Quarter Two Report

Developing a model for providing integrated and seamless personalised care to patients with life limiting conditions

July/Aug/Sept 2022 - October 2022

Contents

Introduction

This report details progress reporting for quarter two (Q2) against agreed output measures along with additional outcomes and is 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.

Headline Messages

- CCCs embedded into their roles.
- Further mandatory training has been completed including David O'Halloran Introduction to Cancer Webinars, Communication Skills Training, and training with the LGBT Foundation to assist the role.
- Knowledge competency review for Q2 completed by all CCCs. Noticeable increases in knowledge demonstrated by the results.
- Pilot presented at a dedicated GM ICP Bitesize Summit Session on 13th October to raise profile of the pilot and provide progress to date.
- Pilot presented at a dedicated breakout session at the GM Cancer Conference to increase awareness and publicity of the pilot.
- GM Cancer Business Intelligence Team have produced a Tableau system to assist with analysis of data collection from the Data Quality Service Team.
- Compassionate communication skills follow up course delivered on 13th October.

Outcome Measures

Baseline Data

Baseline data has been received from the NHS Greater Manchester Integrated Care Data Quality Service Lead and will be included within the end of project evaluation as a method of measuring success and reporting against agreed pilot outcomes.

Cancer Care Reviews (CCRs)

- The CCR Logbook is a tool for CCCs to record CCRs each month as a mechanism for data collection and progress monitoring throughout the pilot.
- The summarised results for Q2 are displayed below.
- The data does not include results from Prestwich (Bury) as we are yet to receive the logbooks.

Type of Cancer Care Review	Number of Cancer Care Reviews		
	July	August	September
Telephone Call	17	135	106
Face to Face	0	14	14
Total number of CCRs	17	149	120

As demonstrated by the results, the number of CCRs increased from July to August but have decreased in September, this may be due to the CCCs settling into their role. To understand the data further, PCNs will be completing a quarterly exception report.

The results also demonstrate the number of face-to-face appointments have increased. The patient feedback provides positive data to support face to face appointments, with patients reporting they were signposted to more services with face to face appointments than patients who received a phone call.

Average time taken to conduct a Cancer Care Review
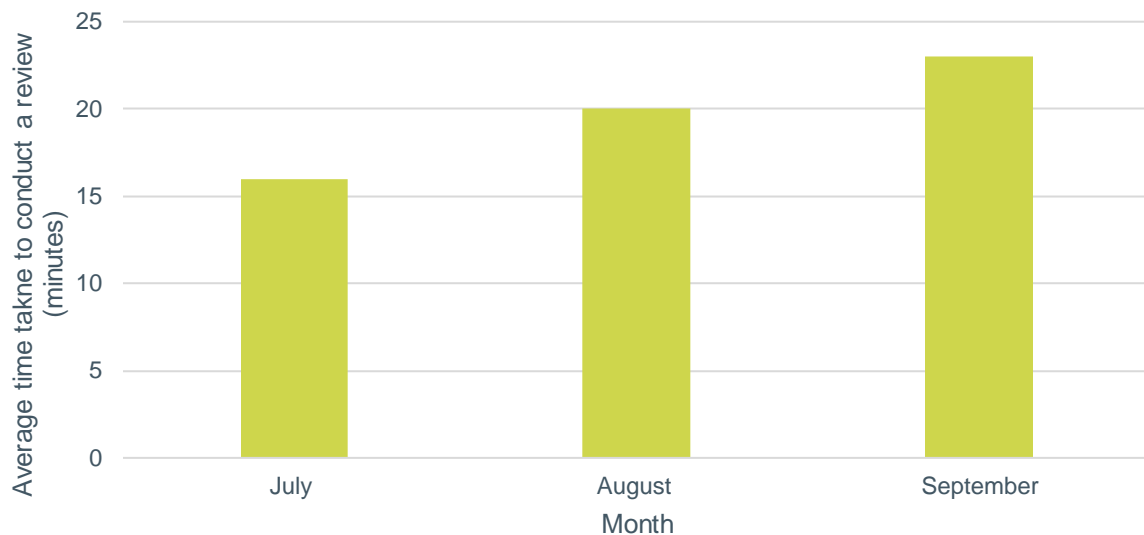
The bar chart above demonstrates a positive increase in the time taken to conduct a CCR from 16 minutes in July to 23 minutes in September. Best practice as advised by the Primary Care Clinical Lead for Personalised Care suggests that a CCR should on average take 20 minutes, as an indication of quality and therefore CCCs are reaching this target, however, the quality audits will be crucial for offering assuring and standardising the quality of the CCRs.

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 nine PCNs. However, through mitigation by requesting the CCCs to track their SPLW referrals and gaining access to the Investment and Impact Fund Dashboard to monitor SPLW referrals across each PCN, baseline and current SPLW data has been collated and can be seen below.

An end of project evaluation will include a deep dive into SPLW referrals to evidence the impact of the CCC on referrals.

Table 1: Data demonstrating number of Social Prescribing Link Worker referrals by CCCs within each locality

Primary Care Network	Number of referrals made in July	Number of referrals made in August	Number of referrals made in September
Bury (Horizon and Prestwich, 2xCCC)	0	3	3
Oldham North (1xCCC)	0	0	0
Tameside (Stalybridge and Denton, 2XCCC)	0	1	1
Salford (Eccles and Irlam)- Macmillan referrals (2xCCC)	0	1	4
Stockport (2xCCC)	0	14	9

Salford will be recording their number of referrals made to Macmillan Cancer Support due to their links between primary and secondary care and the ease for patients accessing this service.

Patient Feedback Survey

The Patient Feedback Survey is sent to patients approximately two weeks after they have received a CCR with a CCC. The table below shows a short summary of the responses from the survey. Over the course of approximately 10 weeks, 84 responses have been received.

Table 2: Data demonstrating patient feedback after a Cancer Care Review

How was the Cancer Care Review conducted?	
Telephone call	79% (n=66)
Face to face	21% (n=18)
Other: (CT scan)	N=1
Did you feel the Cancer Care Coordinator was polite and considerate?	
Yes definitely	98% (n=82)

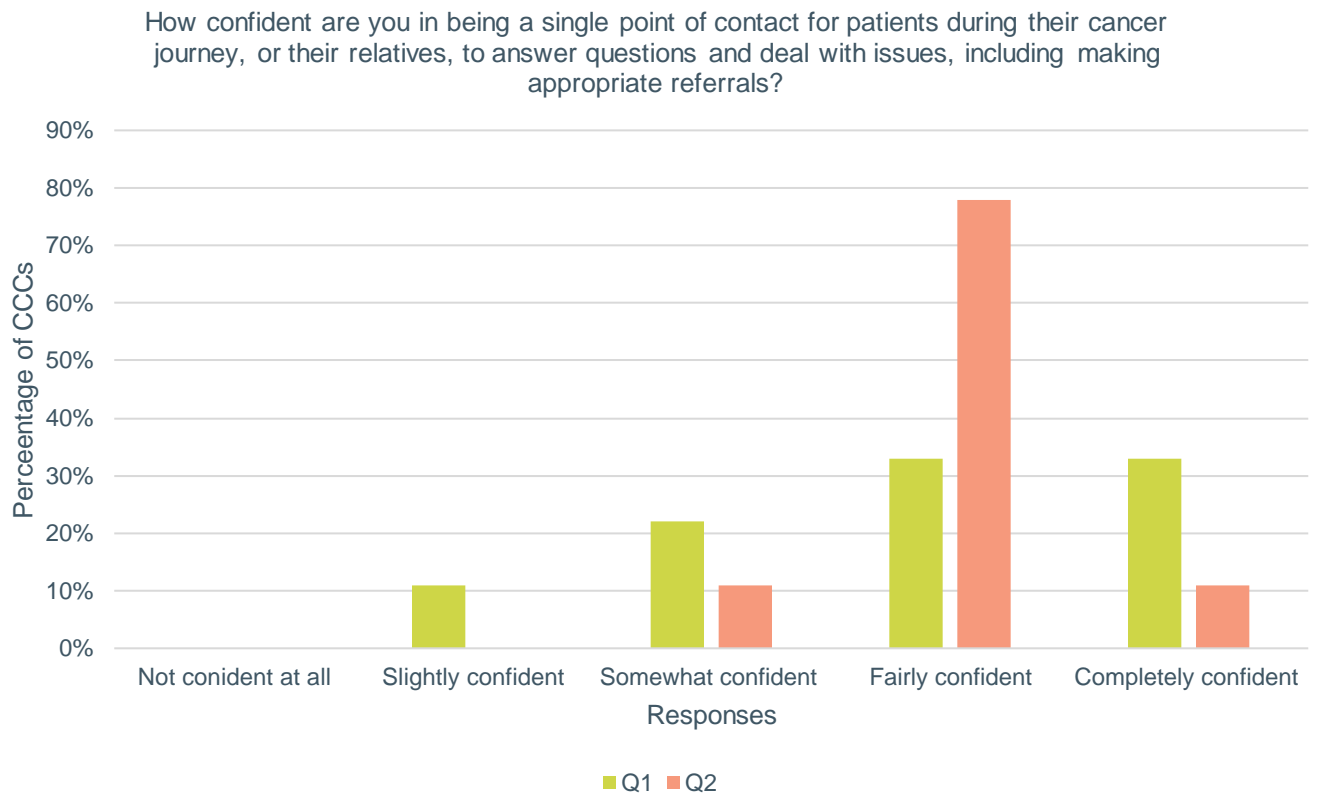|	
Yes, to some extent	2% (n=2)
Not really	0%
Definitely not	0%
Did you feel the Cancer Care Coordinator listened to what you had to say?	
Yes definitely	96% (n=81)
Yes, to some extent	4% (n=3)
Not really	0%
Definitely not	0%
Did you feel the Cancer Care Coordinator was polite and considerate?	
Yes definitely	92% (n=77)
Yes, to some extent	8% (n=7)
Not really	0%
Definitely not	0%
Did the Cancer Care Coordinator explain things in a way you could understand?	
Yes definitely	93% (n=78)
Yes, to some extent	7% (n=6)
Not really	0%
Definitely not	0%
Overall how satisfied were you with the Cancer Care Coordinator that saw you?	
Very satisfied	88% (n=74)
Fairly satisfied	12% (n=10)
Not really satisfied	0%
Not at all satisfied	0%

The patient feedback survey will continue to collate data over the course of the pilot and will be reported through each quarterly report.

.

Training and Education

CCC Baseline Competency Review

- All 9 CCCs completed the competency knowledge review for Q2, a summary of the results can be seen below.
- Figure 1 in Appendix 1 demonstrates knowledge of cancer and why it occurs has increased with 89% of CCCs responses feeling their knowledge was 'Average' or 'Good' increasing to 100% of CCCs now explaining their knowledge is 'Good' or 'Very Good'.
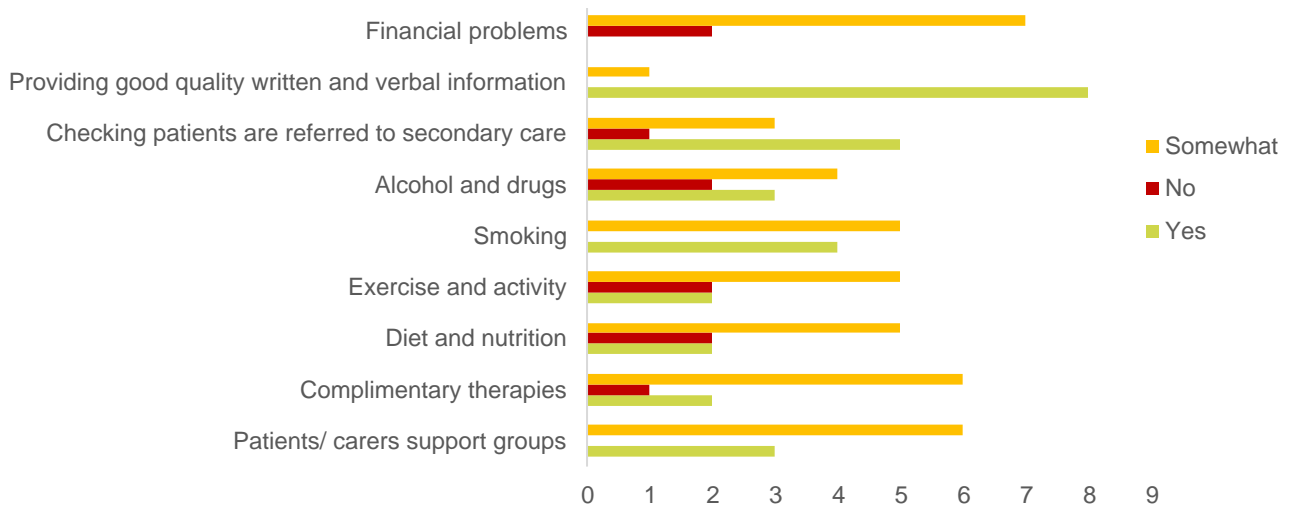
- Figure 2 in Appendix 1 demonstrates confidence in conducting a CCR has increased significantly with 22% of CCCs feeling fairly confident increasing from 22% in Q1 to 56% in Q2 and 22% now completely confident compared to 0% in Q1.
- Figure 3 in Appendix 1 demonstrates confidence in supporting a significant other within the support network of a person affected by cancer has also increased from 33% of CCCs feeling fairly confident increasing from 33% in Q1 to 44% in Q2 and 33% of CCCs are now completely confident compared to 0% in Q1.

How confident are you in being a single point of contact for patients during their cancer journey, or their relatives, to answer questions and deal with issues, including making appropriate referrals?
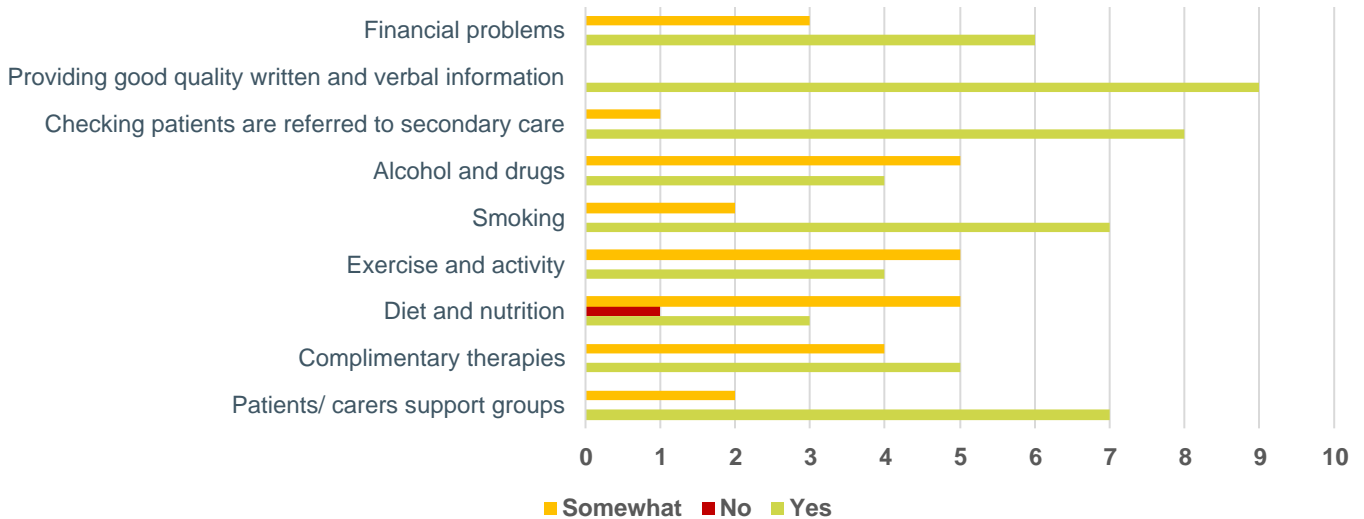

The results above demonstrate a significant increase in competence and confidence in CCC knowledge over the course of 6 months. Their increase in knowledge will directly have an impact of patient care and support GP/PCNs in GM.

Quarter 1: How confident are you in providing general information/advice to people with cancer about the following?

Legend: Somewhat, No, Yes

Categories (top to bottom):
- Financial problems
- Providing good quality written and verbal information
- Checking patients are referred to secondary care
- Alcohol and drugs
- Smoking
- Exercise and activity
- Diet and nutrition
- Complimentary therapies
- Patients/ carers support groups

Quarter 2: How confident are you in providing general information/advice to people with cancer about the following?

Legend: Somewhat, No, Yes

Categories (top to bottom):
- Financial problems
- Providing good quality written and verbal information
- Checking patients are referred to secondary care
- Alcohol and drugs
- Smoking
- Exercise and activity
- Diet and nutrition
- Complimentary therapies
- Patients/ carers support groups

The bar charts demonstrate the difference in confidence between Quarter 1 and Quarter 2 in providing general information to people affected by cancer. As demonstrated by the results there has been a dramatic increase in confidence, and an improved reduction in the number of respondents who answered, 'No' they do not feel confident. Some noticeable increases can be seen in providing information to patient/carers support groups, this has improved from 3 respondents feeling confident in Q1 to 7 respondents in Q2. Another increase can be seen in providing

information for 'Financial problems', which is important given the current financial crisis and potential impact this may have on cancer patients accessing services. In Quarter one, no CCCs felt confident providing support for this, however in Q2 7 respondents felt confident delivering this information.

Additional Outcomes

Cancer Conference

The GM Cancer Workforce & Education Team presented at the GM Cancer Conference on 18th October. The breakout session was led by Louise Retout (Project Manager for Workforce and Education at GM Cancer Alliance) with speakers including a patient representative, the Well Being and Self Care Lead, Francesca Singh-Bhaker from Stockport, and a panel discussion with five of the CCCs. The session was aimed to improve awareness around the pilot and present the positive results seen so far. 100 people registered for the presentation and over 100 people attended the breakout session. The presentation had excellent engagement from the audience and an informative panel discussion with the Cancer Care Coordinators.

Highlights from the discussion include queries surrounding methods of bridging the gap between primary and secondary care for the future and other PCNs showing interest in recruiting the CCC role into their practices going forwards. The breakout session also highlighted the possibility of future collaboration with teams including Trekstok supporting young people living with and beyond cancer and ConnectED Care a pilot project upskilling the workforce in health inequalities training.

GM Integrated Care Partnership Bitesize Summit

A Bitesize Summit was also delivered prior to the conference on 13th October to further increase awareness around the pilot. Both presentations were chaired by Louise Retout, with speakers including a patient representative, Georgina McNulty from Salford to provide a PCN line manager perspective and Lucy Tomkins one of the CCCs on the pilot to ensure a well-rounded and informative discussion around the pilot was delivered. The session was well attended with 29 participants involved and good engagement throughout. Feedback has been extremely positive

The Bitesize Summit can be viewed through the link below:

Workforce Bitesize summit: Cancer Support Worker Personalised Care Pilot - YouTube

Screening

The CCCs have reported on their current screening work through their logbooks, this has included Stockport CCCs attending the 'Learning from lives and deaths (LeDeR) ECHO NHS Screening Awareness Training Programme' delivered by St Luke's Sheffield's Hospice, keeping screening information up to date and contacting patients via phone call, text, or email for those who have not attended a cervical screening test.

Screening will continue to be monitored and reported on in Quarter 3. The GM Screening Leads will be presenting to the PCN leads in November to discuss how CCCs can be involved in screening improvement going forwards.

Other Activities

Two CCCs from Salford have completed the Green Social Prescribing Course at RHS Bridgewater in September to help give a better understanding into what green social prescribing can look like. They have taken a hands-on approach to activities including cultivating a garden and working with natural materials. This course will be extremely beneficial for patients in the future and will support patients through personalised care.

Risks, Challenges and Mitigation

Risk/Challenge	Mitigation	Rag Status
Not all CCRs recorded and submitted on time which can cause data delays and impact quarterly reporting	Review CCR Logbook and understand time consuming sections. Review CCR logbook with CCCs through forum to streamline logbook. Add more drop-down menus to reduce time taken typing paragraphs. Escalate to PCN steering group	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 the CCCs do not increase the number of CCRs being completed there could be a risk the CCCs are not fulfilling their job description	Raise concern at PCN Steering Group. PCN leads to exception report per quarter to understand the reasoning behind the decrease in CCRs. Ensure named contact at each PCN to collate ongoing data. Individual meetings with each PCN may be required to understand issues.	Risk mitigated through PCN Leads Steering Group meeting
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. Use Bitesize Summit and GM Cancer Conference as opportunities to raise awareness around CSW and the CCC role	Risk mitigated
Number of social prescribing link worker referrals does not increase. Output of CSW pilot not met.	Raise concern at PCN Steering Group. Ask PCN leads to exception report to understand the reasoning behind referrals. Arrange meetings with Social prescribers and CCCs to understand roles and importance of referrals.	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. CCCs and PCNs feel unsupported and role not fulfilling full responsibilities.	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 and successes in pilot. Share patient feedback data with individual PCNs to demonstrate positive impact on patients. Share quarterly reports with CCCs to demonstrate impact of role.	Risk mitigated

Next Quarterly Reporting Priorities

The Q2 report provides a clear oversight of the pilot and the results obtained to date. Progress will be continually monitored through the PCN Steering Group, CCR Logbooks and patient feedback surveys. Data collection challenges have been resolved and a tableau system is in development to present the QoF Data. The Q3 report will demonstrate further results from the pilot including a survey to ensure CCRs are meeting GM Standards criteria.

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

Appendix 1

Figure 1:

How would you describe your current knowledge of what cancer is, and why it occurs?

Figure 2:

How confident are you in conducting a Cancer Care Review?
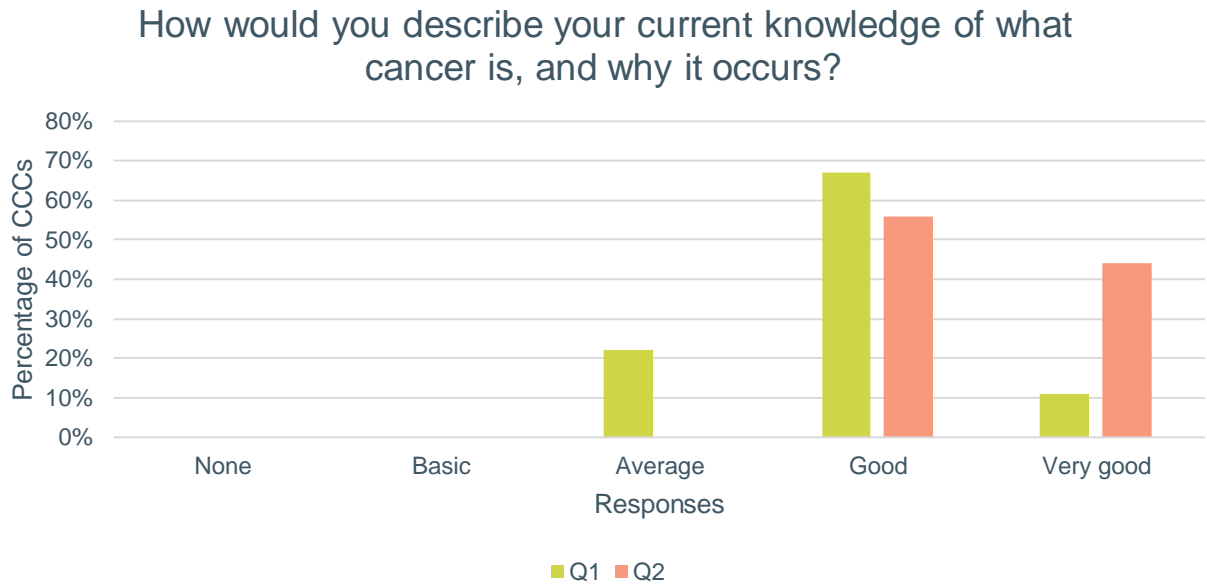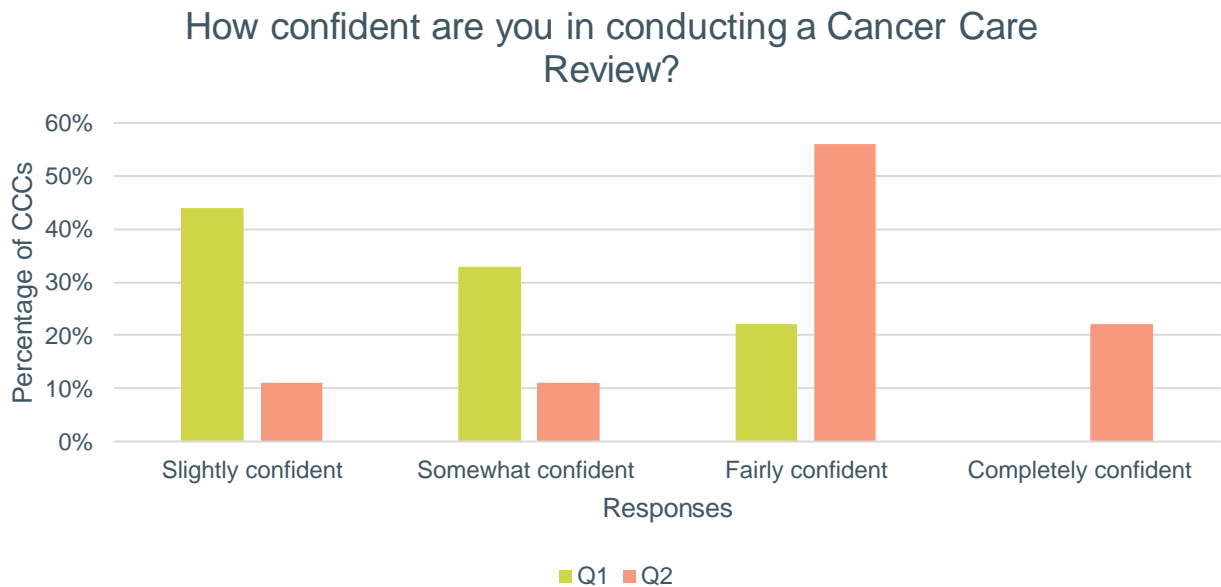
Figure 3:

How confident are you in supporting any of the significant others within the support network of a person with cancer? (Including partners, children, friends/relatives, carers, someone they care for)