East Local Authority ("CW" or Crewe postcodes)
3	Manchester Postcodes	Contains all postcodes beginning "M"
4	Warrington Postcodes	Contains all postcodes beginning "WA"
5	Wigan Postcodes	Contains all postcodes beginning "WN"
6	Miscellaneous Postcodes	Contains all postcodes not allocated to geography 1-5 above (Liverpool – Wigan). Examples include "CW" "LL", "PR", "SY", "ST", "SK", "NG" and "VH"
7	Other Area Postcodes	This grouping includes <u>all</u> non-Liverpool postal district (L) or Chester postal district (CH) postcodes
11	Not Known	Either no postcode was provided or location based on classifications above could not be determined

### 3.2 Methods

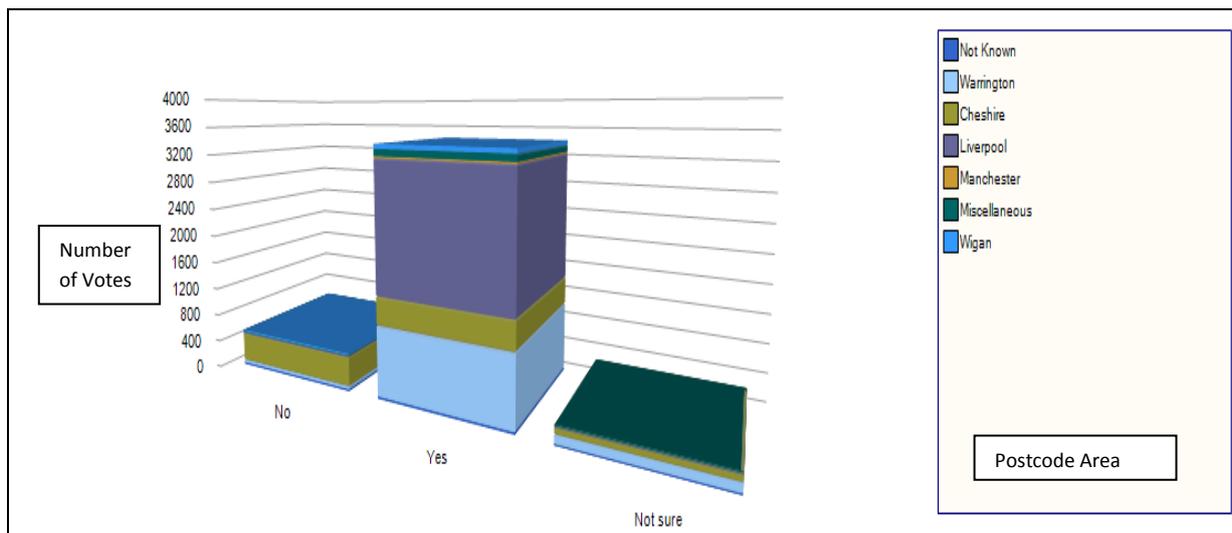
A combination of content analysis and initial evaluation using Computer Assisted Qualitative Data Analysis Software (CAQDAS) package Nvivo 10 was applied to the data. CAQDAS assists in the identification of emerging themes using textual analysis. The data analysed included no missing responses in respect of the overall 'yes, no or not sure' consultation question. However, the optional follow up question responses contained some missing or textual errors. This qualitative analysis is broadly based upon Grounded Theory and uses a process of open coding and axial coding to extract and distil themes from the free text responses<sup>e</sup>. Grounded Theory in its purest form is entirely data directed and presupposes no specific themes from the data. In this scenario, it is clear that there are some constraints on being able to follow a pure Grounded Theory methodology. The pre-consultation builds on the extant literature and is structured on a premise that the reconfiguration will cause a difference of opinion between local groups, most likely with differences observed between groups who live near to the current or proposed sites. In this respect the analysis should be considered semi-inductive, that is to say that the analyst will investigate some expected themes in relation to location.

<sup>e</sup> Grounded Theory involves taking raw data and systematically distilling it to form a theory. Key points in the data are coded and then these codes are combined to form themes and concepts which can be developed into a theory.

## 4. Key Findings

Analysis of the PCQ shows that significantly more people voted in support of the proposed changes and also that there is a significant difference in the PCQ responses of different locations. Figure 1 illustrates that the number of people who support the proposed reconfiguration is greatest from locations with a Liverpool postcode.

*Figure 1: Distribution of Votes by Postcode Area*

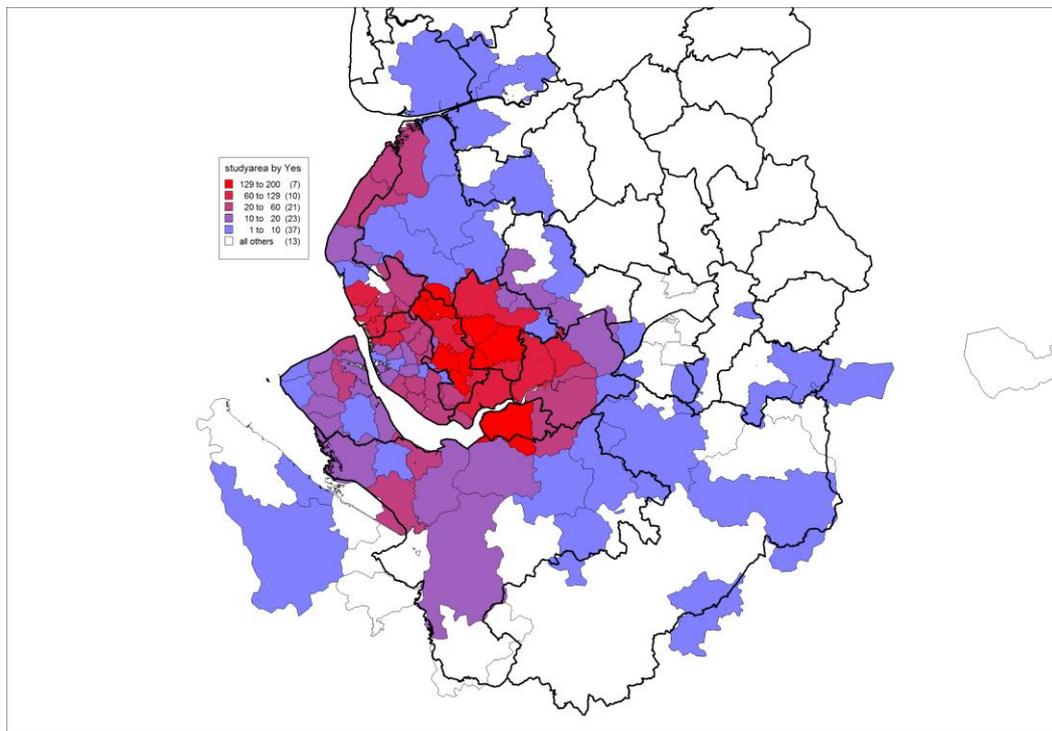


Source: Engagement survey 2013

Figure 2 shows the percentage of votes cast in the PCQ by each postcode area. Cheshire postcodes dominated the No vote with Liverpool Postcodes recording the highest percentage of Yes vote. Warrington and Cheshire postcodes make up the majority of undecided voters.

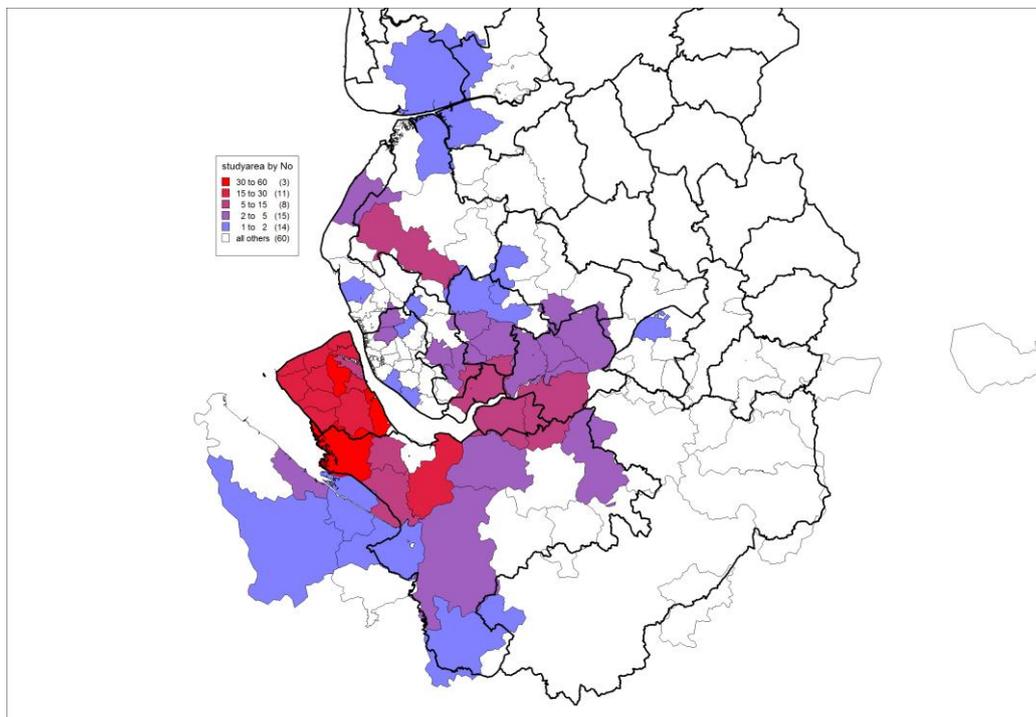


**Figure 4: Map of the Distribution of Yes Votes across the MCCN**



Source: Engagement survey 2013

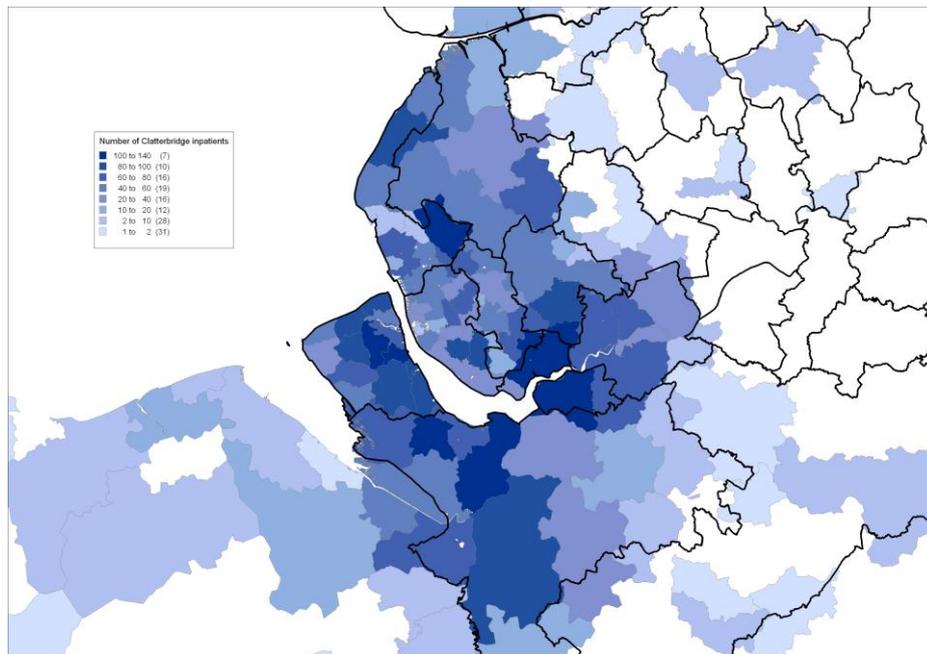
**Figure 5: Map of the Distribution of No Votes across the MCCN**



Source: Engagement survey 2013

In order to place these responses in some context the current geographical distribution of people attending for in-patient treatment at CCC is shown in Figure 6. Comparing the maps it can be seen that the *No Hotspots* correspond with the areas on the map with high representation in the in-patient treatment population.

**Figure 6: Distribution Map of Clatterbridge Inpatients**



Source: CCC data 2013

## 4.1 Emerging Themes

A basic word frequency query was used to identify the words that were most commonly used in people's free text responses (e.g. detailing why they said yes, no or not sure to the PCQ). These words can be visually presented in a tag cloud where the size of the word is proportionate to the number of times it appears<sup>f</sup>. Figure 6 shows the tag cloud for all the responses.

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<sup>f</sup> The more often a word appears the bigger it is in the tag cloud

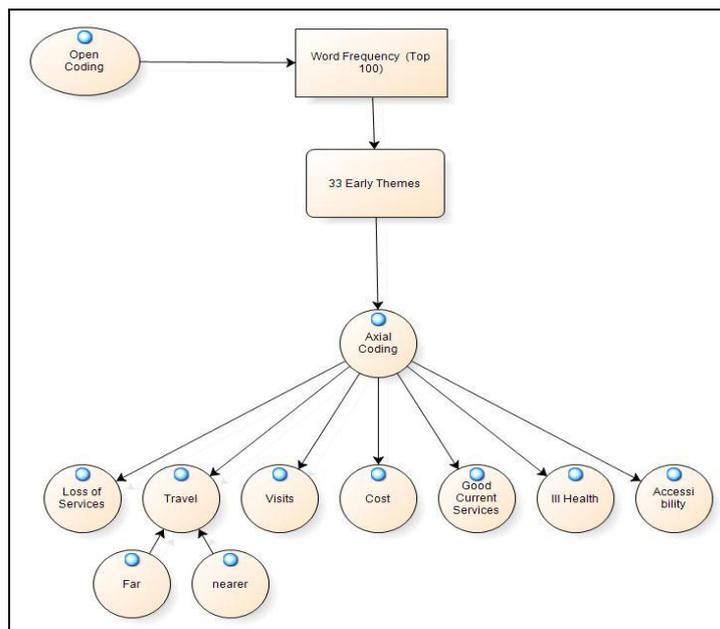
**Figure 7: Word Frequency Tag Cloud for All Responses**



Source: Engagement survey 2013

This word frequency investigation formed the basis of the open coding. A coding model (Figure 8) shows how themes were distilled from the dataset. In this first round of coding 33 common themes were identified. These included themes (in no particular order) like Idea, Stress, Travel, Links, Distance, Visits, Treatment, Travel, Support and Time.

**Figure 8: Research Coding Model**



Source: Engagement survey 2013



The 33 initial themes were axially coded or distilled using these methods into 7 main themes emerging from this engagement exercise. These are:

- Accessibility
- Cost
- Good Current Services
- Ill Health
- Loss of Service
- Travel
- Visits.

Having obtained these key themes, it is possible to repeat this exercise for smaller populations than the overall survey sample, such as groups from the same postcode area or those who voted either Yes, No or Not Sure

## 4.2 Themes per area

The overall PCQ analysis showed that respondents from Cheshire Postcodes and those from Liverpool Postcodes tended to demonstrate different voting behaviours. Analysing and comparing the word frequency of these two groups makes the reasons for their different positions clearer.

Figure 10a and 10b show the word frequencies for the two postcode areas. While many of the words are similar, suggesting that they have a similar understanding of the proposition and share some of the same views, there are notable differences.

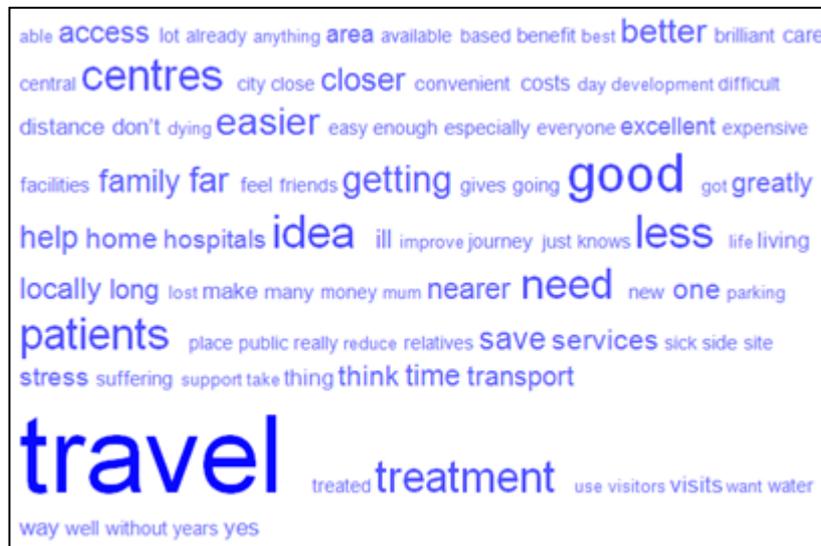
For example, the words Costs, Parking and Tunnel have a greater prominence in responses from Cheshire. The word Tunnel is mentioned 10 times across Liverpool responses but 29 times in Cheshire responses (Table 2).

Figure 10a Word Frequency Tag Cloud for Cheshire Postcode Responses



Source: Engagement survey 2013

Figure 10b Word Frequency Tag Cloud for Liverpool Postcode Responses



Source: Engagement survey 2013

**Table 2: Number and percentage of responses that include the word "Tunnel"**

	Not Known	Warrington	Cheshire	Liverpool	Manchester	Miscellaneous	Wigan
Number of responses containing "Tunnel"	2	5	29	10	0	0	1
Total number of responses	19	1,008	792	1,776	5	117	38
Percentage of responses which contain "Tunnel"	10.53	0.50	3.66	0.56	0.00	0.00	2.63

Source: Engagement survey 2013

Another theme that emerged with a greater prominence from Cheshire responses was satisfaction with current services – the prominence of words like ‘excellent’ and ‘stay’ drew attention to the comments about the ‘excellent’ quality of current services and the request to let things ‘stay’ as they are. The following comments were typical of this theme.

**Reference 38**

*I am a patient who has had an **excellent** series of treatments at Clatterbridge Oncology Centre. It is a well organised and pleasant convenient hospital to attend.*

**Reference 96**

*There is already an **excellent** system at clatterbridge which should be further invested in*

**Reference 105**

*As long as the new centre does not replace Clatterbridge, where my father received **excellent** treatment*

**Reference 12**

*Because have used services at Clatterbridge and would like it to **stay** as it is*

**Reference 18**

*Services need to **stay** on the Wirral*

**Reference 24**

*Clatterbridge has such a good reputatuon and should **stay** as it is*

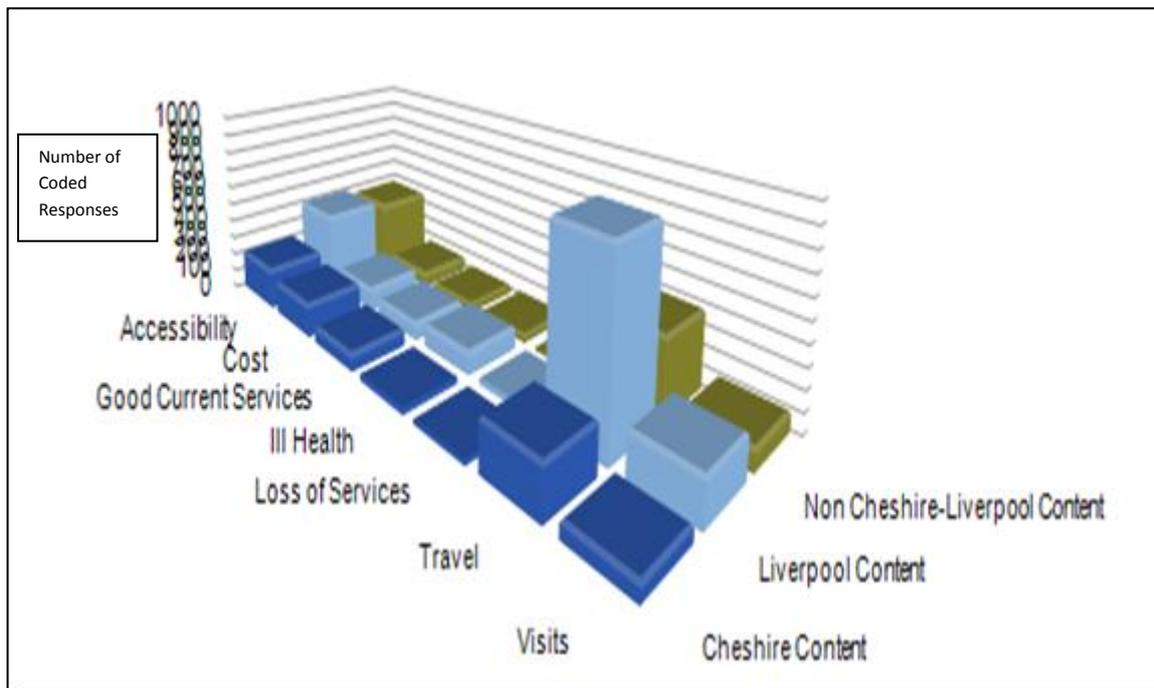
**Reference 40**

*Having been treated at Countess and Clatterbridge would prefer services to **stay** nearby*

Liverpool postcode responses tended to record that a service that ‘closer’ to home was one reason why respondents had voted the way they had. The number of comments about ‘travel’ as evidenced by its relative size in the tag cloud reinforces this point. The idea that services should be based near to where the greatest need was echoed in responses from Non Cheshire-Liverpool postcodes (see Appendix 1 for ‘closer’ word tree)

Figure 11 shows a cross tabulation of the key thematic content by Postcode Area. From this analysis it is clear that the notion of travel and accessibility whilst potentially feeling unwell and issues related to visiting are a common themes for Liverpool postcode respondents and a large majority of respondents overall. Cheshire respondents were raising concerns of cost and pointing out their satisfaction with current services.

**Figure 11: Number of Coded Responses by Key Theme and Postcode Area**



Source: Engagement survey 2013

### 4.3 Themes per vote

It should be noted that not everyone in a particular area voted the same way. For example, taking the two postcodes where the number of votes for and against were highest or most polarised (CH64 – ‘No’ and L36 – ‘Yes’) it can be seen that voting was not unanimous.

**Table 3: Percentage of Respondents from Selected Postcodes voting Yes, No and Not Sure**

	% Voting 'No'	% Voting 'Yes'	% Voting 'Not Sure'
Postcode = CH64	63.5	23.8	12.7
Postcode = L36	1.0	98.0	1.0

Source: Engagement survey 2013

In view of this it is appropriate to investigate the themes that emerged from those who indicated support for the proposal and those who opposed it. Using similar analytical methods it can be seen that ‘Yes’ voters were reporting travel, closeness of services and meeting the needs of family. ‘No’ voters reported concerns about parking, travel, inconvenience and commented on the excellent quality of current services (Figures 12a and 12b).

Figure 12a: Word Frequency Tag Cloud for Yes Responses



Source: Engagement survey 2013

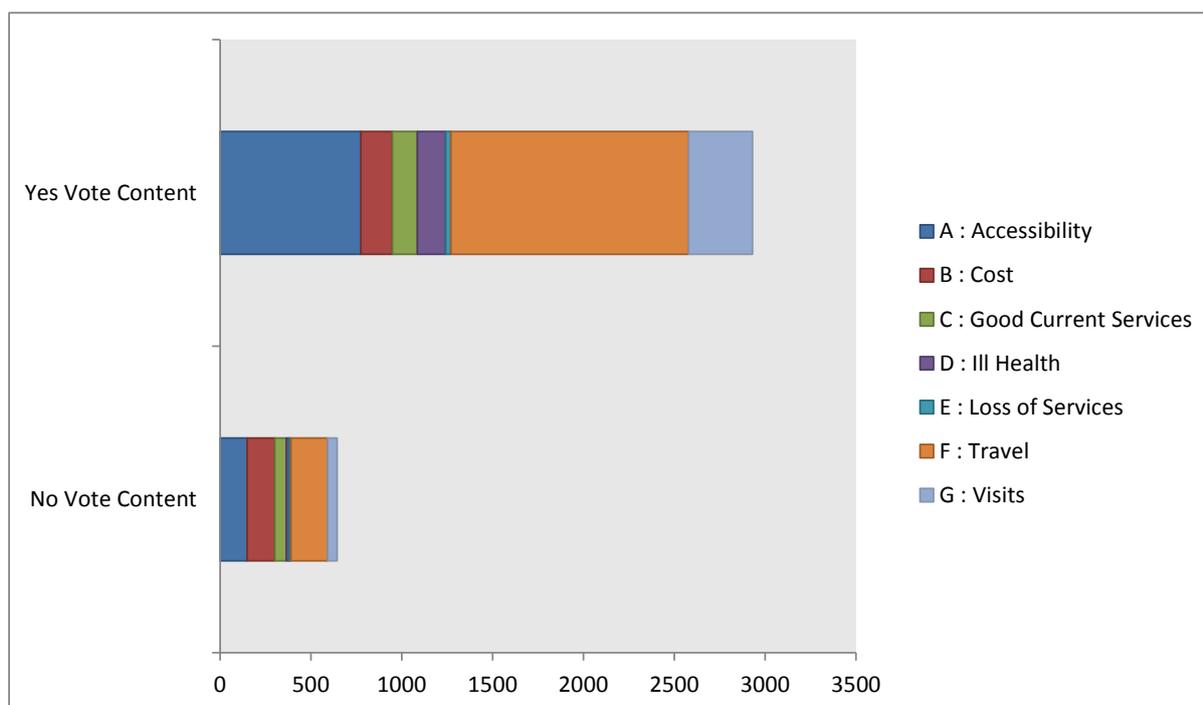
Figure 12b: Word Frequency Tag Cloud for No Responses



Source: Engagement survey 2013

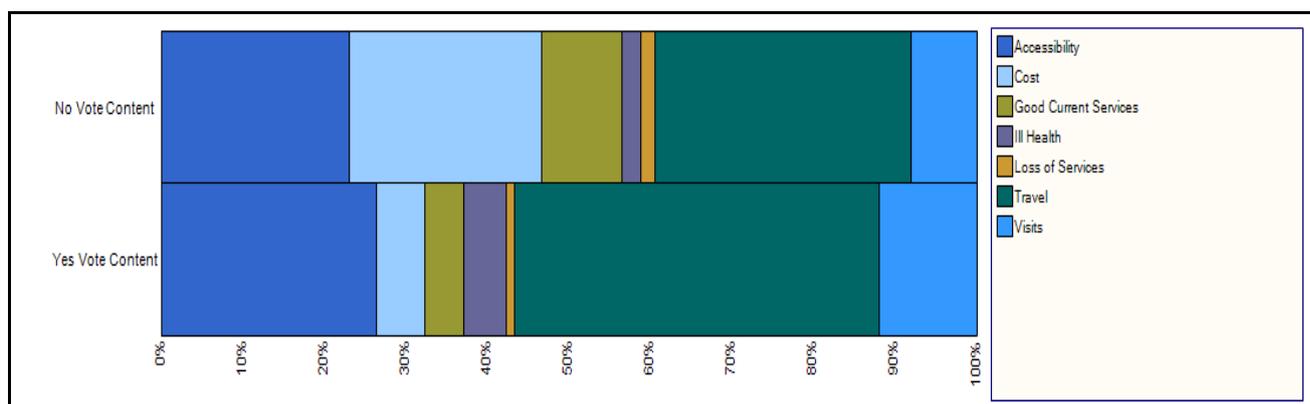
The different perspective of the two groups is also observed in the analysis of the key themes. Figure 13 shows the number of comments made in respect of each theme by the two groups and it is striking that the number of comments relating to accessibility made by the Yes group outnumber all the comments relating to key themes made by the No group. However it is important to ensure that the total number of respondents in each group does not distort the picture – there were many more yes vote responses than no vote responses. For example, the number of ‘cost’ comments from the ‘no’ voter group is quite similar to the number made by the ‘Yes’ group but as Figure 14, which is a presentation of themes as a percentage of comments made by each group, shows there is a greater proportion of ‘cost’ comments coming from the ‘no’ voter group. In this respect it is easy to compare which themes were particularly pertinent to each group.

**Figure 13: Number of Coded References of Key Theme By Yes/No Vote**



Source: Engagement survey 2013

**Figure 14: Key Themes Expressed as a Percentage of the Yes and No Votes**



Source: Engagement survey 2013

## 4.4 Key Postcode Analysis

Having identified that there are different perspectives across groups of voters and that these voters were generally split by location (Cheshire/Liverpool), it is worth considering in a little more detail what respondents are actually saying about the key themes. In order to do this, analysis has been focussed on the responses of those areas with the most polarised views. i.e. postcodes that could be described as being ‘Yes’ or ‘No’ vote Hotspots.

**Figure 15: Number of Coded References by Theme and Vote Hotspot**

	A : No Hotspot	B : Yes Hotspot
1 : Accessibility	84	217
2 : Cost	84	45
3 : Good Current Services	38	27
4 : Ill Health	8	40
5 : Loss of Services	5	-
6 : Travel	104	425
7 : Visits	35	112

Source: Engagement survey 2013

The themes are considered in detail below:

### 4.4.1 Accessibility

The accessibility theme is defined by issues of transport and travel, but more specifically this theme includes references to the availability of public and private transport, parking and congestion. In general, ‘No’ Hotspot responses recorded that a move would reduce accessibility for them and ‘Yes’ Hotspot respondents reported that accessibility would be improved because of the transport infrastructure in Liverpool. A detailed analysis of Hotspot

responses showed that 'No' vote responses considered Clatterbridge to be accessible as it was close to the motorway and that Liverpool was inaccessible due to parking and congestion. 'Yes' vote responses focussed on what they believed to be better public transport network to Liverpool.

#### 4.4.2 Cost

Although cost was mentioned in several different contexts, the majority of the cost references were in respect of the **additional** costs of travel, such as parking, taxis and tunnel fares. 'No Hotspot' respondents tended to report that the tunnel costs would be additional to them if the service moved whereas 'Yes Hotspot' respondents reported that taxi fees were currently additional for them.

#### 4.4.3 Good Current Health Services

Comments relating to this theme were made in qualification of a preference to keep services in Clatterbridge. Many respondents spoke of excellent services and the notion of '*if it ain't broke don't fix it*' was expressed.

#### 4.4.4 Ill Health

Respondents who have had personal experience of cancer treatment (either themselves, a friend or relative) reported on the difficulties of travelling when feeling unwell. Respondents from 'Yes Hotspot' postcode areas in particular commented on this issue with 40 'ill health' references being reported against 8 from the 'No Hotspot'.

#### 4.4.5 Loss of Services

The loss of services was a concern for a particular minority of voters. This theme was especially linked with those who reported personal experience of current service provision in 'No Hotspot' postcodes. In some of these cases it was clear that the respondent felt that this might be the thin end of a wedge, resulting in the ultimate closure of services and loss of jobs at Clatterbridge. For example:

*Reference 2*

*A devious way of closing the oncology unit at Clatterbridge, which is highly regarded for people in Wirral, Cheshire and N. Wales*

Two respondents made specific reference to the relocation of other health services away from the Wirral.

#### 4.4.6 Travel

Travel is by far the most commented on theme to emerge from the responses. Travel comments are predominantly related to distance. Issues of general transport availability have been collected under the accessibility theme. However, reference to transport 'links' have been recorded within this theme. The majority of those comments relating to travel come from respondents with Liverpool postcodes and reflect the opinion that current provision is 'too far'. Many made reference to the difficulties of travelling when ill. A typical response is recorded below:

*Reference 1*

*Family have been affected by cancer and the travel to Clatterbridge took alot out of them when they were unwell. It was too far.*

#### **4.4.7 Visits**

Many respondents were clearly able to draw on personal experience of cancer treatment services. Analysis shows that some 75 references were made to parents who had cancer and had used services. Many of these comments were surrounded by reflections on travel and accessibility for the individuals who were receiving treatment but many also commented about the importance of the patient's support network and therefore the need to make it easy to visit. Analysing hotspot responses in respect of this theme, it is clear that the No Hotspot respondents valued the proximity of current services to them and their family, whereas Yes Hotspot respondents reported the difficulty families had travelling to Clatterbridge.

Appendix 3 includes examples of these responses.

## **5. Summary**

The qualitative analysis identifies and evidences the following emerging themes (in alphabetical order):

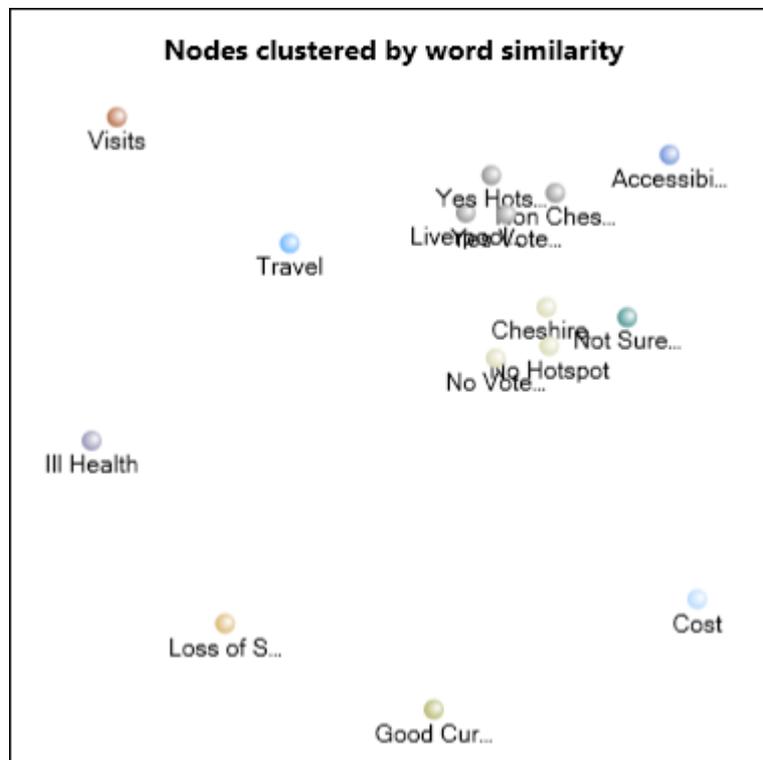
- Accessibility
- Cost
- Good Current Services
- Ill Health
- Loss of Service
- Travel
- Visits

These themes were generally observed across the whole dataset but it is clear that different perspectives exist between those who voted 'Yes' and those who voted 'No'. There was also a geographical dimension to the responses but as Figure 16 shows this was not as strong an association as voting behaviour.

The Cluster Analysis (Figure 16) uses statistical methods to chart the similarity of the words used by the groups selected and the spatial relationship between objects in the chart shows how similar they are. The closer together a group the more similar the content of the responses. From this chart it is possible to see that 'No' votes are the ones most closely

associated with some of the themes like Ill health, Loss of Services , Cost and Good Current Services.

*Figure 16: Cluster Analysis of Themes, Votes and Postcode Area by Word Similarity*



Source: Engagement survey 2013

Based on the analysis within this report, it is recommended that:

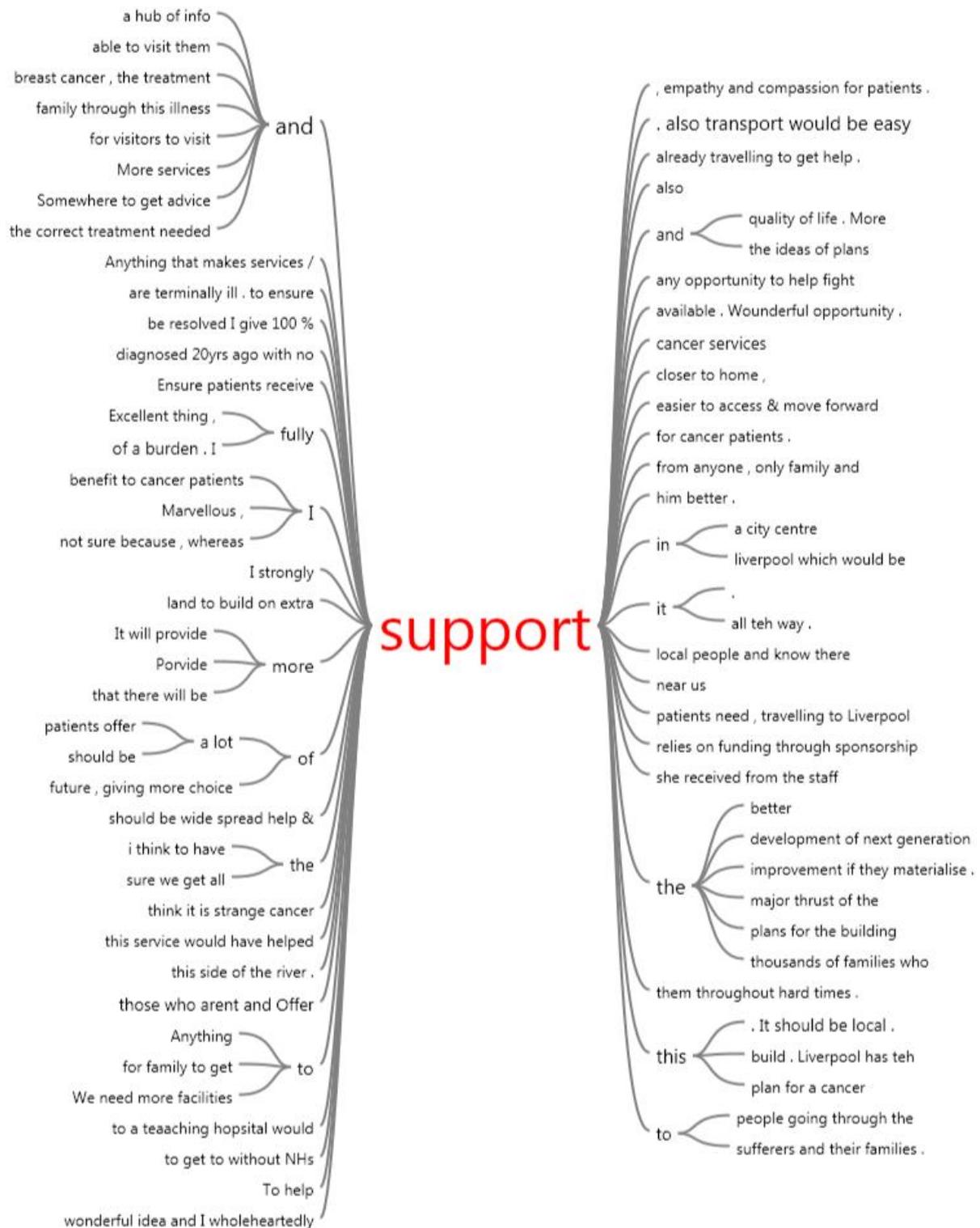
- the business case records and reflects the benefits that the majority of respondents reported, namely reduced travel for the majority of patients and their families and a view that general accessibility using public transport will be improved by locating the service in Liverpool.
- the business case includes a strategy for informing and reassuring those who oppose the proposals that the quality of service will not reduce as a result of reconfiguration.
- the business case makes provision to comment, as far as possible, on the possibility of further service reconfiguration in response to concerns that this may be the start of a programme of service withdrawal.
- consideration is given to how best to further communicate which patients will need to receive their care in Liverpool following reconfiguration and which will continue to be treated at the Wirral site.

## 6. References

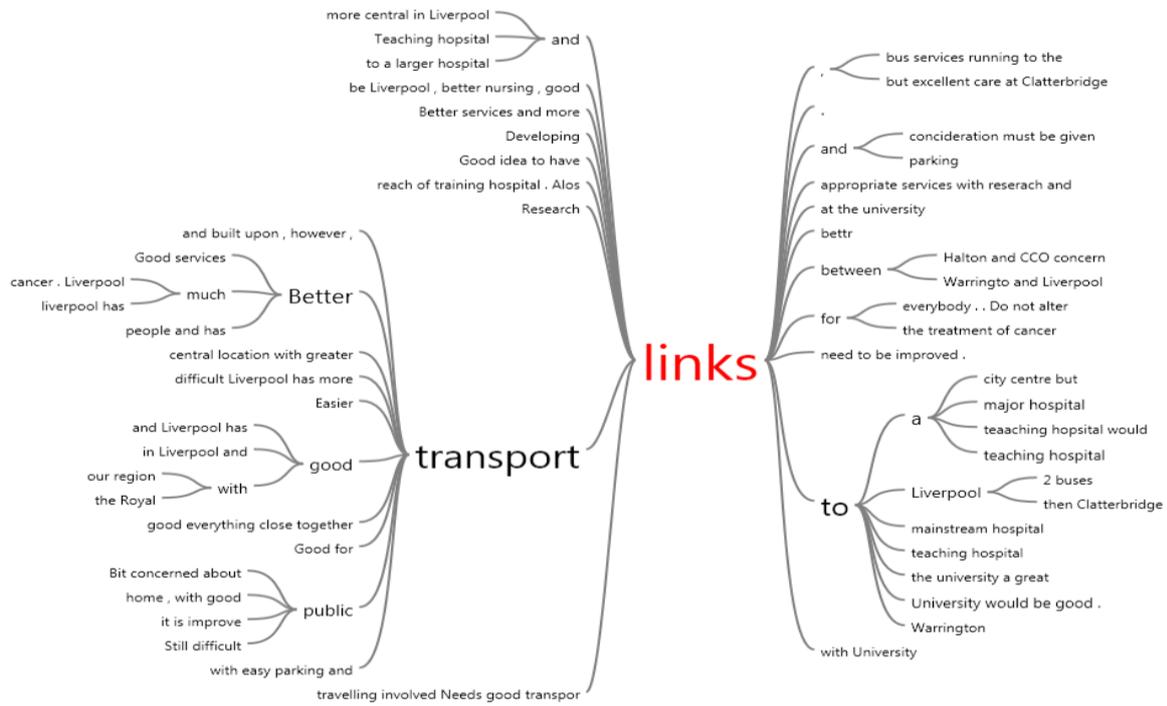
1. Baker, M.R. and Cannon, R.C. (2008) *The organisation and delivery of no-surgical oncology services in the Merseyside and Cheshire Cancer Network: A feasibility study into the potential for the relocation of non-surgical oncology services from Clatterbridge to Liverpool*, Cancer Taskforce.
2. Ellison, T. and Cottier, B. (2009) *An Analysis of Radiotherapy Services in the Merseyside and Cheshire Cancer Network*, The National Cancer Services Analysis Team.
3. Hennessey, M., McHale, P. and Perkins, C. (2013) *Equality Considerations in the Development of a Comprehensive Cancer Centre*, 2013, Centre for Public Health: Liverpool John Moores University.

## 7. Appendix 1: Word Trees

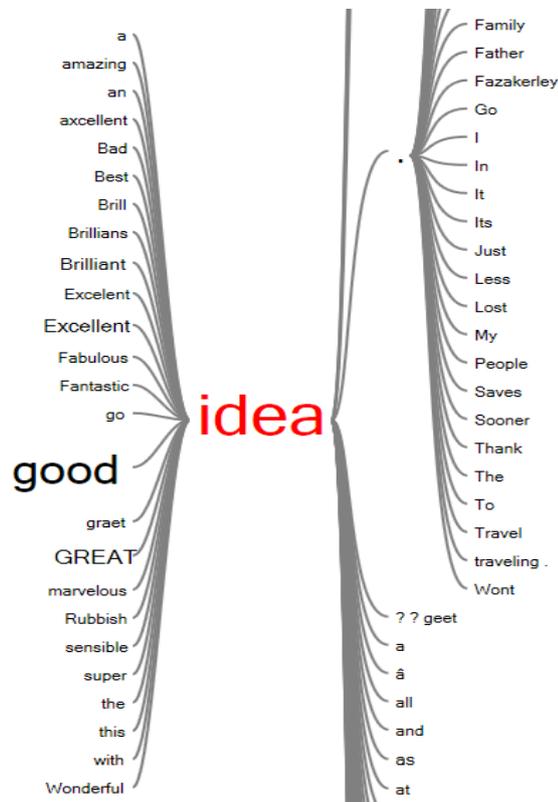
### Word Tree of Responses That Include the Word "Support"



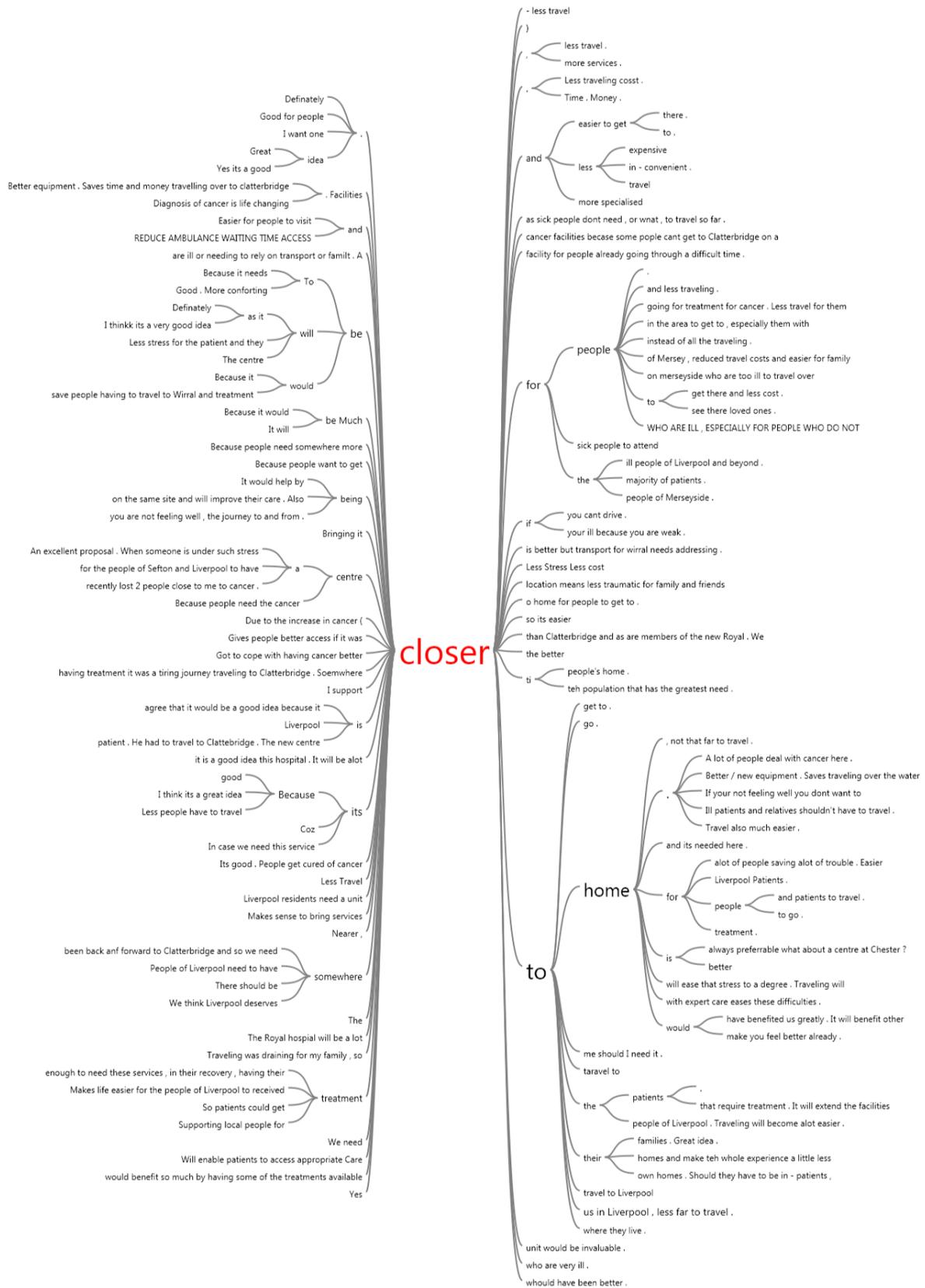
## Word Tree of Responses That Include the Word "Links"



## Word Tree of Responses That Include the Word "Idea"

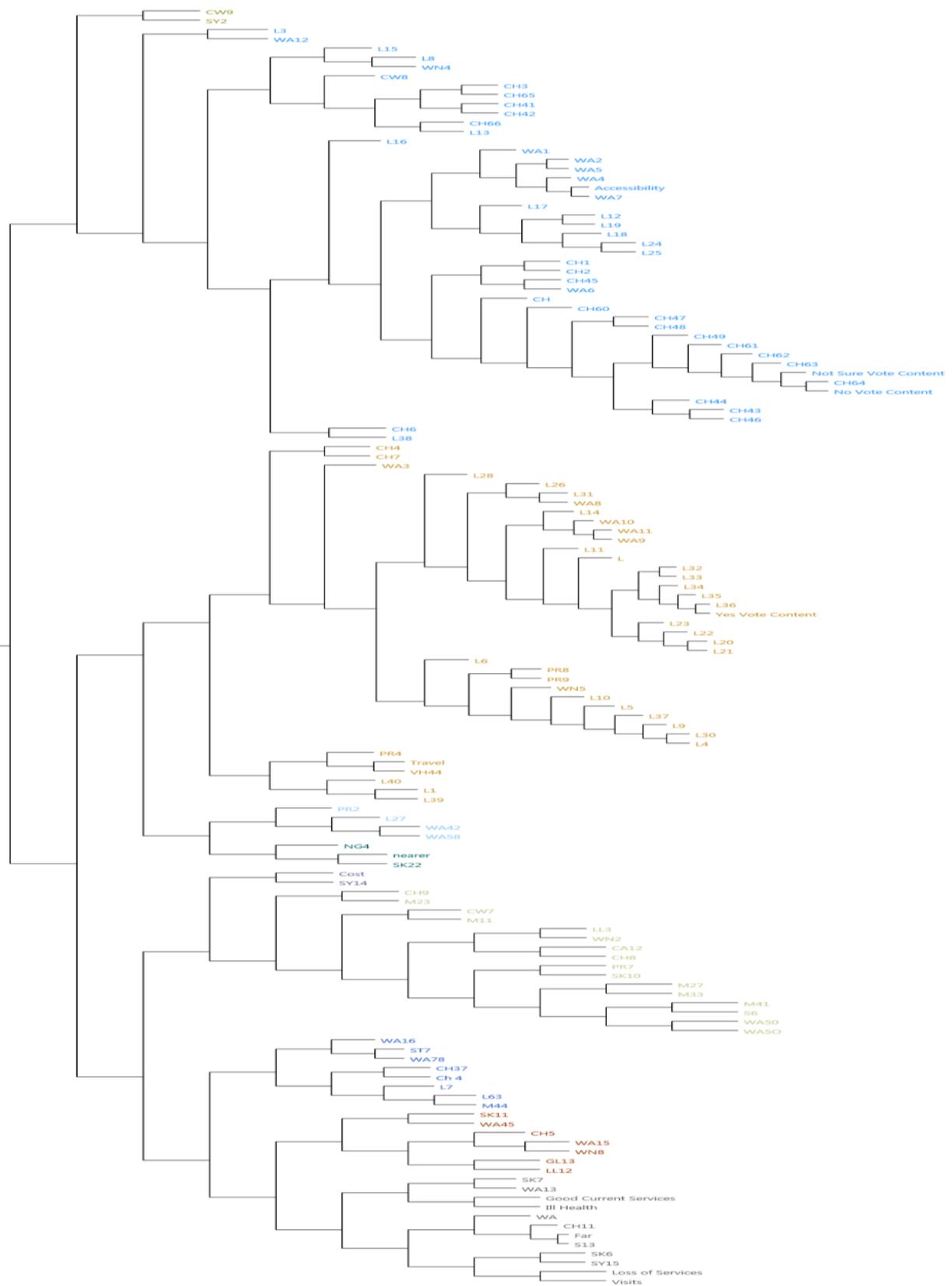


# Word Tree of Responses That Include the Word "Closer"





## Cluster Analysis: Dendrogram of Postcodes, Vote and Themes by Word Similarity



The closer together items are in the tree above, the more similar their word content: For example, the responses the mention 'accessibility' were most similar to responses from WA7 and WA postcodes

## 9. Appendix 3: Theme Report

### Theme Report: "Travel" Theme

#### Appendix\_Travel report (excerpt)

Name	Description	Number Of Coding References	Coded Text	Percent Coverage Of Source
Travel Report		0		
Travel Report	Key Theme. Distilled from references relating to Travel. Includes Stemmed words and synonyms for...Distance, Far, Near, Journey	1,733	A centre for the care of cancer patient and for research in to finding cures would be one of the most useful establishments one could hope for. Especially now that so many advancements have been made. Things will get better.	0.02 %
Travel Report	Key Theme. Distilled from references relating to Travel. Includes Stemmed words and synonyms for...Distance, Far, Near, Journey	1,733	A centre of excellence seems a good idea, as long as it does not take money and resources from local services.	0.02 %
Travel Report	Key Theme. Distilled from references relating to Travel. Includes Stemmed words and synonyms for...Distance, Far, Near, Journey	1,733	A city like Liverpool should have its own centre to ease the burden of travelling to clatterbridge	0.02 %
Travel Report	Key Theme. Distilled from references relating to Travel. Includes Stemmed words and synonyms for...Distance, Far, Near, Journey	1,733	A devious way of closing the oncology unit at Clatterbridge, which is highly regarded for people in Wirral, Cheshire and N. Wales	0.02 %
Travel Report	Key Theme. Distilled from references relating to Travel. Includes Stemmed words and synonyms for...Distance, Far, Near, Journey	1,733	a good place to go good bus service and train	0.02 %
Travel Report	Key Theme. Distilled from references relating to Travel. Includes Stemmed words and synonyms for...Distance, Far, Near, Journey	1,733	A layman's view. Provided the service currently available at the existing Clatterbridge site is not diminished in any way then the new proposal is an excellent idea otherwise not so. To avoid confusion the Liverpool site should	0.02 %
Travel Report	Key Theme. Distilled from references relating to Travel. Includes Stemmed words and synonyms for...Distance, Far, Near, Journey	1,733	A long way from home.	0.02 %

Travel Report	Key Theme. Distilled from references relating to Travel. Includes Stemmed words and synonyms for...Distance, Far, Near, Journey	1,733	A long way to travel when visiting Clatterbridge, so the Royal will be good.	0.02 %
Travel Report	Key Theme. Distilled from references relating to Travel. Includes Stemmed words and synonyms for...Distance, Far, Near, Journey	1,733	A lot more research and treatment is needed to help people with cancer and also to help families come to terms with their diagnosis.	0.02 %

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