

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.

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Contents

1. Executive Summary	4
2. Introduction and background	7
2.1. NHS Assurance Process	7
2.2. Local context	7
2.3. National context	8
2.4. The case for change	9
2.5. Project scope and process.....	10
2.6. The current delivery model.....	11
2.7. The proposed delivery model	11
2.8. Benefits of the proposed delivery model.....	14
2.9. Ensuring strong clinical and user engagement.....	16
2.10. Travel Impact Assessment.....	18
2.11. Pre-Consultation Equality Analysis	19
2.12. Risks, Potential Impacts and Mitigations	22
3. Options for the Eastern Sector Cancer Care Service Hub	23
3.1. Long-list Options	23
3.2. Long-list Options Appraisal Criteria	23
3.3. Initial Options Appraisal.....	24
3.4. Clinical Model Workshop	26
3.5. Formal Evaluation of the Shortlisted Options	27
3.5.1. Pre-consultation engagement	27
3.5.2. Patient flow.....	28
3.5.3. Clinical Model.....	28
3.5.4. Trust written submissions	29
3.5.5. Travel impact	36
3.5.6. Summary.....	36
3.6. Recommendations for public consultation:	36
4. Next Steps	37

4.1. Public consultation strategy37
 4.2. Public consultation feedback.....37
 4.3. Reporting and decision-making37

Appendices.....38

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 cancer² 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 rare³ 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

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
<p>Increasing prevalence and high local incidence of cancer – current configuration unable to meet growing demand</p>	<ul style="list-style-type: none"> • <i>Increased efficiency realising increased capacity</i> • <i>Service operating across 7 days a week</i> • <i>Hub model attractive to potential employees</i> • <i>Access to wider support services at all stages of journey</i> • <i>Improved experience through follow-ups closer to home</i>
<p>Greatest cause of premature death across Halton, Knowsley, St Helens and Warrington. Poor survival rates</p>	<p><i>Improved care, outcomes and experience via:</i></p> <ul style="list-style-type: none"> • <i>Consistent access to clinical trials- improving access to emerging treatments and access to R&I resource</i> • <i>MDT and joint consultations improving treatment and support for patients</i> • <i>Safer environment for immuno-compromised patients, reducing the risk of ‘contamination’</i>
<p>Gaps in workforce – challenging recruitment and retention issues, specialist workforce in short supply and increasing demand. Model can lack resilience</p>	<ul style="list-style-type: none"> • <i>Workforce resilience via colocation at hub – service delivery less affected by illness, vacancies etc.</i> • <i>Hub model attractive to potential employees- innovative MDT approach</i>
<p>Availability of new therapies – increasing number of treatments, capable of delivery locally</p>	<ul style="list-style-type: none"> • <i>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</i>
<p>Inequity in access to cancer specific urgent care – currently not available to all patients (site dependant) – meaning patients attend A&E</p>	<ul style="list-style-type: none"> • <i>Co-located cancer urgent care assessment unit service available for all patients under the care of the ESCH</i> • <i>Clear and simple pathways, with advice and support to enable patients with cancer to access the right urgent care</i>

	<i>services to meet their needs</i>
Failure to meet cancer waiting times – impacting on patient experience and potentially outcomes	<p><i>Improved performance via:</i></p> <ul style="list-style-type: none"> • <i>Increased choice (7 day service)</i> • <i>Improved resilience – fewer service led cancellations</i> • <i>More efficient – with remote and virtual follow-ups</i>

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 care⁵.

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 year⁶. 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 nationally⁷. There are also high levels of variation across the region, in Halton and Knowsley in particular⁸, 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 strategy¹⁴ 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

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 strategy¹⁵ 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 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 2¹⁷, 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) respectively¹⁸, 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.

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 oncology²¹
- Acute oncology and assessment unit²²
- First and follow-up outpatient appointments
- Chemotherapy at home
- Chemotherapy levels I²³, II²⁴ and III²⁵
- Phase III clinical trials²⁶
- 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 IV²⁷
- Surgery
- Inpatient care
- Complex radiotherapy, including image guided radiotherapy and intensity-modulated radiation therapy

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 trials²⁸

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

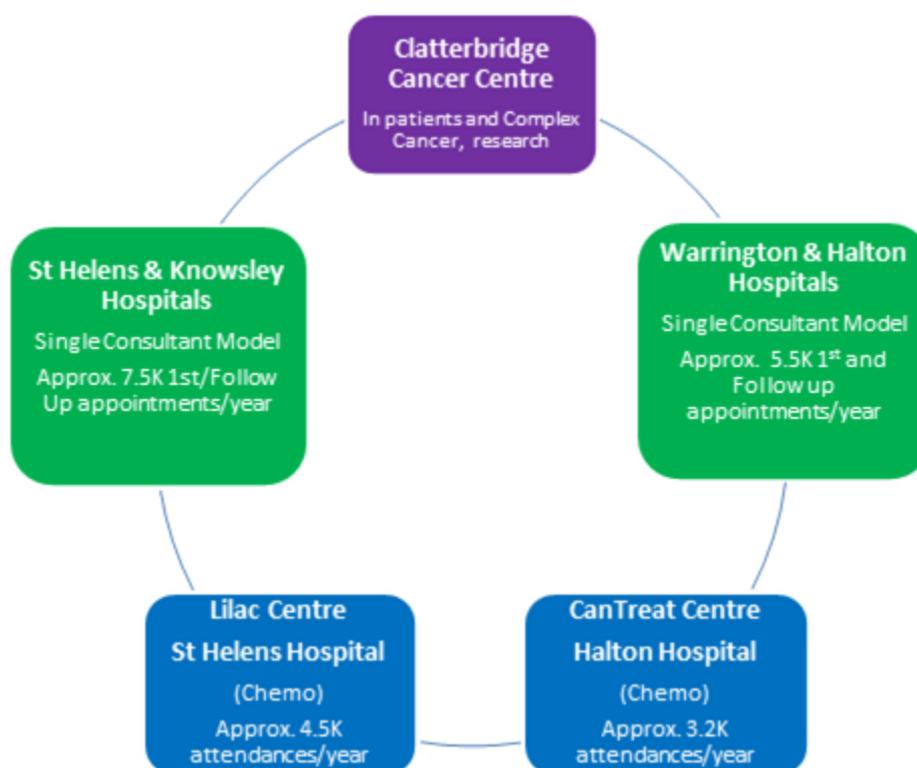


Figure 1: Current Model in Halton, Knowsley, St Helens and Warrington

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:

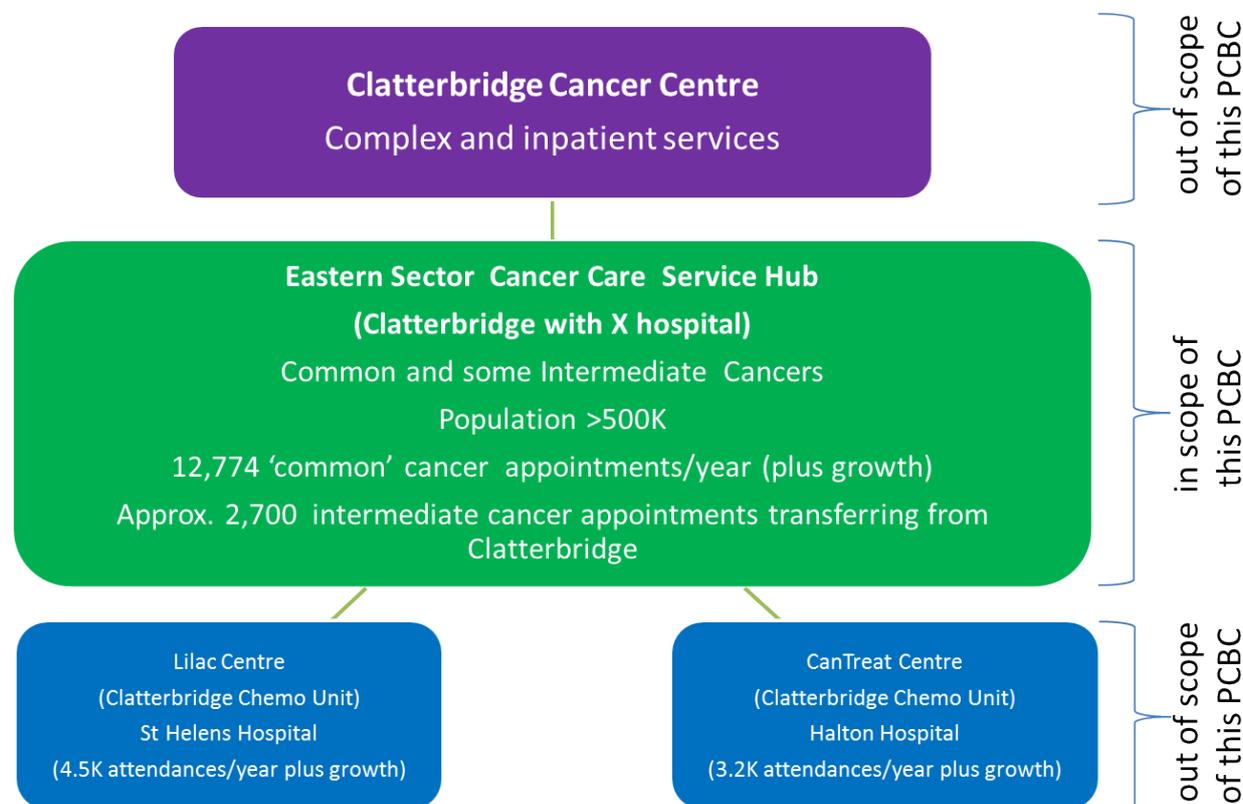


Figure 2: Proposed Delivery Model

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+)	<ul style="list-style-type: none"> ▪ Chemotherapy at home ▪ Telehealth services ▪ Patient portal (patient access to their own care and information)
Local Hospitals (population: 200,000+)	<ul style="list-style-type: none"> ▪ Acute oncology ▪ Chemotherapy levels I and II ▪ Outpatient follow-up appointments ▪ MDT input
Cancer Care Service Hubs (population: 500,000+)	<ul style="list-style-type: none"> ▪ Acute oncology and urgent care assessment unit ▪ Chemotherapy levels I, II and III ▪ Outpatient new / follow-up appointments ▪ MDT input

Element of Networked Model	Services available
	<ul style="list-style-type: none"> ▪ Oncologist base ▪ Phase III clinical trials ▪ Outreach clinical trials team ▪ Radiotherapy in three Clatterbridge sector hubs (image guided radiotherapy and Intensity-modulated radiation therapy)
Cancer Care Centre (population: c. 2 million+)	<ul style="list-style-type: none"> ▪ Comprehensive acute oncology service ▪ Chemotherapy levels I, II, III and IV ▪ Outpatient new / follow-up appointments ▪ On-site MDT input ▪ Oncologist base ▪ Phase I onwards clinical trials ▪ On site clinical trials team ▪ Complex radiotherapy, including image guided radiotherapy and intensity-modulated radiation therapy ▪ 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.

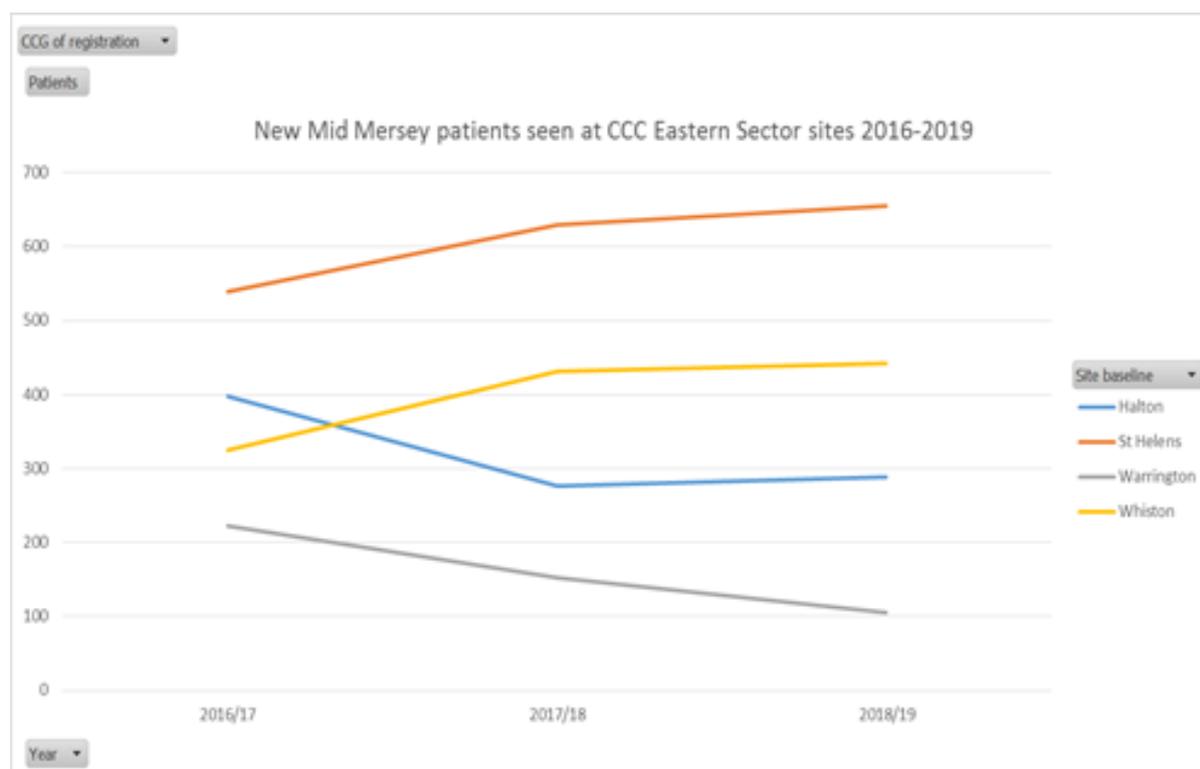


Figure 3: Patient First Outpatient Appointments

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 1 st 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 criteria²⁹ 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.

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

Protected Characteristic	Issue	Remedy/Mitigation
		<p>document/ braille/ induction loops at events</p> <p>Ask questions about:</p> <ul style="list-style-type: none"> • Barriers/ difficulty in travel. • Barriers/difficulty in using equipment (e.g. screening) • Level of support they may need in accessing and going to appointments <p>Ensure any publicity material that uses imagery has inclusive imagery</p> <p>Post consultation consider further work on acceptable service level performance for disabled patients</p>
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	<p>Ensure that BAME groups are identified and have clear links to the consultation process</p> <p>Consider BAME focus groups:</p> <ul style="list-style-type: none"> • Identify barriers to travel • Identify barriers to screening/early attendance with symptoms <p>Ensure any publicity material that has imagery has inclusive imagery</p>
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 Anecdotal evidence of discriminatory practices in local services where disclosed in workshops	Ensure any publicity material that has imagery has inclusive imagery 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 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 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	<p>Delay risks impacting on the sustainability of CCC's current provision</p> <p>Improvements for patients and local people may delayed and / or not realised</p>	<p>Robust, evidence-based proposal for change based on the requirements of NHS England's <i>Service Change Assurance Process</i> (Stage 2)</p> <p>Engagement with NHS England prior to submitting the case for change, to understand their requirements and adjust the submission accordingly</p>
Political / Public Acceptability	Judicial review into the option chosen initiated by the Secretary of State (DHSC) or a local council	<p>Delay could risk the sustainability of CCC's current provision</p> <p>Improvements for patients and local people may delayed and / or not realised</p>	<p>Robust and transparent process undertaken, to keep all stakeholders informed and updated regarding the programme</p> <p>Liaison with:</p> <ul style="list-style-type: none"> - Local CCGs (x4) - STHK & WHH - Local GP Cancer Clinical Leads - Local Healthwatch Teams (x4) - 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	<p>Delay could risk the sustainability of CCC's current provision</p> <p>Improvements for patients and local people may delayed and / or not realised</p>	<p>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</p> <p>Liaison with STHK & WHH stakeholders at all stages, keeping them informed and updated regarding the programme</p>

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:
<ul style="list-style-type: none"> • Patient Access (<i>although Patient Access within the current provider Trusts, this option would not provide a Radiotherapy facility</i>) 	<ul style="list-style-type: none"> • Facilities to deliver a hub Outpatient Services • Future potential for Satellite Radiotherapy development • Research & Innovation infrastructure • Support Services • 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:
<ul style="list-style-type: none"> • None (<i>although Patient Access within the community, this option would not provide the co-dependencies for a Radiotherapy facility</i>) 	<ul style="list-style-type: none"> • Facilities to deliver hub Outpatient Services • Future potential for Satellite Radiotherapy development • Research & Innovation infrastructure • Patient Access • 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:
<ul style="list-style-type: none"> Facilities to deliver a hub Outpatient Services Future potential for Satellite Radiotherapy development Research & Innovation infrastructure Patient Access Support Services Strategic Fit & Partner Intentions 	<ul style="list-style-type: none"> 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:
<ul style="list-style-type: none"> Facilities to deliver a hub Outpatient Services Future potential for Satellite Radiotherapy development Research & Innovation infrastructure Patient Access Support Services Strategic Fit & Partner Intentions 	<ul style="list-style-type: none"> 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:
<ul style="list-style-type: none"> Facilities to deliver a hub Outpatient Services Future potential for Satellite Radiotherapy development Research & Innovation infrastructure Patient Access Support Services Strategic Fit & Partner Intentions 	<ul style="list-style-type: none"> None of the criteria (<i>however whether both Trusts could provide a sustainable workforce and the support services required for a Sector Hub would need to be explored further</i>)
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:
<ul style="list-style-type: none"> • Future potential for Satellite Radiotherapy development • Research & Innovation infrastructure • Support Services • Strategic Fit & Partner Intentions 	<ul style="list-style-type: none"> • Facilities to deliver a hub Outpatient Services (<i>as the new site has not been planned to have capacity for the Eastern Sector outpatient capacity in addition to the Central Sector</i>) • Patient Access (<i>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</i>)
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 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.

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)
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Criteria	STHK (Option 4)		WHH (Option 5)	
	Mark	Score %	Mark	Score %
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 media, 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.1.1
2	Eastern Sector Cancer (Non-Surgical) Transformation (ESCT) Project Group - Terms of Reference	 2019_01_14_ESCT Project Group TOR V1
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 2016
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