

# Quarter One Report

## April/May 2022 - August 2022

### Contents

Introduction .....	2
Headline Messages .....	2
Training and Education .....	3
CCC Baseline Competency Review .....	3
PCN Staff Survey .....	4
Cancer Care Coordinator Training Day .....	4
Compassionate Communication Skills Training .....	4
Outcome Measures .....	5
Cancer Care Review Logbook.....	5
Social Prescribing Link Worker Referrals.....	5
Baseline Data.....	5
Additional Outcomes .....	6
Risks, Challenges and Mitigation.....	6
Next Quarterly Reporting Priorities.....	7

## Introduction

The Greater Manchester (GM) Cancer Alliance are piloting the role of the Cancer Care Coordinator (CCC) across nine Primary Care Networks to support new ways of working. This is an 18-month pilot in collaboration with the GM Workforce Collaborative, Health Education England (HEE) and Macmillan. The quarterly report will monitor agreed output measures and report on additional outcomes throughout the course of the pilot. The report will be relevant for key stakeholders involved with the pilot.

For the purposes of this report, when referring to Cancer Care Coordinators (CCCs) we are referring to the 9 as part of this Primary Care Network pilot unless specifically stated otherwise.

Baseline data has been obtained for the Q1 report and is under analysis by the GM Business Intelligence team, we aim to report on the baseline data in the Q2 report.

## Headline Messages

- All Cancer Care Coordinators (CCC) recruited and in post as of 4<sup>th</sup> July 2022.
- A 'Pilot Induction Pack' was produced to provide support, highlight reporting mechanisms and milestones key to delivery.
- Two education and training days have been provided by way of induction covering a variety of skills to assist with the role.
- Cancer Care Review (CCR) Logbook shared – for CCCs to record all activity
- PCN Steering Group initiated in April with monthly meetings to update on project progress, share learning and provide project governance.
- PCN CCC forum set-up for CCCs in the pilot to network and share best practice, progress, and learning.
- Baseline competency review completed by all CCCs.
- PCN staff survey sent to relevant staff within each PCN to understand the benefits this role has on the wider workforce.
- Project team working with GM Cancer Business Intelligence Team and Data Quality Service Team at NHS GM Integrated Care to establish a more robust data collection mechanism to accurately measure impact.
- Patient Feedback Survey co-produced with service user representatives and GPs.

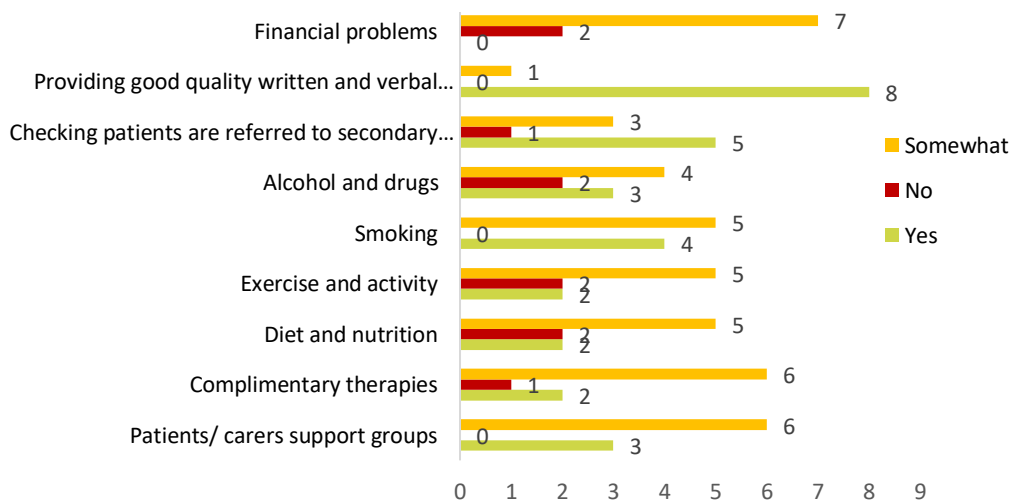


## Training and Education

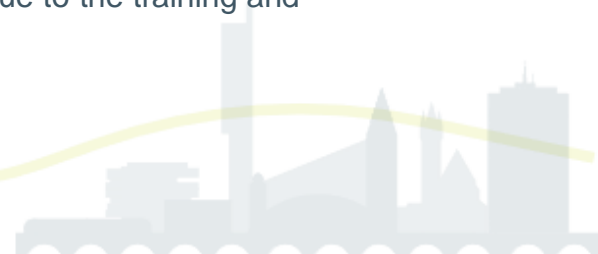
### CCC Baseline Competency Review

- All 9 CCCs completed a competency knowledge review
- The majority of CCCs indicated their knowledge around cancer was 'Good' (67%).
- All CCCs described their knowledge around current knowledge of cancer treatments and their side effects as 'Average' (56%) or 'Good' (44%).
- Knowledge around achieving the Quality Outcomes Framework was varied, 22% of respondents had 'no knowledge', 11% of respondents had 'Basic', 22% had 'Average' knowledge and the most common answer was 'Good' (33%), with 11% of CCC having 'Very Good' knowledge.
- Most CCCs (n=7) had never completed a CCR, with 78% indicating a 'slightly' or 'somewhat' confidence level in completing a CCR.
- Confidence levels on providing general information/advice on various subject areas were measured - demonstrated by the bar chart below.

### How confident are you in providing general information/advice to people with cancer about the following?



- Findings from the bar chart demonstrate there are gaps in knowledge around providing general information to people with cancer. Exercise and activity, diet and nutrition, complimentary therapies, support groups and providing information on financial problems demonstrated there is requirement for education/training around these topics. It is predicted that quarter two reporting may show an improvement in results due to the training and education provided.



## PCN Staff Survey

- PCN staff survey developed to assess the impact the CCC role has on teams, for example, alleviating excess workload / relieving capacity.
- The baseline survey was completed at project initiation after CCCs individual start dates. This will be repeated at project end for comparison.
- 28 PCN staff completed the survey.
- 68% (n=19) of staff thought the CCC does not add to their workload
- 57% (n=16) of respondents believed the CCC role reduces their workload.
- 79% (n=22) of respondents advised the patients do benefit from having a CCC in the team
- 89% (n=25) of staff acknowledged the CCC does added value to the service.
- Within a short time, the CCC role is being received positively, particularly in relation to providing benefits to patient care. However, the lowest reported figure demonstrates that only 57% of PCN staff feel the CCC role reduces their workload. It is anticipated that this percentage reported will increase as the CCC role becomes embedded, as we have seen in other Cancer Support Worker pilot within secondary care.

## Cancer Care Coordinator Training Day

- A training and education day was delivered to the newly recruited CCCs on the 4 July 2022 as part of an induction package provided to ensure access to standardised messaging around providing effective personalised care for patients. Topics covered included:
  - Resilience and leadership development
  - Importance of co-production and the CCC patient feedback survey
  - Recognition of deterioration and decision making
  - Cancer Care Reviews- A GP's Perspective
  - Macmillan Induction
- Confidence levels around conducting CCRs increased from 50% pre-training to 70% post-training
- 100% of respondents (n=8\*) felt the right subjects were covered at the right level

*\*8 CCCs attended the training. The CCC unable to attend has a place on the Cheshire and Merseyside Cancer Academy pilot programme (Principles in Cancer Care) therefore missed no essential training.*

## Compassionate Communication Skills Training

- The Maguire Communication Skills Training Unit delivered a bespoke 'compassionate communication and psychological support' training day on 26<sup>th</sup> July 2022. A follow up training day will be offered in October to build on skills developed.

- A questionnaire was offered to the participants after the training day which was completed by all eight CCCs.
- One CCC was unable to attend the training however other relevant communication skills courses were recommended with the suggestion to explore using their Macmillan education grant if required.
- 100% of participants found the activities 'recognising and assessing psychological needs', 'working with cues to establish concerns' and 'supporting patients' most useful.

## Outcome Measures

### **Cancer Care Review Logbook**

- The Cancer Care Review (CCR) Logbook is a tool for CCCs to record CCRs each month as a mechanism data collection and progress monitoring throughout the pilot. The CCR Logbook will also be used to record screening activity the CCCs may be involved in and SPLW referrals.
- The logbooks will be issued in July as a test in principle to ensure the data capture is how the project team anticipate and if any anomalies occur.
- Feedback from the PCN Steering Group demonstrates the progress seen by CCCs in Tameside developing from shadowing CCRs during June, to completing CCRs supervised in July. It is anticipated that an increase in unsupervised CCRs will be evident in quarter two reporting.

### **Social Prescribing Link Worker Referrals**

The pilot aims to increase the number of Social Prescribing Link Worker (SPLW) referrals. The SPLW data was initially challenging to record due to difficulty in collating data from all nine PCNs. However, through mitigation, baseline and current SPLW data will be collated through the CCR logbooks and reviewed for the quarter 2 report.

### **Baseline Data**

Baseline data has been received from the NHS Greater Manchester Integrated Care Data Quality Service Lead and has been submitted to the GM Business Intelligence Team for data analysis. The baseline data will be reflected upon in the quarter 2 report. Delays in receiving data have arisen from difficulties in accessing different systems across PCNS to pull relevant data.

## Additional Outcomes

Bury PCN released a 'Cancer Inequalities Action Plan' covering a range of workstreams. The two CCCs placed in Bury PCNs are working alongside the Senior Commissioning Manager for Bury on increasing early diagnosis and access to secondary care services. Learnings and outcomes from the plan have agreed to be shared at the PCN Steering Group, with the action plan to be disseminated to showcase ways CCCs can be crucial to addressing inequalities whilst assisting the delivery of the Directed Enhanced Service (DES).

The project team have made links with the Programme Manager for Person and Community Centred Approaches and Social Prescribing Lead. CCCs linked in with Social Prescribers in their area through a face-to-face engagement event on 10<sup>th</sup> August 2022. This enabled CCCs to build contacts in their areas and support the seamless personalised care provision for patients affected by cancer.

## Risks, Challenges and Mitigation

Risk/Challenge	Mitigation	Rag Status
If the persons recruited to the CSW roles don't have previous experience/knowledge working within cancer, they may struggle to grasp the role and terminology that surrounds it	Link in with the 'Core and More' programme being designed by Cheshire and Merseyside to ensure the CSWs recruited to this pilot have access to training in a timely manner to enhance their ability within the remit of their role  Due to limited places on the 'Core and Moore' programme, develop a GM Cancer training day to ensure baseline level training for all CCC on pilot	Risk mitigated
PCN unrepresented at PCN Leads Steering Group Meeting due to clinical workload/ pandemic-insufficient information given to PCN managers and CSW	PCN Leads Steering Group Meeting to be organised and booked in advance. Opportunity for each locality to provide update at each Steering Group for shared learning. PM or APM to provide summary feedback after the meeting. Alter frequency of PCN steering group meetings to allow all PCNs opportunity to attend. If necessary, set-up separate meetings with PCN line managers	Risk mitigated
If CCCs do not feel valued in their roles or understood in their teams then CCCs may lose motive and interest in role.	Develop infographic for CCC role to engage GPs, PCNs and patients. Use CCC forum for shared learning and discussion/support between CCCs Use PCN steering groups meetings as a method of feeding back to project team and sharing challenges	Risk mitigated

CCCs and PCNs feel unsupported and role not fulfilling full responsibilities.	and successes in pilot. Use pilot introduction pack to ensure PCNs and CSWs feel supported, this includes information about the training and education, the evaluation and CCC logbook.	
Surveys not completed before deadline and risk to project quarterly evaluations not being accurate	Ensure regular emails sent to PCN line managers and CCCs for completion. Use PCN steering group as a reminder to PCN line managers for completion	Risk mitigated
Incomplete baseline data set delivered, no comparison data from project initiation to completion  Slow engagement with NHS GM Shared Services	Raise concerns to the Senior Management Team  Utilise PCN leads for extra sources of data collection including CCR logbooks, cancer care review examples and Social Prescribing Link Worker data.  Use Business Intelligence team for QOF data review and tableau input for efficient review  Regular communication with data quality service lead	Risk mitigated
If no further funding is secured for after the 18-month project, the roles may not be sustained	To engage with commissioners from the outset and ensure the role meets the care coordinator role description in the ARRs. To request PCN managers to add the CCC to their workforce planning for 23/24	Awaiting confirmation from PCNs
If staff within the PCNs don't understand the purpose of the CSWs, roles and responsibilities may be blurred. This could lead to the roles not fulfilling their purposes and staff attrition	Ensure materials are produced alongside the PCNs to educate primary care staff as to the purpose of the CSWs and what is in/out of scope for their roles. CCCs to engage with GPs through emails, phone calls and face to face. PCN line managers to provide advice and aid engagement with different GPs. CCC forum to offer shared learning e.g., using referral forms in GP practices.	Working alongside PCN leads to mitigate risk
Ongoing data collection	Need named contact at each PCN to collate data and exception report. Discuss at PCN Leads steering group meeting.	To be discussed further at PCN Leads Steering group meeting

## Next Quarterly Reporting Priorities

The Q1 report provides a clear oversight of the pilot with baseline data obtained. Progress will be continually monitored through the PCN Steering Group, CCR





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Logbooks and patient feedback surveys. Data surrounding SPLW and QOF has been limited due to CCCs embedding into their roles and challenges in collating data from the NHS Data Services. The quarter two report will demonstrate further results from the pilot including, SPLW data and CCR logbook data.

For further information about the PCN CSW Pilot, please do not hesitate to contact Louise Retout. Email: [louise.retout@nhs.net](mailto:louise.retout@nhs.net)

