Proposals for North Mersey Haemato-Oncology (blood cancer) services

Engagement report

Glossary

AUH	Aintree University Hospital
AUHFT	Aintree University Hospital NHS Foundation Trust (superseded by LUHFT in October 2019)
CCC	The Clatterbridge Cancer Centre NHS Foundation Trust
CCC-L	Clatterbridge Cancer Centre – Liverpool (a new hospital that opened in June 2020)
CCG	Clinical commissioning group
EDI	Equality, diversity & inclusion
EIA	Equality impact assessment
LUHFT	Liverpool University Hospitals NHS Foundation Trust (formed by the merger of AUHFT and RLBUHT in October 2019)
RLBUHT	Royal Liverpool and Broadgreen University Hospitals NHS Trust (superseded by LUHFT in October 2019)

Contents

1. Introduction

The NHS in Knowsley, Liverpool, Sefton and West Lancashire is reviewing clinical integration proposals to create a single blood cancer (haemato-oncology) service across:

- Aintree University Hospital (AUH), which is part of Liverpool University Hospitals NHS Foundation Trust (LUHFT); and
- Clatterbridge Cancer Centre – Liverpool (CCC-L), which is part of The Clatterbridge Cancer Centre NHS Foundation Trust (CCC).

This report presents the aims, methodology and findings from engagement carried out in 2020-21 with patients/carers with experience of local blood cancer services. It also includes the findings from engagement with GPs in the borough of Sefton (from NHS Southport and Formby Clinical Commissioning Group (CCG) and NHS South Sefton CCG), which accounts for around half the patients who would be impacted by the proposed changes.

The findings will be considered in the remaining stages of the review, along with a full equality impact assessment of the proposals, and will inform the final business case to be considered by commissioners.

2. Background

There are more than 100 different types of blood cancer such as leukaemias, myelomas and lymphomas. Together, blood cancers are the fifth most common form of cancer in the UK – over 40,000 people are diagnosed each year and there are more than 250,000 people living with a blood cancer (Blood Cancer UK, 2020). The predicted national trend is that this will continue to increase.

The main treatments are Chemotherapy, Stem Cell Transplant (also referred to as Bone Marrow Transplant), Immunotherapy and Radiotherapy. Treatment can be intensive and require specialist multi-disciplinary team resource to be delivered safely.

As we learn more about blood cancers, diagnosis and treatment is becoming increasingly complex. Unlike solid tumour cancers, most treatment has historically been delivered by local hospitals rather than the tertiary cancer centre (CCC). It is now widely recognised, however, that the increasing complexity of blood cancers means they are now best managed by subspecialist multidisciplinary teams.

In 2015, as part of Healthy Liverpool: The Blueprint[1], it was agreed that blood cancer services should be unified across the city. This followed overwhelming clinical consensus that the current split was increasingly unsustainable. An options appraisal was conducted with clinical teams exploring the critical success factors of three approaches: 'Do Nothing', 'Integration' and 'Collaboration'. This was supported by the chief executives from Aintree University Hospital Foundation Trust (AUHFT), The Royal Liverpool and Broadgreen University Hospital NHS Trust (RLBUHT) and The Clatterbridge Cancer Centre NHS Foundation Trust (CCC).

In July 2017, the RLBUHT blood cancer service transferred to CCC. In October 2019, RLBUHT and AUHFT merged to become one organisation, Liverpool University Hospitals NHS Foundation Trust (LUHFT). Blood cancer services are currently provided by:

- Clatterbridge Cancer Centre – Liverpool, part of The Clatterbridge Cancer Centre NHS Foundation Trust (CCC);
- Aintree University Hospital, part of Liverpool University Hospitals NHS Foundation Trust (LUHFT); and
- Southport & Ormskirk Hospital NHS Trust (S&O).

Despite management changes since 2015, there has been no change in the clinical consensus that the best model of care for the future is a 'single service'. The current proposals would see the creation of a single service across Aintree University Hospital (AUH) and Clatterbridge Cancer Centre – Liverpool (CCC-L), by bringing the teams together to work as one under the management of CCC.

It is important to note that there is a separate project to address the clinical model for non-malignant haematology. The guiding principle remains that general haematology services will not be destabilised through any changes to blood cancer services.

3. Case for change & key benefits

The case for change describes significant benefits from the development of a single blood cancer service. These include:

- Improved clinical outcomes
- Enhanced safety and quality

[1] Healthy Liverpool: The Blueprint (2018) https://www.liverpoolccg.nhs.uk/about-us/publications/healthy-liverpool-2013-2018/

- Enhanced patient experience
- Improved access to specialist care for all patients with blood cancer
- Enhanced community provision and patient choice (as part of the CCC Future Clinical Model Project)
- Enhanced cancer service brand and reputation
- Addressing growth by increasing capacity and capability

4. Current model of care

Clatterbridge Cancer Centre – Liverpool (CCC-L)

CCC-L provides the specialist regional service. It is the only provider for Teenage and Young Adult services and adult Stem Cell Transplantation in Cheshire and Merseyside. The nearest other Level Four (i.e. transplant) units are Manchester University NHS Foundation Trust and The Christie NHS Foundation Trust.

The blood cancer service is split into four subspecialties:

- Lymphoid (treating lymphomas)
- Myeloid (treating leukaemias)
- Plasma Cell (treating myelomas)
- Stem Cell Transplantation

Services are delivered by a multidisciplinary team that is aligned to these four subspecialties.

Aintree University Hospital (AUH)

The haematology medical and nursing teams at AUH currently provide blood cancer care and care for non-malignant blood conditions.

5. Proposed model of care

These proposals have two strands:

1. **Creating a single service by bringing AUH and CCC-L staff together to work in subspecialist teams delivering care across both sites:**
    - Patients would have greater access to health professionals who specialise in their type of blood cancer and the treatments likely to work best for them.

- A wider range of clinical trials would be available locally. Patients could access trials of new treatments that can only be provided by blood cancer teams treating large numbers of patients.
- Patients would also have more extensive specialist cancer support than is available in a smaller service. This includes psychological support, practical advice and clinical therapies.

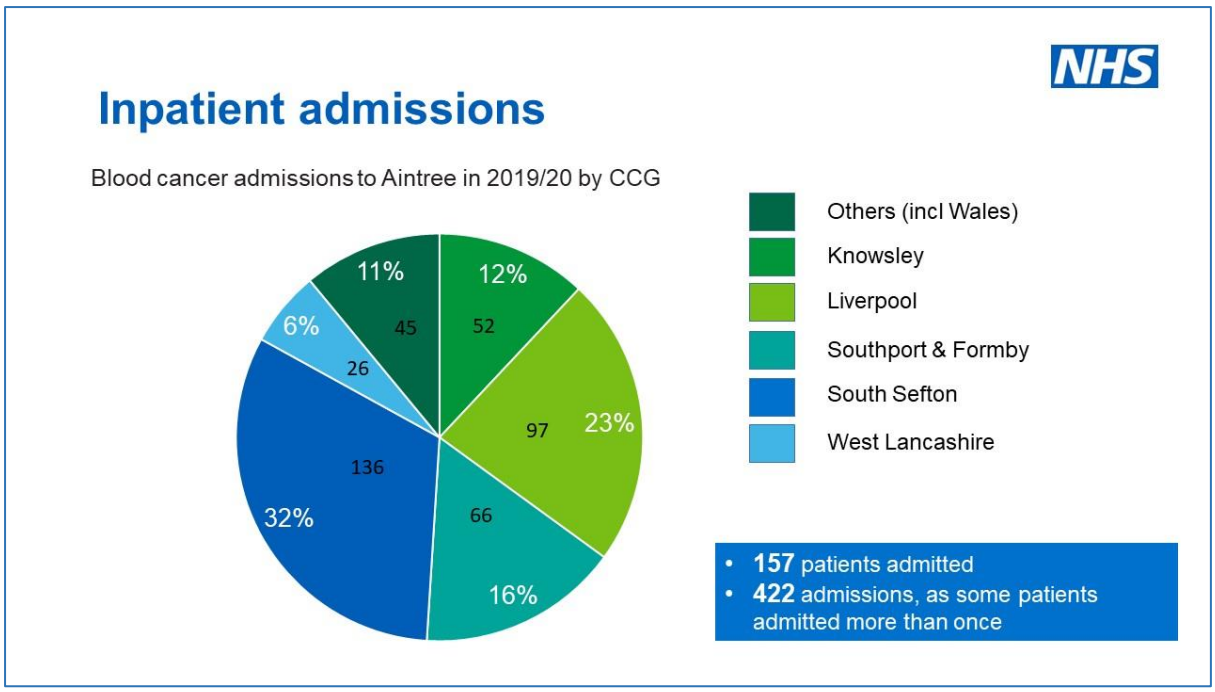
2. **Some changes to patient pathways and points of access:**
    - Blood cancer services would continue to be provided at both sites – almost all patients would continue being treated at their current site. There would be no change for patients receiving outpatient and daycase treatments.
    - Some patients who need to stay in hospital for complex blood cancers* requiring highly-intensive treatment would be admitted to CCC-L, rather than AUH. The two hospitals are around 5.5 miles apart.
    - Other blood cancer patients would still be admitted to AUH. This includes frailer patients, those whose admission is not linked to cancer, and those who only need a short stay in hospital.

* As part of a mutual aid approach to provide capacity and support infection prevention and control measures during the COVID-19 pandemic, blood cancer patients usually admitted to AUH have been using CCC-L beds. This is a temporary measure and does not pre-empt the outcome of engagement or of this review.

6. Patients affected by these proposals

The proposed change to inpatient admissions – where patients would no longer be admitted to Aintree University Hospital for complex, high-intensity inpatient care – is the most significant impact. In 2019/20, there were 422 admissions (157 individual patients) to AUH for blood cancer care.

The largest proportion of North Mersey patients came from South Sefton (32%), followed by Liverpool (23%), Southport and Formby (16%), Knowsley (12%), and West Lancashire (6%). The remaining 11% were from other areas including Wales. South Sefton CCG is therefore the lead commissioner for these proposals.



7. Engagement approach

Targeted engagement was carried out with patients/carers during 2020 and 2021 to seek their views on the proposals and their experience of using local blood cancer services. A range of methods were used to offer patients/carers the opportunity to be involved, and to gain qualitative and quantitative feedback.

We also engaged with GP groups in the Sefton area as half of the patients admitted to AUH in 2019/20 were from the borough.

7.1 Engagement aims

Our aims were to:

- Involve stakeholders affected by service change in line with best practice and our statutory duties.
- Listen and understand their views on the proposals, including any factors they thought we may have overlooked.
- Gain feedback that would help us further enhance blood cancer patient care, develop our final proposals with patients/carers in mind and ensure the maximum benefit from any changes.
- Identify and mitigate any potential issues.

7.2 Pre-engagement

The draft proposals and draft engagement approach were shared in advance with patient forums for the Sefton CCGs and Liverpool CCG, Healthwatch representatives from Sefton and Liverpool, and the region's Haematology Patient Support Group (hosted by CCC) for comment. All were happy with the proposed engagement approach. The draft engagement approach and survey questions were also shared with representatives from CCC's Patient Participation Group for comment and a patient perspective.

7.3 Equality, diversity & inclusion (EDI)

A pre-engagement equality impact assessment (EIA) was carried out on the strategic outline case for the proposed service changes. The EIA report in February 2021 made recommendations for the engagement process. These recommendations were taken into account in the following ways:

Seek views on the proposed relocation of some inpatient beds, its impact (e.g. travel) and any mitigations.

Questions on this were included in the semi-structured phone interviews, the online engagement survey, and in online engagement sessions and meetings with patient groups.

Include questions on how well patients felt they were treated and whether any protected characteristics / additional needs were met.

Questions on this were included in the semi-structured phone interviews and online engagement survey.

Include questions about protected characteristics and socioeconomic factors.

The online engagement survey included detailed equality questions covering all protected characteristics and a socioeconomic status question. These detailed questions were not included in the semi-structured phone interviews due to the very personal nature of the questions and the length of time it would take to ask them all over the phone, especially as patients may not have felt well enough for a very long conversation. The author of the pre-engagement EIA was satisfied with this.

Seek to gain views from as broad and representative group as possible (noting the targeted nature of this engagement and the fact it is a very specific patient group), including a broad range of ages.

Due to the specialist nature of the service, engagement was very targeted and focused on people with direct experience of blood cancer as a patient or relative/carer. However, we

took all reasonable steps to ensure that we heard from a broad and representative group. The semi-structured phone interviews were with patients from a variety of ages and backgrounds, as far as reasonably possible – it is important to note they were drawn from a small cohort of patients who had been inpatients in the last year and were clinically well enough to be interviewed. The online engagement was publicised across the hospital sites, via blood cancer patient groups, with patient appointment letters, and on social media. Detailed equality questions were included in the online engagement survey. All feedback gathered as a result of this engagement is being analysed and used to inform the final equality impact assessment (EIA) on the proposed changes.

7.4 Formal engagement

The formal engagement period ran from Monday 10th May 2021 to Sunday 20th June 2021. It was publicised in the following ways:

- Digital screens / posters on hospital sites (CCC-L, AUH and S&O)
- Flyers inserted with blood cancer patient letters and handed out in clinic with patient appointments (CCC-L, AUH)
- News story and dedicated website page (CCC)
- Blood cancer patient support groups were sent information to share with their members (Lymphoma Action, Leukaemia Care, West Lancashire & Merseyside Myeloma Support Group, Haematology Patient Support Group, Stem Cell Scousers)
- Social media (CCC, LUHFT, S&O, local CCGs)
- Blood cancer clinic staff shared information with patients

7.5 Methodology

We adopted a range of methods, all focused on people with knowledge/experience of blood cancer:

Semi-structured phone interviews with current/recent inpatients

Clinicians from AUH reviewed recent patients to identify those who had been admitted to AUH and/or CCC-L within the past 12-18 months and who were clinically well enough to be interviewed by phone. A small number of daycase/outpatients were also interviewed, along with one patient under CCC's care.

Semi-structured interviews were conducted by phone between 11th May and 24th May 2021 by a member of CCC's communications team. Patients were asked about their recent experiences of care (including what was good and what could have been improved). The

proposed changes were then explained to them and they were asked for their views. The semi-structured approach enabled us to adapt questions to focus on aspects that were of particular importance to each patient, gaining qualitative data.

Engagement survey

We had an online survey asking people's views on their own experiences of local blood cancer services, some questions about the proposals (including whether travel would negatively impact on them and any mitigations that would help), and equality questions. Paper copies of the survey and information about the proposals were also made available so people with no/limited internet access could also take part. The survey was designed to gather quantitative data but also included space for comments to provide a better understanding of people's reasons for their answers, if they wanted to provide it. The survey was publicised on the dedicated webpage, in patient information, on hospital sites, on social media, and in the online engagement sessions.

Online engagement sessions

We held three virtual sessions via Microsoft Teams (6pm on Wednesday 19th May; 1pm on Tuesday 25th May; and 2pm on Thursday 10th June). These were publicised within the hospitals, on the dedicated webpage, on social media and via blood cancer patient support groups and patient information. They included a presentation about the proposals from Consultant Haemato-Oncologist Dr Lynny Yung and a Q&A session with a panel of staff involved in the project. Participants were also invited to complete the online engagement survey. A recorded presentation was also published on the project webpage.

Online engagement sessions
Wednesday 19th May, 6pm
Tuesday 25th May, 1pm
Thursday 10th June, 2pm

Meetings with patient support groups

We contacted local patient support groups about the proposals, shared details of the engagement survey and the online engagement sessions and also offered to attend their meetings to present the proposals, answer questions and hear people's views. Lymphoma Action and Leukaemia Care were not currently holding meetings but said they would share information with their members. West Lancashire & Merseyside Myeloma Support Group invited us to their 1st June 2021 meeting.

Date	Group	Format
11/11/20	Sefton Engagement & Patient Experience Group (EPEG) – incl Healthwatch Sefton	Presentation of proposals & draft engagement approach for comment
24/11/20	Liverpool Patient Engagement & Experience Group	Presentation of proposals & draft engagement approach for comment
04/12/20	Liverpool Patient & Public Voice Group	Presentation of proposals & draft engagement approach for comment
09/02/21	Haematology Patient Support Group	Presentation of proposals & draft engagement approach for comment
11/02/2021	CCC Patient Participation Group	Draft survey questions and engagement approach shared for comment
16/02/21	Healthwatch Liverpool	Presentation of proposals & draft engagement approach for comment
11/05/21	Haematology Patient Support Group	Presentation of proposals & how people can have their say, plus Q&A
12/05/21	Sefton Engagement & Patient Experience Group (EPEG)	Updated the group on the proposals and that engagement had begun. Gave details of how people can have their say
28/05/2021	Stem Cell Scousers	Meeting and Q&A with Kevin Dunne from Stem Cell Scousers
01/06/21	West Lancashire & Myeloma Patient Support Group	Presentation of proposals & how people can have their say, plus Q&A

GP meetings

To hear views from GPs whose patients may be impacted by the proposals, we offered to present the proposals at their meetings. We attended the GP forums in Sefton, the borough that accounts for almost half of the patients who would be most impacted by the proposed changes to inpatient services.

Date	Group
13/05/21	South Sefton GP Forum Wider Group
26/05/21	Southport and Formby GP Wider Constituent Group

8. Engagement findings

There were some clear themes that came out in the engagement. They are summarised below. More detailed findings from each channel of engagement are outlined afterwards.

- Patients and relatives/carers were generally satisfied with the care provided by the current services. Patients who had additional needs (e.g. dietary requirements or a disability) generally felt they had been respected. There were some useful suggestions, however, on how this could be further improved.
- Engagement respondees supported the proposed changes to create a single blood cancer team. (A small number of people said this was provided that the change was for clinical reasons rather than financial reasons; this is the case.)
- There was also clear support for the proposed change to inpatient services, with the majority of patients interviewed by phone, online survey responses, and feedback from online engagement events and meetings saying it made sense for the most complex inpatient care to be provided in the specialist cancer centre.
- People who had visited or been treated in the new CCC-L were very positive about it. A number of patients commented on the advantages of having a single room, particularly during the COVID-19 pandemic. Patients who had been inpatients in CCC-L talked about the autonomy they had in their own room, the facilities and how light and airy the rooms were. Comments on hospital food were mixed, with some people preferring AUH food and others preferring CCC-L food.
- Although some people – particularly from Sefton and West Lancashire – said CCC-L would be harder for them to get to, they acknowledged the clinical benefits and did not feel this should stop the proposals from going ahead. Other patients from those areas said they would not be adversely affected by travel. There was one suggestion for mitigating the impact – free parking for visitors. This is already provided at CCC-L.
- A number of the patients interviewed by phone spoke about the impact of the COVID-19 pandemic, including safety measures in hospitals such as visiting restrictions and phone/video consultations. People with blood cancer can be particularly at risk of infection and patients appreciated measures being put in place to reduce infection but also spoke honestly about some of the challenges. For example, hearing-impaired patients found it harder to understand what staff were saying while wearing facemasks or during phone consultations than in a traditional face-to-face setting. A patient who had wanted cancer advice and information (including benefits advice and psychological wellbeing) would have preferred to speak to someone in person rather than over the phone. At the time, drop-in services

and face-to-face appointments for these services had been paused/reduced due to COVID-19.

8.1 Semi-structured phone interviews

All of the nine inpatients interviewed were positive about the care they had received, whether at AUH or CCC-L. They were particularly complimentary about the staff, commenting that they were "angels" and they "couldn't fault" the care they had received at either hospital.

Five of the patients were male; four were female. They ranged in age from their early thirties to their late seventies / early eighties and were mainly from Sefton and Liverpool, with a smaller number from West Lancashire and one person from Wirral. Their experience of inpatient care was:

- Seven had been inpatients in CCC-L.
- Four had been inpatients in AUH for blood cancer; two other patients had been admitted to AUH for other conditions.
- Three had been blood cancer inpatients both in AUH and CCC-L; a fourth had received inpatient blood cancer care in CCC-L and inpatient care for another reason in AUH.

Eight of the nine inpatients said that, if they needed to be readmitted in future, they would prefer to be treated in CCC-L than AUH. This wasn't because they were unhappy with the care they received at AUH – the reasons included preferring a single room, preferring to be in a hospital that only treated cancer, and preferring to be in the specialist cancer centre. COVID-19 was cited by several patients who said their reduced immunity meant infection was a key concern and they would prefer to be in a single room in a hospital that did not treat people with other conditions, rather than a shared ward in an acute hospital.

"I'd be very happy to be treated at Clatterbridge, I don't just say 10 out of 10. I'd give it a 100." (Liverpool patient admitted to CCC-L)

"I'd definitely want to go to Clatterbridge. I just felt that once I was in my own room, it was like my own little space … Independent, in my own head anyway, even if I couldn't do that much." (Sefton patient admitted to both hospitals)

"I'd sooner go to Clatterbridge myself. I live closer to Aintree. That's okay for my chemo but if I was staying in hospital I'd sooner go to Clatterbridge."
(Liverpool patient admitted to CCC-L)

"I'd prefer Clatterbridge because that's where I've been having all my treatment … All my clinic appointments are at Clatterbridge so I'd prefer to be admitted at Clatterbridge." (West Lancashire patient, previously admitted to AUH but more recently to CCC-L)

The person who said they would prefer to be admitted to AUH had not been to CCC-L and said: *"I'd probably still sooner go to Aintree but only solely because of the convenience of Aintree for family and that, visiting."* (Sefton patient admitted to AUH). They cited a bad experience of getting lost in a one-way system in Liverpool on the way to another hospital and difficulty finding a parking space there.

Two patients who had been inpatients both in AUH and CCC-L said they preferred CCC-L as they had their own room and it was quieter:

"I was in a multi-bed ward and it was horrendous because I was in a lot of pain … You know, when you've got a shared toilet and you're not feeling well? … And then when you compare it to Clatterbridge when you've got your own room and your own en-suite and your telly – I mean, that's important when you're in for a long time." (West Lancashire patient)

"I've probably spent about 16 days in each [hospital]. Clatterbridge is lovely and quiet because you've got your own individual room and I just don't think the noise carries as much." (Same West Lancashire patient as above)

"Not so good, really, Aintree. I don't know how to say anything negative about it because the staff were so good, Just being in an open ward and noisy and people shouting. The trolleys going round at night … Clatterbridge was a different story … Everything's quite new yet so, yeah, it was very nice. And because it's bright and quite cheerful and light with the big windows and everything, it was uplifting rather than feeling depressed." (Sefton patient)

A clear majority of patients (eight of the nine) felt that travel concerns should not override the clinical benefits they saw in providing complex, high-intensity inpatient care in CCC-L in future, rather than AUH. As mentioned above, one of the nine patients said they would prefer to be treated in AUH due to concerns about travelling and parking in Liverpool. Providing clear directions, travel information and good parking facilities at CCC-L may help mitigate that concern.

While most patients felt single rooms were a definite advantage over a shared ward, there were a couple of downsides:

"They're not wandering past your bed seeing to other people … I know I had my buzzer and I could call them but I didn't really like to do that when they're very busy. I'd use it if I had to use it … like if I was in any discomfort … I would buzz then but not for things like 'oh, my magazine's fallen on the floor'."

"I'd prefer other patients. I know I couldn't for the stem cell … but you can get lonely sometimes."

Three daycase patients were also interviewed by phone. Their ages ranged from thirties to late seventies and their views generally echoed those expressed by inpatients.

Patients/carers also highlighted the impact of COVID-19, as described above on page 13:

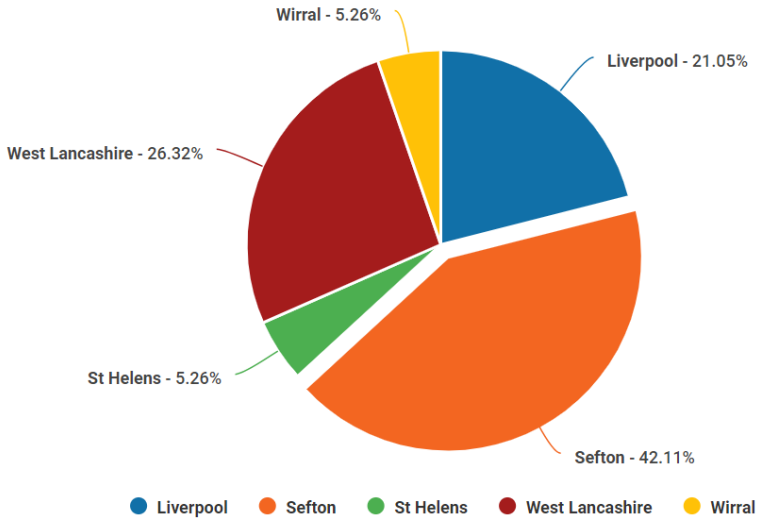
"Mum's of an age where she needs to see somebody, to talk to a doctor. Like today, she can't really hear very well on the phone which is why I'm speaking to you so, yeah, going forward we need to see somebody rather than just a phone call and a text."
(Carer commenting on phone consultations)

"I don't know whether it's COVID-related but doing these things over the phone, it's not very personal. I'd have much preferred to go somewhere … where you can go inside and speak to somebody and get a cup of tea because, you know, it's a bit insensitive over the phone."
(Patient commenting on access to advice and support, including benefits advice)

8.2 Engagement survey

We received 19 responses via the online survey. No completed paper surveys were received. Of the 19 online responses:

- 15 were from people who currently or previously had blood cancer.
- 4 were from relatives/carers of people who currently or previously had blood cancer.
- Responses came from: Sefton (42%); West Lancashire (26%); Liverpool (21%); St Helens (5%); Wirral (5%). Although West Lancashire was over-represented in the responses compared with the percentage of patients from the borough, this was not felt to be problematic given the importance of hearing from people who may be adversely impacted by increased travel times.



Ninety-five per cent of responses (18) agreed with the proposals. Comments included:

"I think it will benefit patients and hospital staff to be working as 1."

"Providing it is to provide all of the positive points above and not an amalgamation of services to reduce costs."

"It makes sense to keep a Specialism in one hospital but to maintain other services in other, more general hospitals to avoid excess travelling."

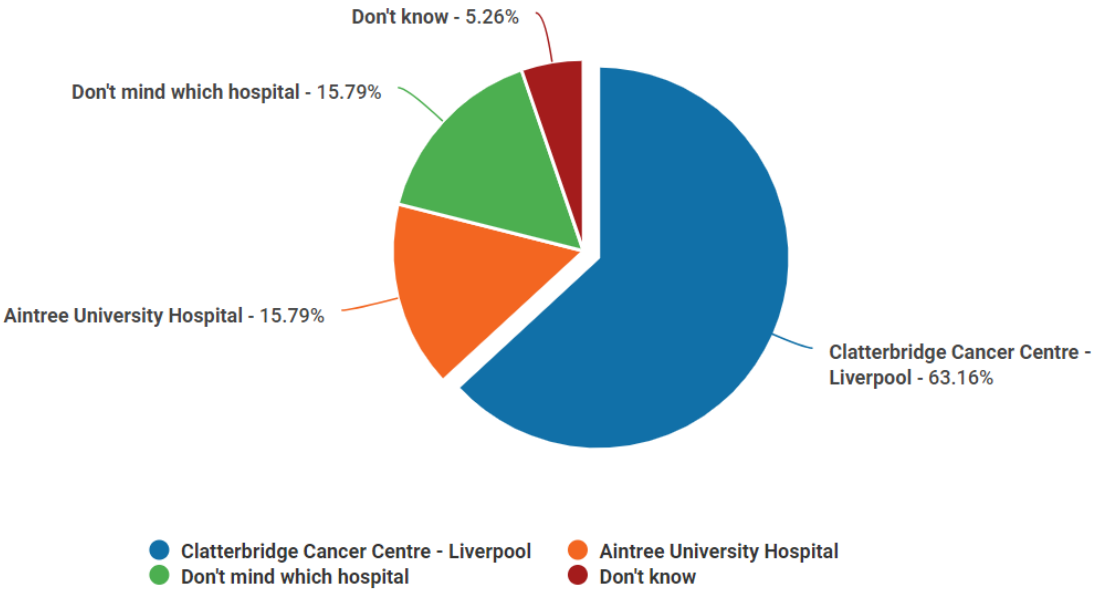
"Having a bigger consistent team providing care is more efficient for patients in case of absences within the current small teams and also brings more experience into the relevant teams, therefore more likely having the required support (presumably sooner than in few cases now) for each person and with their unique situation."

"I am totally in agreement with the proposed merging of the blood cancer teams."

"It sounds like there are numerous benefits to patients, particularly faster access to treatment, more consistency and advancements in treatment and understanding of the various diseases and their causes. My only question is whether the staff are happy to move between sites or if the change in work locations would have a negative impact on retention?"

Five per cent (1 person) said they didn't know if they agreed with the proposals; however, they also said they wouldn't mind which hospital they were treated at if they needed inpatient care, although Clatterbridge Cancer Centre – Liverpool (CCC-L) was further to travel.

When asked which hospital they would prefer to be treated at if they needed inpatient care, 63% said CCC-L (12 people), 16% (3 people) said AUH, 16% (3 people) said they didn't mind which hospital, and 5% (1 person) said they didn't know.



The three people who said they would prefer AUH were from West Lancashire (2 people) and Sefton (1 person) and cited travel and familiarity with AUH as the reasons:

"All of my care has been at Aintree so would prefer to be at Aintree."

"I would prefer not to have to travel into a city centre coupled with parking problems."

"Harder to get to Clatterbridge Cancer Centre – Liverpool than Aintree."

However, four people from Sefton and two people from West Lancashire said they would prefer to be treated in CCC-L than AUH. The key distinguishing factor was previous experience of care. For example:

"My past experience in Aintree was fear being on a ward. As myself was on [ward name] and mixed with … other people and then had an outbreak of covid. I was extremely worried for my health."

"[U]ltimately I would want my dad to be in the best hospital for his care."

"Better to have most services in one hospital … Husband was an inpatient at Clatterbridge Liverpool unit and received excellent care."

Similarly, an AUH patient from Liverpool said they would prefer inpatient care in CCC-L even though it was harder for them to get to:

"In my opinion, being treated in a specialist cancer hospital as an inpatient is more beneficial as a patient and decisions presumably can be taken more quicker as having bigger team and therefore not having to wait longer due to weekends."

When asked if CCC-L would be harder to get to than AUH, six people said yes: three were from West Lancashire, two from Sefton and one from Liverpool. However, other people from these areas said it would make no difference to them (six from Sefton, two from West Lancashire, and three from Liverpool).

Those who said it would be harder to get to CCC-L than AUH were also asked what mitigations would reduce the impact:

"Nothing, could travel to Liverpool but would prefer Aintree."

"Nothing really! It is where it is! We would have significantly increased fuel cost, as well as tunnel costs so providing free parking for visitors would be a huge help."*

"Nothing as extra cost in a taxi would absolutely worth it, the bus service is excellent towards that destination and in absolute emergency where you are required to call for an ambulance, than it would not make much difference. In my personal case, the extra "hassle" would not make any problem as knowingly there would be an excellent reason behind."

* *Note: There are no tunnel fees between this person's home and CCC-L so they may have confused it with Clatterbridge in Wirral. The Clatterbridge Cancer Centre offers free patient and visitor parking on all its sites.*

Although the vast majority of responses supported the proposals, travel was cited as potential downside by a small number of those who said they would prefer treatment in CCC-L if they needed inpatient care. For example:

"I understand the sense in this but I am concerned about distance. My dad who has myeloma was an inpatient at [another Merseyside hospital] (pre covid), this was much better for him because we were able to visit daily – I'm concerned that my mum would not have been able to visit him so frequently had he been further away."

We therefore need to be mindful that, although engagement has shown people do agree with and support the proposed changes, it will be important to make the journey as easy as

possible for patients, relatives/carers and other visitors – for example, by providing good practical information about getting to the hospital. As mentioned already, The Clatterbridge Cancer Centre provides free patient and visitor parking.

Equalities data was collected in the survey. Protected characteristics did not appear to be of significance in people's views on the proposals. The equality impact assessment for the proposals will consider this more fully.

8.3 Online engagement sessions

The online sessions had a small but engaged attendance. People could ask questions or share their views by posting in a chatbox on the MS Teams Live meetings. Comments posted in relation to the proposals were supportive in nature. Many of the questions related to other aspects of blood cancer care (e.g. about COVID-19 vaccination boosters for people with blood cancer). There were also some questions about urgent care for people with blood cancer, and whether the Clinical Decisions Unit in CCC-L could in future be 24/7 to reduce the need for people to attend emergency departments in other hospitals. One participant commented they had been an inpatient in CCC-L for nine weeks and had found the facilities and care very good.

8.4 Meetings with blood cancer patient support groups

The meetings with the West Lancashire & Merseyside Myeloma Patient Support Group and the Haematology Patient Support Group were also very positive, with lots of questions and engagement. The Haematology Patient Support Group asked about how nurses cared for patients in single rooms, and made sure patients did not feel isolated. The Matron for Haemato-oncology explained the model of care (with additional staffing and volunteers), the social space on the ward, and the facilities for family members to stay with patients when COVID-19 restrictions are lifted. Questions from the West Lancashire & Merseyside Myeloma Patient Support Group included parking at CCC-L, supporting patients' wellbeing, sharing information with others involved in a patient's care, and whether treatments such as CAR-T therapy could be provided in future.

8.5 GP meetings

The two GP forums in Sefton were also supportive of the proposals. Their questions included how these proposals related to blood cancer services at Southport & Ormskirk Hospital. It was explained that these proposals just relate to AUH and CCC-L but that the teams work closely with colleagues in other trusts and ensure continuity of care. They also

asked about other aspects of blood cancer care unrelated to these proposals e.g. community blood tests.

9. Conclusions and recommendations

The engagement found strong support for the proposals across all groups and channels used. Participants saw clear advantages of creating a single team that would enable greater subspecialisation among clinicians, provide a more resilient staffing model, and result in a larger patient cohort with the potential for a wider range of treatments and clinical trials in future. They also supported the proposed relocation of complex, high-intensity inpatient care from AUH to the specialist cancer centre, CCC-L. Reasons included the fact that CCC-L was the specialist cancer centre, solely focused on cancer care, and the quality of facilities provided such as single en-suite rooms. The enhanced scope for infection control was mentioned by a number of patients.

Alongside this, however, there was clear consensus that other services should be maintained on both sites. People who lived closer to AUH and supported relocation of the complex inpatient care also said they would want other services to remain local, as planned in the proposals. A number of AUH patients said they liked the fact that the Phoenix daycase unit has been relocated due to COVID-19 and was now a separate building on the Aintree site so they didn't have to go into the main hospital. Patients and relatives/carers were also very complimentary about the care at both hospitals.

Finally, as expected, travel was an important factor although it did not override the clinical case for the proposals. This is in line with feedback from other, larger pieces of engagement and consultation that found people in North Merseyside are prepared to travel further for specialist services if it means they get the best care. One example of this is the 2017 consultation[2] on Trauma & Orthopaedics and ENT services. [Note: Staff engagement has also taken place. The proposals in question were shaped by clinicians and engagement and appropriate consultation is taking place with staff who would be directly affected.]

[2] Healthy Liverpool: Orthopaedics & ENT Services (2017) https://www.liverpoolccg.nhs.uk/get-involved/previous-consultations-engagements/orthopaedics-ent/

As a result, we would make the following conclusions. Information about the action that is already being taken is included alongside them.

1. There is strong support for the proposed changes: a single blood cancer service with complex, high-intensity inpatient care at CCC-L and all other care continuing to be provided at both sites.

2. If the proposals do go ahead, CCC should take the following steps:

a) Provide people with good information about travelling to the hospital and parking arrangements.

ACTIONS:

- Patient communications about admissions to CCC-L include detailed travel information, including how to get there and how to access the free parking for patients and visitors.
- This information is also published on CCC's website and hospital sites.
- CCC staff signpost people to specialist advice about benefits, the hospital travel costs scheme and other support available to people.
- This information will be part of the communications supporting the transition to the new inpatient arrangements, if the proposals are approved, and CCC will take any additional actions to further enhance it.

b) Provide social support on inpatient wards, particularly for patients in isolation (e.g. stem cell transplant)

ACTIONS:

- CCC staff and volunteers provide social support to inpatients, e.g. by arranging video calls with family members if patients don't have their own devices for this.
- A new 'Chatter Buddies' scheme is being launched to provide additional social support from volunteers in a COVID-safe way.
- The wards have social spaces where patients can mix in a COVID-safe way, if clinically appropriate.
- Each patient's room has space for family members to stay overnight (when COVID-19 restrictions are lifted). They will also have open visiting when safe to do so.

c*) Provide an alternative way for patients to ask for help when they don't need a nurse.*

ACTIONS:

- CCC is now rolling out a ‘Helping Hand’ system. This allows patients to call for help from a volunteer (e.g. if they want a drink or have dropped their magazine), without needing to use the nurse call bell.
- Staff and volunteer numbers at CCC have been increased to allow for frequent walkrounds to check if patients need anything.

Appendices

Engagement survey

https://www.clatterbridgecc.nhs.uk/application/files/3516/2679/6189/PDF_copy_of_HO_engagement_survey.pdf

Engagement webpage

https://www.clatterbridgecc.nhs.uk/patients/bloodcancer2021

Engagement information leaflet

https://www.clatterbridgecc.nhs.uk/application/files/3716/2221/5351/NHS_A4_LEAFLET_PrintV3.pdf

Slide pack

Slides for HO virtual engagement event 10

Recorded presentation (as used in online engagement sessions)

https://youtu.be/t5m4sUGMdio

Example of digital screen & social media information