

**The Clatterbridge Cancer Centre NHS  
Foundation Trust  
Transforming Cancer Services for  
Cheshire and Merseyside**

**Communication and Consultation Plan  
January 2014 to September 2014**

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### **Appendices**

- Appendix 1 Analysis Report by John Moores University 2013
- Appendix 2 Stakeholder Matrix Model
- Appendix 3 Communications and Engagement Work Plan 2014

## 1. Introduction

In 2008 the Merseyside and Cheshire Cancer Network (MCCN) commissioned an expert review of the configuration of Cancer Services in Cheshire and Merseyside with the aim of developing recommendations to ensure that services were delivered in the best way to improve outcomes for patients. The resulting report, 'The organisation and delivery of non-surgical oncology services in the Merseyside and Cheshire Cancer Network', made a number of recommendations to improve the way non-surgical cancer services were organised in the MCCN area.

Since then much work has been undertaken to implement the recommendations of this report and the Transforming Cancer Care project represents the culmination of this activity.

- The need to encourage the major expansion of radiotherapy through the development of satellite radiotherapy units closer to the populations served and limiting the size of major centres to a maximum of eight LINACs.
- The decentralisation of chemotherapy requiring a larger clinical workforce with a greater local presence.
- More flexible service delivery models required which were less dependent on a single centre and more served through networks of care.
- The increasing use of multi-modality treatment regimes suggesting that, in the longer term, isolated oncology centres were no longer appropriate.
- The organisation of hospital services in MCCN meant that integrated cancer care was dependent on oncologists to secure the integrity of patient pathways. It was more difficult to achieve this from a remote centre.
- The needs of the network population were high in terms of cancer care but the results were likely to be inhibited by poor accessibility to oncology services as well as by late presentation. Closer alignment of oncology to local providers would shift the balance of leadership in cancer care and would support improving the overall organisation and delivery of care.
- Developing cancer research in Liverpool, an essential component of all cancer care and of medical research, was compromised by the absence of academic oncology leadership. The isolation of the current cancer centre and its distance from surgical oncology and MDTs were factors in the difficulty in addressing this deficiency.

## 2. Work done to date

Several reports have been produced in order to understand the implications of reconfiguration. These include the *Baker-Cannon report*<sup>(1)</sup> and the *Ellison-Cottier report*<sup>(2)</sup>. Equality issues, such as whether the reconfiguration would positively or negatively impact on a group with characteristics protected by law, have also been considered<sup>(3)</sup>.

There has been significant pre-consultation activity undertaken on the implications of the proposals contained within the Transforming Cancer Care project. This was conducted within the spirit and guiding principle of “**No decision about me without me**” which puts patients, service users and their carers at the centre of the decision-making process.

The pre-consultation exercise informed local people about the proposal and sought to find out whether they were in support of the proposed reconfiguration. It was also undertaken in order to help guide the planned formal consultation exercise and development of the business case. Local people were asked a Principal Consultation Question (PCQ):

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

Respondents could either answer *yes, no or not sure*. Respondents were then asked to provide comments about their chosen answer (“*why do you think this?*”). The data gathered was largely qualitative and therefore has been subjected to an epistemological analytic approach using Nvivo computer software. The survey data comprised 4,164 responses to the PCQ. This data also revealed that 3,755 (90%) respondents left comments to the open question within the survey. The analysis was independently undertaken by John Moores University and the report (Appendix 1) has been made available to key stakeholders as part of the feedback process.

A further Equality Impact Assessment<sup>(3)</sup> considered the responses to the PCQ in relation to where people lived and further investigates the themes arising from the additional question about why people responded to the question in the way they had.

### **Results**

- 90,000 people engaged
- 114 roadshows
- 96 group sessions with 53 different groups
- 7 District General Hospitals participated
- 12 CCGs involved
- Every area Cancer Support Group engaged
- Every area Healthwatch supported the engagement
- Every area CVS advertised events to support attendance

- Over 40 cancer community champions recruited
- 14,500 visited roadshows
- 4,164 formal written responses

Overall, the process has given The Clatterbridge Cancer Centre a wealth of qualitative information which the Trust is committed to actively reflect within the plans as they develop.

The process has also given the Trust robust evidence and greater confidence that their proposals meet the requirements of its population. It has helped to differentiate the varying concerns of patients, carers and the public and understand these concerns in more depth. It has also confirmed to the Trust the importance of car parking and access and how robustly this must be considered and evidenced within the plans.

The analysis of 4,164 respondents found that those who opposed the reconfiguration were mainly from areas close to the current services ('CH' postcode) but that overall a large majority of respondents supported the proposal.

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

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

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

It is now the intention to use the information gathered from the pre-consultation engagement work to shape a formal public consultation exercise which will be conducted from July-September of 2014.

Therefore there are a number of phases of consultation:-

- **Pre-consultation** as part of the development of recommendations was undertaken August 2012 to February 2013. Feedback on findings from the pre-consultation was undertaken January 2014 to March 2014.
- **Formal consultation** on the actual recommendations for change is planned to commence July 2014 to September 2014.
- **Post-consultation** feedback detailing how the decision is being implemented (dates to be agreed pending outcome of consultation).

### **3. The Vision for Transforming Cancer Services**

Transforming Cancer Care aims to ensure people in Cheshire and Merseyside benefit from easy access to the best clinical expertise, the most advanced treatments and the best facilities for many years to come.

We aim to achieve this through:

1. A new Clatterbridge Cancer Centre at the heart of Liverpool, centrally located for the 2.3m people in Cheshire and Merseyside, and on the same health campus as Royal Liverpool University Hospital, University of Liverpool, CR:UK's Liverpool Cancer Trials Unit and other key research partners.
2. Continuing to provide most cancer services at The Clatterbridge Cancer Centre in Wirral in addition to the new centre on the Liverpool health campus, the satellite radiotherapy unit at Aintree University Hospital and satellite chemotherapy services at seven hospitals across Cheshire and Merseyside.

#### **What would change?**

- There would be a new cancer hospital in the heart of Liverpool, closer to the c. 70% of patients who live north of the Mersey.
- Inpatient care would move from Wirral to the new centre in Liverpool. Some complex outpatient treatment would also move, as would the Teenage and Young Adult unit, bringing it closer to Alder Hey.
- For the first time, patients could access cancer surgery, chemotherapy, radiotherapy, intensive care, inpatients, outpatients, and acute medical/surgical specialties together on the same site.
- Seriously ill patients with complex conditions could receive treatment that can't be provided at the moment because there is no intensive care on site at Clatterbridge.
- Cancer experts from different hospitals, the university and key research partners would be together, offering new scope for research. Patients could also access a much broader range of clinical trials.
- The Wirral site would receive further investment so local patients would continue to receive the same high standard of care for the foreseeable future.

#### **What would stay the same?**

- The warm, compassionate Clatterbridge care patients value so much would also be provided in the new centre.
- Most Wirral and West Cheshire patients could continue being cared for at the existing centre. They would only need to travel to Liverpool for inpatient care or the more complex treatments. All outpatient chemotherapy would be available at Wirral, as well as radiotherapy for common cancers including breast, prostate and lung.

- The specialist eye proton therapy service – the only one of its kind in the UK – would also remain at Wirral.
- The satellite radiotherapy unit at Aintree (Clatterbridge Cancer Centre Liverpool) would remain, with radiotherapy for common cancers and the specialist stereotactic radiosurgery service for brain tumours.
- The satellite chemotherapy services across Cheshire and Merseyside would also continue.
- Patients – including those from Wirral – would receive an even better quality of care.

#### **4. Aims and Purpose of Communication and Consultation**

Under Section 242 of NHS Act 2006, providers of NHS services must make arrangements to secure the involvement of people who use, or may use services in:

- Planning the provision of services;
- The development and considerations of proposals for change in the way those services are provided – where the implementation of the proposals would have an impact on the manner in which those services are delivered, or the range of services that are delivered;
- Decisions to be made by the NHS organisation affecting the operation of services.

The aim of the consultation plan is to ensure that decisions/recommendations are informed and guided by the views of stakeholders and patients, carers, and the public, which will further inform the progress of transforming cancer care across Cheshire and Merseyside.

As a major service provider, The Clatterbridge Cancer Centre is committed to providing the best possible cancer services in order to improve outcomes and reduce health inequality.

Staff are one of the key stakeholders in Transforming Cancer Care. There has been regular staff engagement throughout the pre-consultation period and lessons learnt from their feedback will be built upon. Staff will remain one of the key stakeholder groups throughout consultation and the post-consultation period.

There will be extensive and ongoing communication and engagement through a variety of forums including roadshows, the intranet, noticeboards/newsletters, informal events and more formal involvement of staff representatives in project groups. Staff suggestions for enhancing the proposals for change – both for the new Centre and as part of the Trust's wider organisational development plan – will be very much encouraged and valued.

Clinical engagement and support is an essential element of this project and input from specialist clinicians, clinical commissioning groups, health and wellbeing boards etc, will be sought to ensure their feedback and commentary are considered in the proposals for change.

Local authorities have been engaged since the inception of this proposal and have received regular updates as the plan has progressed through various stages. A request will be made to convene a joint Overview and Scrutiny Committee to allow a collective forum to discuss the proposals, scrutinise the plans, hear from clinical staff involved and view the findings from the patient and public consultation.

This consultation plan seeks to:-

- Outline the objectives for communications and consultation within the project;
- Define the communications and stakeholder consultation 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 consultation activities;
- Systematically record all engagement aligned to the requirements set out in 2012 Health and Social Care Act and 2006 NHS Act;
- Ensure the consultation activity is aligned to best practice, in particular to:-
  - NHS England guidance as detailed within Transforming Participation in Health and Care September, 2013
  - NHS England guidance as detailed within Planning and Delivering Service Changes for Patients, December 2013
  - Cabinet Office Code of Conduct for public consultations
- Ensure that all phases of the consultation will be composite and will be compliant with the requirements set out in the Four Tests for major service changes;
- Define the means of monitoring feedback and evaluating the success of communications and engagement.

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

A time-limited group has been established by NHS England Cheshire Warrington and Wirral (CWW) Area Team, to steer the project through the consultation and scrutiny process.

## **5. Context for Communications & Consultation Activity**

This plan supports NHS England CWW Area Team as service commissioners, and The Clatterbridge Cancer Centre NHS Foundation Trust as the service provider, in delivering their communications and engagement responsibilities. There are a number of key specific documents that have informed and shaped the communication and consultation plan which are highlighted in blue below:

### **Health & Social Care Act 2012**

- Duty to promote the NHS Constitution (13C and 14P)
- Quality (sections 13E and 14R)



- Inequality (sections 13G and 14T),
- Promotion of patient choice (sections 13I and 14V)
- Promotion of integration (sections 13K and 14Z1)
- Public involvement (sections 13Q and 14Z2)
- Innovation (sections 13K and 14X)
- Obtaining advice (sections 13J and 14W)
  - The duty to have regard to joint strategic needs assessments and joint health and wellbeing
- Section (14Z2) outlines how this legal duty for involvement:
  - in the planning of its commissioning arrangements,
  - in developing and considering proposals for changes in the commissioning arrangements that would impact on the manner in which services are delivered or on the range of services available, and
  - In decisions that affect how commissioning arrangements operate and which might have such impact.
- Section (14v) Duty as to Patient Choice
  - Each CCG (*who will take over from PCT post April 2013*) must in the exercise of its functions, act with a view to enabling patients to make choices with respect to aspects of health services provided to them.

#### **Government and Public Involvement in Health Act 2007**

- Strategies (section 116B of the Local Government and Public Involvement in Health Act 2007)

#### **NHS Act 2006**

- Section 244 of the NHS Act 2006 duty to consult the relevant local authority in its health scrutiny capacity.

#### **Public Sector Equality Duty 2010**

#### **Planning and delivering service changes for patients, December 2013, NHS England**

#### **Transforming Participation in Health and Care 2013, NHS England**

#### **Everyone Counts: Planning for Patients 2013/14, NHS England**

#### **NHS Operating Framework for the NHS in England 2013/14**

#### **Independent Reconfiguration Panel guidance**

- Make sure the needs of patients and the quality of patient care are central to any proposals;
- Assess the effect of the proposals on others services in the area;
- Give early consideration to transport and access issues;
- Provide independent validation of the responses to engagement and consultation.

#### **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

## **6. Specific Stakeholder Engagement Plans**

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

NHS Cheshire and Merseyside Commissioning Support Unit (CMCSU) will work in partnership with Voluntary and Community Sectors (VCS), locality Healthwatch and carer/patient support groups, and build upon its existing networked approach to engaging patients, carers, and the wider public. It will include the use of the community cancer champions model which proved successful during the pre-consultation phase. This approach has been identified as crucial in reaching key stakeholders, including those traditionally hard to reach. Together the CMCSU, The Clatterbridge Cancer Centre outpatient sites and the VCS partners will work to collect views, comments and insight on patient experience and expectations.

Community champions, communities, organisations and patients and will be provided with consistent information and communication materials to share this across the sub-region which is inclusive of key stakeholders in the North and South Mersey regions.

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

As an early involvement strategy, all of Cheshire and Merseyside Healthwatch organisations, carer groups and VCS have been provided with feedback from the pre-consultation phase and asked for their continuing support in the formal consultation programme. This has been secured and dedicated “cancer champions” awareness events will be held to share the range of activity which is planned and allow people to choose options to volunteer.

A communications and engagement work plan has been appended (see Appendix 3). This will be a fluid plan; as new opportunities arise CMCSU will consider the capacity to add to its exiting programme of work.

Representatives from the community voluntary sector and Healthwatch have acknowledged and valued information regarding the process and have responded positively to our request for a collaboration of approach during the formal consultation period.

## **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 within their networks as follows:-

- Local residents
- Patients and Carers
- Third sector providers
- Voluntary Patient Groups
- Charities
- Hospices
- Hospital Trust Governors and Members
- Hospital Trust Volunteers
- Local Healthwatch Organisations
- Local Council for Volunteer Service network
- NHS England Area Teams for Cheshire and Merseyside
- Cheshire and Merseyside Clinical Senates
- Chairs and Chief Officers of Clinical Commissioning Governing Bodies
- GPs members across Cheshire and Merseyside
- Chairs of Local Medical Committees (LMCs)
- 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
- Cancer Networks
- The University of Liverpool
- Local Authority Health Overview and Scrutiny Committees
- Members of Parliament for constituent localities
- Directors of Public Health
- Health and Wellbeing Boards
- 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:

- Senior officer meetings
- Attendance at Health Overview & Scrutiny panels
- Production of patient and clinician DVD to disseminate during the consultation
- Corporate launch events
- 2 Volunteers / Community Champion launch events
- Publicity available at every GP practice

- Local activity at all Clatterbridge Cancer Centre outpatient sites
- Activity at the Royal Liverpool and Broadgreen University Hospitals NHS Trust
- Targeted letters and emails
- Attendance at high volume public events throughout Summer
- Newsletters information within Hospital Trust membership publications
- Internal staff briefings
- Web based consultation information and online survey
- Dedicated phone line
- 10,000 leaflets distributed to cancer centres, community groups
- Coverage on local Radio via live interviews and information on their website reaching the North West and Wales.

A matrix demonstrating reach to respective groups is detailed in Appendix 2.

## 7. **Key Messages**

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

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

## 8. **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.

***Action plans for communications and engagement are set out in Appendix 3.***

## References

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