

A New Cancer Centre

Investing in the Future of Merseyside and Cheshire

Section One

- *A summary of the proposal to develop a comprehensive cancer centre for the population of Merseyside and Cheshire through an investment in The Clatterbridge Cancer Centre NHS Foundation Trust, in partnership with the Royal Liverpool and Broadgreen University Hospitals NHS Trust and the University of Liverpool.*

Section Two

- *A summary of the stakeholder communications and engagement pre-consultation plan relating to the above proposal.*

NHS Cheshire, Warrington and Wirral
NHS Merseyside

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Section One: A summary of the proposal to develop a comprehensive cancer centre for the population of Merseyside and Cheshire

1.1 Introduction

This paper has been prepared to:

- Provide information on the work that has been taking place in Cheshire and Merseyside to consider and bring forward proposals for the development of world class cancer services in Cheshire and Merseyside through the establishment of a new Cancer Centre in Liverpool in conjunction with The Clatterbridge Cancer Centre NHS Foundation Trust, while retaining many services at Clatterbridge to ensure local access, and the further development of services across the area;
- Support the wide-ranging communication and involvement exercise designed to share the proposals with a wide range of stakeholders across Cheshire and Merseyside and further afield where appropriate.

Key stakeholders are invited to support proposals to develop a comprehensive cancer centre for Merseyside and Cheshire. This would be achieved by the expansion of The Clatterbridge Cancer Centre NHS Foundation Trust from its current location on the Wirral into a new site adjacent to the Royal Liverpool University Hospital NHS Trust. The Clatterbridge Cancer Centre NHS Foundation Trust would maintain a base on the Clatterbridge site providing many outpatient chemotherapy and radiotherapy services for Wirral and West Cheshire patients.¹

The Clatterbridge Cancer Centre NHS Foundation Trust is the provider of radiotherapy and chemotherapy for the network's population. The Royal Liverpool University Hospital provides the majority of other tertiary cancer services, including specialist surgery, radiology and pathology. The Clatterbridge Cancer Centre NHS Foundation Trust's base in Bebington, Wirral, is not centrally located for the population it serves, with 67% of the

¹ The main provider of radiotherapy and chemotherapy for the population of Central and Eastern Cheshire PCT (and Eastern Cheshire CCG, South Cheshire CCG and Vale Royal CCG) is The Christie in Manchester rather than Clatterbridge. The residents of North Wales access services at Betsi Cadwaladr University Health Board with its cancer centre based at Glan Clwyd Hospital.

population living north of the River Mersey. The uneven distribution of cancer incidence means that approximately 73% of all cancer patients live north of the river.

The Clatterbridge Cancer Centre's main base at Bebington is isolated from other specialist cancer services and cannot provide acute services such as intensive care for the sickest of patients. Opportunities to pursue ground-breaking innovations such as intra-operative radiotherapy are currently hampered by the physical separation of The Clatterbridge Cancer Centre's main base from other acute hospital facilities and specialist cancer services.

The key elements of the vision are:

- Development of a specialist Clatterbridge Cancer Centre on the new Royal Liverpool University Hospital site in addition to the provision of outpatient radiotherapy, proton therapy, chemotherapy services on the Wirral;
- Enhanced research capacity (symbolised by more research beds);
- Retention of the outpatient radiotherapy service adjacent to The Walton Centre NHS Foundation Trust on the Aintree Hospital site;
- Maintenance of The Clatterbridge Cancer Centre NHS Foundation Trust's current range of existing network clinic arrangements across Merseyside and Cheshire for chemotherapy. The trust provides chemotherapy treatments at clinics on nine hospital sites in the region.

The Royal Liverpool University Hospital site is shared with the University of Liverpool School of Cancer Studies, Cancer Research UK and the Clatterbridge Cancer Research laboratories, forming a 'bio-campus' of innovation and collaboration. Only The Clatterbridge Cancer Centre NHS Foundation Trust remains physically isolated from this important and growing research community. By expanding The Clatterbridge Cancer Centre NHS Foundation Trust's franchise to create a comprehensive cancer centre in partnership with other research teams, all patients, including those from Wirral and West Cheshire, will benefit from greater participation in international-standard research and clinical trials.

In brief these proposals are designed to ensure that the cancer services delivered for the people of Cheshire, Merseyside and beyond are of the highest possible quality and will:

- Ensure better co-ordination of pathways of care for cancer patients by bringing together key specialist services on a single campus, which currently hosts the majority of Specialist Cancer Multi-Disciplinary Teams (SMDTs);
- Ensure that patients benefit from closer integration between the NHS and research teams within the University of Liverpool and other key research partners e.g. Cancer Research UK;
- Enable more clinical trials to be undertaken leading to new medical innovations and treatments for cancer;
- Ensure that specialist services are located in a place most easily accessible to the majority of patients so that more patients could benefit from improved access, particularly those who need repeated and regular radiotherapy for certain types of cancer and for palliation;
- Make best use of NHS resources by enabling clinical teams to work more effectively and efficiently together;
- Be a focus for innovation and knowledge in all aspects of cancer care including medicine, nursing and supportive therapies;
- Maintain those NHS Services which are best delivered in more local settings including local district general hospitals and the community;
- Ensure that the majority of patients will continue to be treated nearer to home where safe to do so.

Fuller details of these proposals along with a range of statistics in relation to cancer incidence in Merseyside and Cheshire can be found in NHS Cheshire, Warrington & Wirral Board papers at http://www.wirral.nhs.uk/document_uploads/Boardcluster-Nov/Cluster-BoardPack-02-11-2011.pdf

1.2 Cancer Incidence and Mortality in Cheshire and Merseyside

Incidence (new cases) of and mortality (death rates) from cancer represent a major challenge within Merseyside and Cheshire.

Mortality rates vary across the network. By comparing the mortality rate for each Primary Care Trust with the average for England, the number of excess deaths can be determined. This is the number of lives that could be saved each year if each Primary Care Trust's mortality rate was the same as England.

The excess deaths by Primary Care Trust against the English average are presented below.

Excess Deaths due to Cancer

Annual number of cancer deaths over the England average mortality rate (annual average 2006-8)

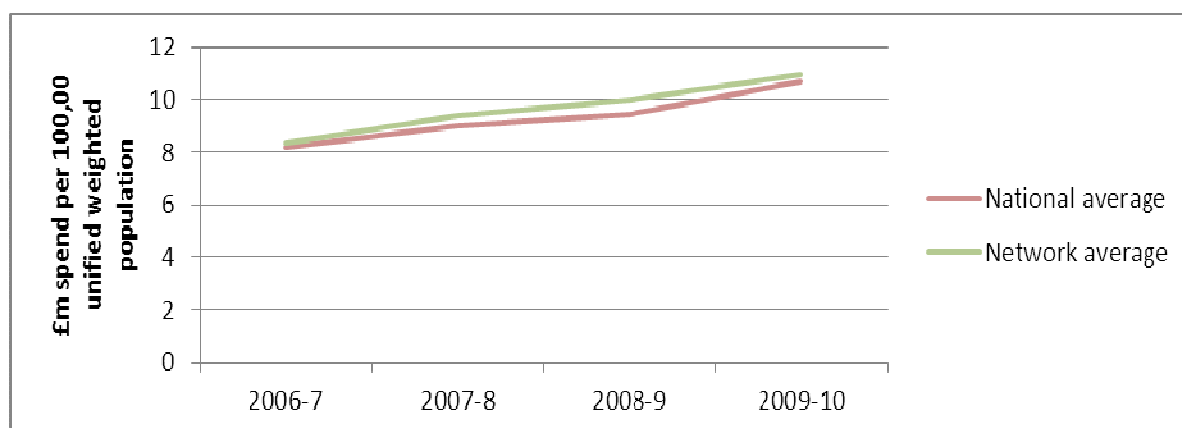
Primary Care Trust	Excess deaths per year
Liverpool	343
Wirral	147
Halton & St Helens	106
Knowsley	86
Sefton	50
Warrington	30
Western Cheshire	15
Central and Eastern Cheshire	-76

For all cancers combined, the incidence of new cancers and cancer mortality rates across the network are higher than the national average.

It is important to note that cancer is now the biggest single cause of death in Cheshire and Merseyside, overtaking cardio-vascular disease.

Given the size of the challenge that cancer presents to the population of Merseyside and Cheshire – the population with the highest death rate from cancer in England – investing in improved access, improved specialist services, improved opportunities for research and innovation are considered to be key priorities.

Fig 3. Spend on all cancers 2006 to 2010



1.3 Benefits for patients living in Wirral and Cheshire

In making the above recommendations it is recognised that certain patients will have to travel further for certain elements of their care. However, it is important to emphasise that radiotherapy and chemotherapy services would continue to be provided on the original The Clatterbridge Cancer Centre NHS Foundation Trust site. Outpatient radiotherapy services for patients with more common cancers such as breast, prostate and lung would continue to be provided by Clatterbridge on Wirral, and the trust will continue to provide outpatient chemotherapy for the majority of cancer types locally across the region in district general hospitals, including at Clatterbridge. Only those patients who require more complex treatment, or require inpatient facilities – the minority - would be required to travel to the new Clatterbridge centre in Liverpool.

1.4 Overall Affordability of the New Centre and Funding Implications

The total cost of the proposals including VAT, has been estimated at £94.5m. There are two elements to funding this proposal:

- The capital cost to fund the proposals;
- The additional revenue funding to service the capital.

The following sources of capital have been proposed:

- The Clatterbridge Cancer Centre NHS Foundation Trust capital and prudential borrowing
- A Charitable Appeal
- Liverpool Primary Care Trust contribution, with Liverpool Primary Care Trust Board approval already given.

The above sources of capital would total £51m, with a further £43.5m to be identified. Additional revenue costs would also be incurred on current estimates. The Board at the Merseyside Cluster has recognised that these proposals should be considered as a 'once in a generation opportunity' to enhance, radically, cancer care for the people of Cheshire and Merseyside.

At their September 2011 meeting the Merseyside Board approved funding to meet the project costs to develop an Outline Business Case and one-off investment of up to £20m for the new centre.

With regard to investment from NHS Cheshire, Warrington and Wirral, the Primary Care Trusts are continuing investment in The Clatterbridge Cancer Centre NHS Foundation Trust, are allowing for anticipated increased demand for services in the future and will pay tariff costs when they are introduced. Any additional investment in local cancer services overall will need to be approved by the Clinical Commissioning Groups.

1.5 Timescales

It is estimated that the Cancer Centre scheme could open with, or shortly after, the new Royal Liverpool University Hospital in 2017. This would involve the completion and approval of outline and full business cases by the Board of The Clatterbridge Cancer Centre NHS Foundation Trust - and Monitor assessment of each - and the completion of formal public consultation. It is considered that the clinical and service case for change has been made effectively.

1.6 Stakeholder Involvement

It is vital to involve a wider range of stakeholders in the debate. It is proposed that the plans identified in this paper are shared with a wider range of stakeholders. This will ensure that people are informed about the reasons for the proposed changes and that they have an opportunity to comment on and influence these plans.

Staff in the Cheshire, Warrington & Wirral and Merseyside Clusters, supported by the Merseyside and Cheshire Cancer Network, are delivering a stakeholder involvement plan. It is envisaged that this process will continue over the next 12 months. This will be followed by formal consultation when the Outline Business case is completed. More details are provided in Section Two of this document.

1.7 Recommendation

Taking account of the progress and intentions outlined above the recommendations are as follows:

- a Note the background to and the progress achieved with regard to the plans for cancer services in Merseyside and Cheshire since 2008:
- b Support the delivery of inclusive stakeholder involvement and engagement plans, led by NHS Merseyside and NHS Cheshire, Warrington and Wirral and in due course by the NHS Commissioning Board post April 2013.
- c Note that, at the point at which a formal consultation takes place, it is expected that a Joint Overview and Scrutiny Committee for Cheshire & Merseyside will be appointed, in accordance with the 2003 Directions to Local Authorities relating to the Health and Social Care Act 2001 (appended).

Section Two: A summary of the stakeholder communications and engagement pre-consultation plan

2.1 Aims and Purpose of the Stakeholder Communications and Engagement Pre-consultation Plan

The purpose of this plan is to inform and engage with key stakeholders about the proposals to develop a Comprehensive Cancer Centre for Cheshire and Merseyside. The pre-consultation will be undertaken within the spirit and guiding principle that in everything we do we should be cognisant of the Government's commitment in the 2012 Health and Social Care Act, of "***no decision about me without me***" which puts patients, service users and their carers at the centre of the decision making process.

The aims of this plan are to ensure that decisions/recommendations are informed and guided by the views of our stakeholders and patients, carers, and the public, which should in turn lead to more responsive decision-making and to services that are more appropriate.

This plan also seeks to

- Outline the objectives for communications and engagement within the project;
- Define the communications and stakeholder engagement strategic approach;
- Define the development of communications and key messages;
- Identify the stakeholder groups (key target audiences);
- Identify the channels of communications for these stakeholders;
- Plan communications and engagement activities;
- Systematically record all engagement aligned to the requirements set out in 2012 Health and Social Care Act, encompass Real Accountability standards in regard to "duty to consult"; and also the Cabinet Office Code of Conduct for public consultations;

- To ensure that all phases of the consultation will be composite, and will be compliant with the requirements set out in the Service Reconfiguration Assurance Framework 2011;
- Define the means of monitoring feedback and evaluating the success of communications and engagement.

This plan has adopted a management approach that identifies stakeholder communications and engagement as a key support function. As with any programme of work, clear, effective communications should be a fundamental consideration from the outset to ensure all key stakeholders are informed and engaged. This plan will underpin and contribute to the achievement of the above aims by using the following two key principles:

Communications as a core competency: Regarding engagement we must meet the formal expectations for full, ongoing and meaningful engagement with all stakeholders. We will wish to go further than simply what is required of us to ensure that this engagement is genuinely comprehensive and adds value to the proposals to be detailed in the Outline Business Case, and thereby contributing to the best possible outcomes.

Excellence in planning, managing and evaluating communication: We will ensure we provide feedback to those we engage regarding the outcome of what has been said, where the feedback has made an influence, and if it has not been possible to respond to it, why not.

2.2 Context for Communications and Engagement Activity

This plan supports the Strategic Overview Group in delivering its communications and engagement responsibilities. The Strategic Overview Group is an executive group that brings together The Clatterbridge Cancer Centre NHS Foundation Trust, The Royal Liverpool and Broadgreen University Hospitals NHS Trust, Commissioners, the Cancer Network and the University of Liverpool to provide leadership for the development of proposals for the new cancer centre. There are a number of key specific documents that have informed and shaped the engagement plan:

- **Service Reconfiguration Assurance Framework, April 2011**
- **Framework for Collaborative Agreement in Managing Service Change at Regional Level**, NHS North of England
- **Major Service Change Briefing Checklist**, NHS North of England
- **Operating Framework for the NHS in England 2012/13**, Department of Health; with specific relevance to Improve Services for Patients, in one of the four key themes for all NHS organisations during 2012/13: *“putting patients at the centre of decision making in preparing for an outcomes approach to service delivery, whilst improving dignity and service to patients and meeting essential standards of care;*
- **New rules on service reconfiguration Indicative evidence requirements against the “Four Tests”**

Test 1 – support from GP commissioners

Test 2 – strengthened public and patient engagement

Test 3 – clarity on the clinical evidence base

Test 4 – consistency with current and prospective patient choice

- **2012 Health and Social Care Act** – with specific relevance to The Case for Change in regard to **Need for improvement**. *“At its best, the NHS is world-leading, but there are important areas where the NHS falls behind those of other major European countries. If we had cancer survival rates at the average in Europe, we would save 5,000 lives a year”.*

There is an absolute commitment to carry out the work with full engagement from all stakeholders, particularly local patients, carers, providers and staff and we plan to take an integrated approach to this.

2.3 Stakeholder Engagement

It is now vital to involve a wider range of stakeholders in the debate for change. It is proposed that the plans identified in the background section of this paper, and the real and continuing benefits for patients that these plans are designed to bring, are shared with a wider range of stakeholders immediately. This will ensure that people are informed about the reasons for the proposed changes and that they have an opportunity to comment on and influence these plans.

NHS Merseyside staff (led by Merseyside Commissioning Support Services) will work closely with colleagues in NHS Cheshire, Warrington, Wirral in having one consistent plan which is inclusive of key stakeholders throughout Cheshire and Merseyside.

The feedback from this activity will be used to inform the Outline Business Case.

Assuming a positive response to the Outline Business Case, the plan will then be built upon what will become an extensive formal consultation programme to run for a minimum of 12 weeks during 2013.

The 3 phases envisaged as engagement are:

1. Pre-consultation as part of the development of recommendations
2. Active consultation on the actual recommendations
3. Post-consultation on how the decision is being implemented

As an early involvement strategy, Cheshire and Merseyside LINKs were brought together in October 2011 to be informed about the proposals and to seek their support and collaboration in ensuring local people are involved in the pre-consultation activity. Representatives have acknowledged and valued this early

indicative plan and have responded positively to our request for a collaboration of approach.

Target Audiences

The approach to communication and engagement aims to be comprehensive and robust. Our aim is to work closely with key organisations that can easily communicate with a range of audiences in the area, as follows:

- Local residents;
- Patients and Carers;
- Third sector providers;
- Voluntary Patient Groups;
- Hospital Trust Members
- Hospital Trust Volunteers
- Local Involvement Networks (LINKs);
- Local Council for Volunteer Service networks
- Cheshire and Merseyside NHS Cluster Boards
- Chairs and Chief Officers of Clinical Commissioning Governing Bodies
- GPs members across Cheshire and Merseyside
- Chairs of Local Medical Committees (LMCs);
- Cluster Medical Directors;
- Primary and Secondary Care Trust Communication and Engagement Leads;
- Hospital Trust Chief Executive Officers;
- Hospital Senior Operational Managers;
- Senior Consultant Cancer Clinicians
- Associated Operational Clinicians and staff
- Merseyside and Cheshire Cancer Network
- The University of Liverpool
- Local Authority Health Overview and Scrutiny Committees
- Members of Parliament for constituent localities
- NHS North of England
- Year of Action on Cancer leadership and operational group
- Local media

Engagement Channels

Stakeholder engagement will be carried out through a range of channels to promote and explain the purpose and progress of the review, including:

- Meetings
- Events/Roadshows/Local Activity Programme for 3rd sector
- Targeted letters and emails
- Newsletters/Hospital Trust publications
- Web based consultation information
- Web-based questionnaire

A matrix demonstrating reach to respective groups is detailed in Appendix 1

2.4 Key Messages

A consistent set of key messages will run through all communications. These messages are segmented into the following themes:

- Continue to focus on making sure **patients and service users** receive **high quality** care that treats illness and supports people to stay healthy;
- Support **staff** to have the **skills and knowledge** needed to provide modern, responsive and consistently high quality care;
- Make sure **organisations**, and contractual arrangements between commissioner and providers, are focused on supporting this.

It is vital that we are absolutely clear why these changes are important, what they are about, what was the outcome and that we are consistent in communicating this in all programme activities as well as any formal communications outputs and consultation activities.

The following key messages will be covered in all communications to all key stakeholders:

- The need for change
- Why is this a local priority
- Who will it affect
- What are the benefits
- What are the risks
- What does this mean to local people and services
- How it will be implemented
- What are the timescales
- What can you influence
- What are your views on this proposal

2.5 Milestones

This plan is delivered in the context of a changing NHS. In order to be effective in our communications and engagement we may need to adapt this plan over time to reach our target audiences in the most effective way. Progress against the key milestones will be monitored.

- Pre-Consultation
- Consultation
- Post-Consultation

Stakeholder communications and engagement pre-consultation plan prepared by **Jaqueline Robinson** on behalf of NHS Merseyside and NHS Cheshire, Warrington and Wirral.

APPENDIX 1 Stakeholder Engagement Matrix Model

Stakeholder Group	Level of Interest (1-5)	Level of Influence (1-5)	Communications / Engagement Channels	Methods of Communication/Engagement				
				Meetings	Events Roadshow Targeted Activity	Briefings Email Letter	Newsletter	Local Media
Patient and Public Groups	4	4	<ul style="list-style-type: none"> • Cheshire and Merseyside LINKs * • Members of the public • Patients / Carers • Trust volunteers • Trust Members • Trust Fundraisers • User and patient groups: <ul style="list-style-type: none"> ○ Outreach provision provided by CCC at Hospital Trusts 	X	X X X X X X	X X X X X X	X X X X X X	X X XX X X X
Community & Third Sector	4	3	<ul style="list-style-type: none"> • Providers • Council for Voluntary Service Networks • Community Volunteer Groups • 	X	X X X	X X X	X X X	X X X
Commissioners	5	5	<p>NHS Cluster Boards</p> <ul style="list-style-type: none"> ○ Cheshire, Warrington & Wirral ○ Merseyside ○ Medical Directors <p>Clinical Commissioning Boards</p> <ul style="list-style-type: none"> ○ Chairs ○ Chief Officers ○ GP Members 	X X X X X	X X	X X X	X X X	

Stakeholder Group	Level of Interest (1-5)	Level of Influence (1-5)	Communications / Engagement Channels	Methods of Communication/Engagement				
				Meetings	Events Roadshow Targeted Activity	Briefings Email Letter	Newsletter	Local Media
			<ul style="list-style-type: none"> ○ Chairs of LMCs <p>Communication and Engagement Leads</p> <ul style="list-style-type: none"> ○ Clusters/MCSS ○ Hospital Trusts (RLBUH/CCC) 	X X X X		X X	X X	
Hospital Trusts	5	4	<ul style="list-style-type: none"> ● Strategic Operational Group ● Chief Executive Officers ● Cancer Clinicians ● Non-medical professionals ● Senior Operational Managers 	X X X X X	X	X X X X	X X	
Merseyside & Cheshire Cancer Network	5	4	<ul style="list-style-type: none"> ● Leadership and Network representatives 	X	X	X	X	
The University of Liverpool	4	4	<ul style="list-style-type: none"> ● Leadership & Research Associates 	X		X	X	
Health Overview and Scrutiny Committees (HOSCs) /	3	3	<ul style="list-style-type: none"> ● HOSCs Chairs / Local Councillors for Cheshire and Merseyside 	X	X	X	X	

Stakeholder Group	Level of Interest (1-5)	Level of Influence (1-5)	Communications / Engagement Channels	Methods of Communication/Engagement				
				Meetings	Events Roadshow Targeted Activity	Briefings Email Letter	Newsletter	Local Media
Elected Members								
MPs	3	3	<ul style="list-style-type: none"> Cheshire and Merseyside 	X	X	X	X	
NHS North of England	3	3	<ul style="list-style-type: none"> NHS North of England – Service Reconfiguration & System Management 	X		X	X	
Other	4	4	<ul style="list-style-type: none"> NHS Gateway National Clinical Advisory Team (NCAT) Year of Action on Cancer Group 	X X X		X X X	X X X	
Media	5	3	<ul style="list-style-type: none"> Communications leads Hospital Trusts Local press targeted advertisement via press release 			X X	X	X X