



SACT Future Service Delivery

Stakeholder Engagement Report

1. Introduction

This paper describes the engagement activity undertaken by the West of Scotland Cancer Network (WoSCAN), in collaboration with the West of Scotland NHS Boards and cancer charities, in relation to the strategic review and emerging service model for systemic anti cancer therapy (SACT)¹.

The aim of the activity was to engage with people who have utilised SACT services, and their carers, in a discussion regarding the future shape of SACT services across the West of Scotland (WoS).

The views and opinions provided will be used to inform the final service model proposed to the WoS Health and Social Care Delivery Plan Programme Board, as well as any future local Board engagement on implementation of this model.

2. Background

In recognition of the need to ensure safe and sustainable services whilst meeting increasing demand for SACT the WoS NHS Boards established a project to determine the developments and redesign required to safely and effectively meet current and future demands.

A strategic review of SACT services has now been carried out to improve treatment for people with cancer in the WoS. The Regional SACT Future Service Delivery Strategic Review has identified an emerging service model to ensure high quality, safe and sustainable SACT services across the West of Scotland.

An emerging service model has been developed that aims to:

- Improve patient experience and outcomes.
- Deliver treatment in the most clinically appropriate place.
- Ensure consistency of pathways and processes.
- Provide equitable access to treatment, including access to clinical trials.
- Optimise resource use.

The emerging model is aligned to the National Strategy ‘Beating Cancer: Ambition and Action’ and will inform the new regional arrangements as part of the West of Scotland Regional Delivery Plan being developed by the end of March 2018.

A new model is needed to best meet the large increase in demand for SACT. There was a 31% increase from 2013 to 2016 with a further expected increase of 40% by 2025. Without a new approach there would be a major impact on waiting times, patient experience and outcomes.

¹ SACT is a term used to describe all medicines given for the treatment of cancer. Chemotherapy and biological therapy are two examples of SACT routinely used to treat cancer.

In addition, more SACT is being delivered orally or subcutaneously instead of, or in addition to, intravenously. This provides opportunities to treat people at or nearer to home.

3. Engagement Activities

A Stakeholder Engagement Plan was developed by WoSCAN (see appendix 1) which put in place a range of activities designed to generate input from key audiences, these included:

- Patient experience survey across all units delivering SACT in WoS;
- Creation of a Stakeholder Reference Group; and
- Patient and Carer Focus Groups.

3.1 Patient Experience Survey

In January 2017 the SACT Future Service Delivery Short Life Working Group agreed that work to collect patients' views was crucial to inform development of the SACT future service strategy. Although each WoS NHS Board / unit delivering SACT regularly undertakes local audit of patient experience it was agreed that work to gain comparable insights from all WoS units delivering SACT was necessary.

A patient experience questionnaire was developed by the SACT Future Service Project Team and handed out, by day case unit staff, to all patients receiving SACT as a day case treatment over a two week period in February 2017.

A total of 802 responses were received from across all WoS day case units. Responses were collated and analysed centrally by WoSCAN team and local Board summary reports were provided to support local improvement work.

Responses were overwhelmingly positive regarding the treatment and care received, with quality of care cited by respondents as of most importance, followed by distance to travel, waiting times and treatment environment. Key issues raised by respondents include: waiting times, staffing levels, comfort of units and keeping services local.

The results of the patient experience survey were utilised to directly inform the development of the strategic review and emerging service model.

3.2 Stakeholder Reference Group

The Stakeholder Reference Group (SRG) was established to support and guide the SACT Future Service Delivery Group in how it informs and engages with people on the emerging service model for SACT.

This group was made up of patients, carers and representatives from cancer charities that have an interest in this area. They will offer their perspectives on how WoSCAN can inform and engage with patients, carers and the public on the emerging service model.

The aim of this group was to:

- Share information on the emerging service model for SACT across the West of Scotland.
- Consider how best to inform and engage with people on the proposals.
- Advise on the development of information and events for people.
- Utilise local knowledge.
- Assist with related processes.

- Provide feedback on and evaluation of stakeholder engagement.

3.3 Patient and Carer Focus Groups

WoSCAN held 6 patient and carer focus groups across the 4 WoS NHS Boards in February and March 2018. These were designed to offer interested people who have utilised SACT services and their carers the opportunity to contribute their views and opinions as follows:

Event Location	Attendees
NHS Lanarkshire Maggie's Centre, Monklands Hospital 14 th February 2018	6 (4 patients and 2 carers)
NHS Forth Valley Maggie's Centre, Forth Valley Royal Hospital 15 th February 2018	5 (4 patients and 1 carer)
NHS Greater Glasgow and Clyde Maggie's Centre, Beatson WoS Cancer Centre* 15 th February 2018	2 (1 patient and 1 carer)
NHS Greater Glasgow and Clyde Vale of Leven Hospital 20 th February 2018	4 (3 patients and 1 carer)
NHS Ayrshire and Arran Ayrshire Cancer Support, Kilmarnock 16 th March 2018	5 (4 patients and 1 carer)
NHS Ayrshire and Arran Ayrshire Cancer Support, Ayr 19 th March 2018	8 (5 patients and 3 carers)

** Please note: a second meeting was scheduled for the BWoSCC site on 20th March however this failed to generate any interest from patients/carers.*

People were invited to attend the focus groups via local chemotherapy day units, events were also advertised via NHS and cancer charities social media and through local cancer facilities (e.g. Maggie's Centre, Ayrshire Cancer Support).

3.2.1 Focus Group Format

All focus groups followed the same format to ensure the information presented was consistent across groups. The facilitator was conscious some of the terminology was not easy to understand so tried to ensure those present fully understood ideas and concepts under discussion, using specific patient pathway examples where necessary.

The sessions were interactive and participants reported that they found them enjoyable.

At each meeting the facilitator presented background to the SACT Future Service Delivery Strategic Review and provided an overview and description of the emerging service model identified. The groups then

discussed any issues with the current service model and noted benefits and challenges associated with the emerging service model.

Handouts were utilised to accompany the sessions, detailing diagrammatically both the current and emerging service model and provided an overview of the recommendations developed to date (see appendix 2).

There were key differences between the different groups and participants; this however demonstrates that a cross section of views has been sought. A wide variety of people attended the meeting, some had recently started treatment, some had completed treatment and some were midway through a very long treatment pathway (over a number of years). Some of those who attended were travelling from their local area to attend the Beatson WoS Cancer Centre for treatment whilst some were receiving treatment at their local hospital. Those who attended were receiving a number of different SACT treatments for different cancer types with different prognoses.

4. Findings / Overarching Themes

The emerging service model and associated recommendations for implementation outlined within the SACT Future Service Delivery Strategic Review were supported across all focus groups.

It was widely acknowledged by participants that SACT services cannot always be provided at home, or close to home, and that value for money and appropriate use of resources are important considerations in the future planning of services.

A number of key themes emerged from the work, these are outlined below.

Coordination and communication

- Logistics of getting treatment to the right place is a key consideration to ensure there is no negative impact of the service model, specifically in causing delay to treatment delivery.
- It is important that there are clear communications pathways in place for patients who are receiving treatment outwith a cancer centre/unit. A process to ensure fast track back into cancer centre/unit should be in place.
- Joined up thinking is required across all tiers of service delivery.

Safety and quality of care

- Patients receiving treatment at new tiers of service (i.e. outwith cancer centre/unit) should not be disadvantaged in any way.
- Confidence and trust in services is crucial for patients.
- Safety of care in outreach units was a concern for patients and there should be careful consideration given as to what can be delivered in this setting, e.g. treatments where this is little risk of adverse reaction.
- Having treatment within a clinical setting/hospital was widely considered to be preferable as this provides reassurance.

Staff training requirements

- All staff, at every tier of service provision, need to be appropriately trained to a consistent level.
- Issues were noted regarding confidence in community staff which may impact on initial opinions of patients receiving treatment in the community.

Closer to home treatment whenever possible

- Travel and transport are key issues for patients and carers which significantly increased stress levels.
- Different circumstances / individuals should be recognised in making a decision on treatment location, e.g. patients with very rare tumours or complex needs should remain under the care of a cancer centre/unit.
- No challenge anticipated for patients in attending different locations for different elements of pathway, e.g. assessment and treatment delivery, as this already happens in other services.
- Fragmented services across tiers may result in negative impact for some patient groups.

Infrastructure at 'new' tiers

- Concern noted that in moving patients previously receiving treatment at cancer centre to local units may inundate units with patients and negatively impact on waiting times.
- It was noted there is a need to ensure there are sufficient patients receiving treatment at lower tiers to justify staffing requirements, i.e. ensure value for money.
- Continuing to ensure there is ready access to supportive therapies (e.g. from Third Sector organisations) for patients receiving treatment outwith a cancer centre/ units is important.

Non medical prescribing works well

- It is important that patients still have quick and easy access to an oncologist.
- Team working between oncologists, NMP, nursing team is vital.
- Consistency of staff noted as important issues and a key benefit of the NMP model.

5. Recommendations

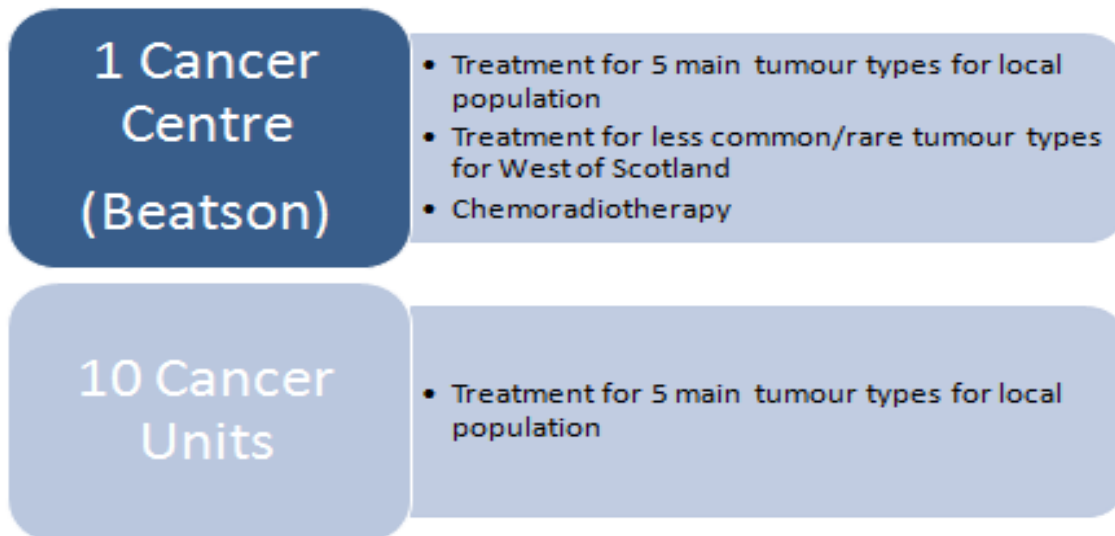
The Stakeholder Reference Group reviewed in detail the output of patient focus groups and has determined the following recommendations for consideration in the final SACT Future Service Delivery Strategy and Service Model and associated implementation plans.

- Patient characteristics should be considered when determining what treatment should be provided at which tier of service, not solely the particular drug regimen. For example, for patients with venous access issues this should be considered in determining where treatment is delivered.
- Investment in facilities may be required to ensure the appropriate infrastructure is in place to support any increase in activity at outreach/cancer unit levels.
- Team working should be promoted wherever possible.
- Linkages between, and coordination across, all tiers of service provision needs to be carefully considered to gain maximum benefit. Central/common IT systems may facilitate this.
- The manner in which service changes are communicated to patients is extremely important and detailing the patient and carer benefits of the new service model should be promoted consistently.

Appendix 1: Stakeholder Engagement Plan

Activity	Timeframe
Undertake patient experience survey across all units delivering day case SACT in WoS <ul style="list-style-type: none"> • Develop patient experience questionnaire • Utilise chemotherapy day units to disseminate questionnaire to all patients receiving SACT over a defined time period • Collate and analyse results 	Feb 2017
Develop SACT patient experience survey WoS summary report <ul style="list-style-type: none"> • Provide local Board report and raw data to local teams to facilitate local improvement work 	Apr 2017
Developing public facing briefing paper/materials, including case studies	Jan-Feb 2018
Establish Stakeholder Reference Group <ul style="list-style-type: none"> • Develop terms of reference including governance arrangements • Seek patient/carer nominations – via chemotherapy day unit managers • Seek third sector nominations 	Jan 2018
Initial Stakeholder Reference Group Meeting <ul style="list-style-type: none"> • Agree engagement plan • Agree public facing documentation 	Jan-Feb 2018
Convene Focus Groups <ul style="list-style-type: none"> • Determine key questions • Develop slide presentation • Advertise via chemotherapy day units / through unit managers • Aim for 5/6 across WoS Boards 	Feb-Mar 2018
Develop engagement report <ul style="list-style-type: none"> • Collate focus group findings • Identify key issues to be addressed within SACT Future Service Delivery Emerging Service Model 	Mar 2018
Stakeholder Reference Group Meeting <ul style="list-style-type: none"> • Review and approve engagement report • Agree next steps 	Mar 2018

Current Model of Care



Emerging Service Model



Recommendations

1

- Non-medical prescribers should play a greater role in pre-assessment and prescribing of SACT

2

- For some rare cancers, patients should be assessed at the Beatson West of Scotland Cancer Centre and treatment delivered at within their local Board area

3

- Outreach services should be developed to provide SACT closer to home

4

- Shared care models of monitoring and prescribing should be further developed to safely manage patients in primary care

5

- Maximise use of community dispensing of oral SACT