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

Pre-Consultation

Engagement Findings Summary

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Introduction and Methodology

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

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

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

Engagement Methodology

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

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

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

Summary of Findings

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

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

Need for Change

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

Evaluation Criteria

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

Patient Access and Pathways

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

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 the sector,
    - consolidating and improving services,
    - centralising outpatient services, and

  - opening up opportunities for clinical trials.
- Mixed views were found amongst the stakeholder panel and patients about the proposed Hub:
  - Those who agreed thought it would improve continuity of care, provide easier access to services and enable better signposting to support services
  - Those with reservations about the proposals thought it could create another tier of care and were not convinced as to whether care would improve. Some were also concerned about potential changes to current services.
- Professionals also hoped it would not downgrade any services
- All participants thought the urgent care aspect of the proposed Hub was a good idea, particularly if it offered more hours than the current provision and kept cancer patients out of 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’.

Service Suggestions

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

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

Infrastructure and Development

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

Location and Travel

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

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

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