



Leeds Cancer Strategy

Defining the role of public and patient engagement

Wednesday 24th January, 1.30 -3.30pm

V2.1

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Welcome

- Introductions, Housekeeping
- Establishing the ground rules
- Aim – the event aims to:
 - “Ensure that the views and needs of the people of Leeds are captured and included in the Leeds Cancer Strategy.”
- Overview of Leeds Cancer Strategy
- Engagement: What do we know and use already?
- Agreeing the delivery model
- Feedback and sign up
- Close – 3.30pm

The Macmillan Leeds Cancer Strategy

**We want to deliver the best cancer outcomes
for Leeds patients.**

**We want the best patient experience and quality of life
to be what drives improvements in care and we will
work with patients and the public to ensure their
opinion informs the re-design of cancer services**

Cancer facts - Leeds

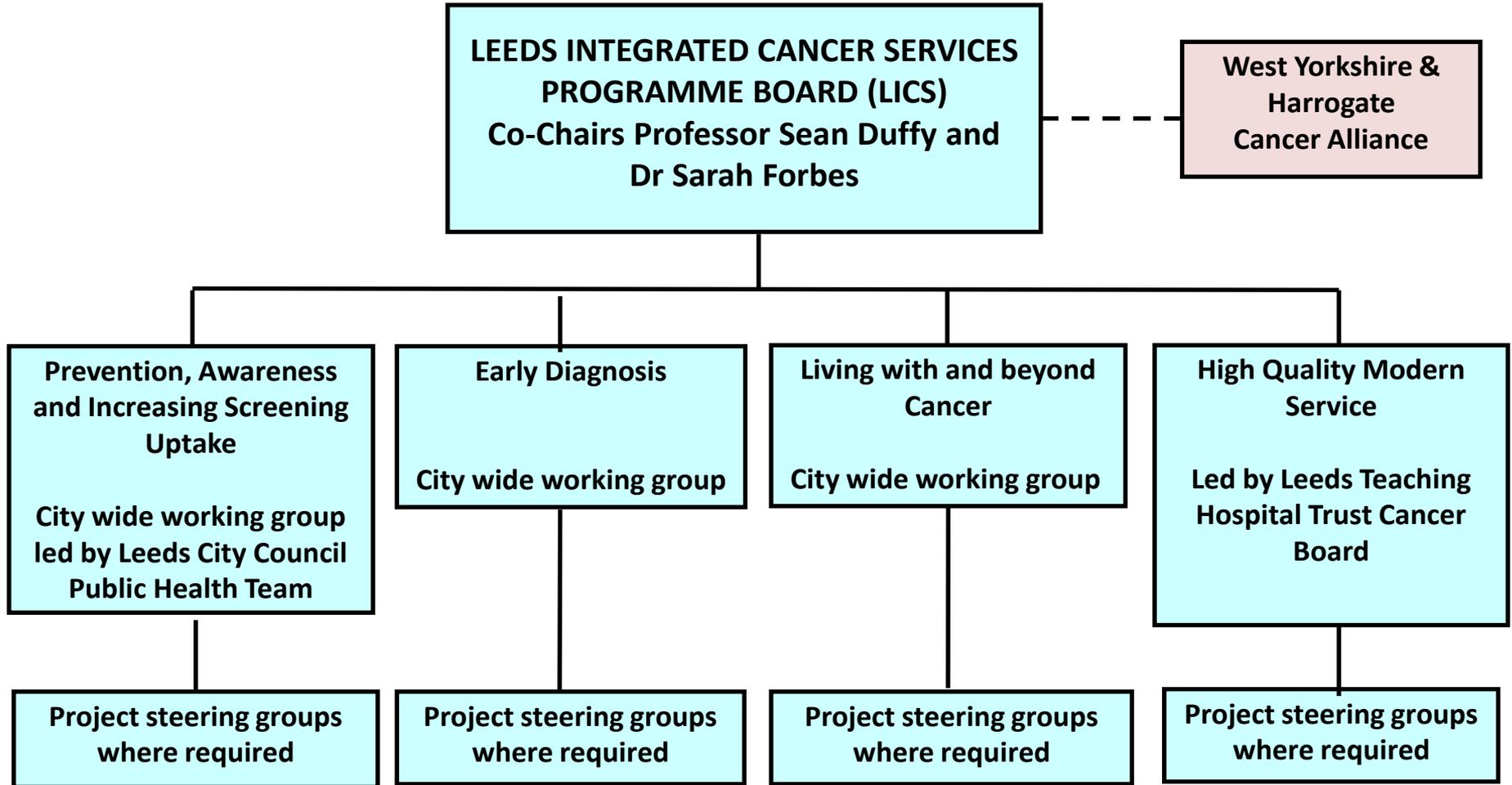
**4000 diagnosed cancers a
year**

**More cancers will be
diagnosed as a result of our
aging population**

**1850 cancer deaths a year
across Leeds**

**More people die of lung
cancer in Leeds than any
other disease**

**Around 25,700 people in
Leeds are currently living
with or beyond cancer.**

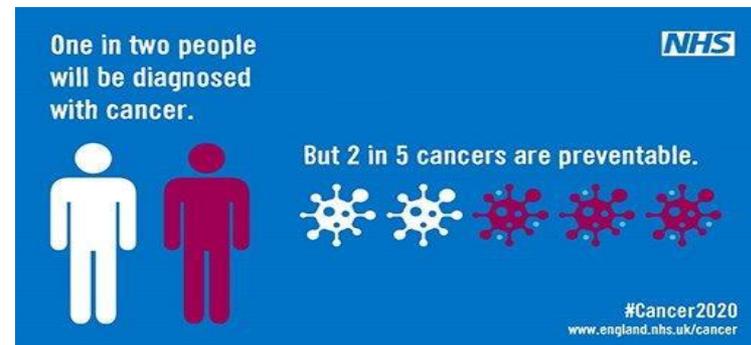


1. Prevention, Screening and Awareness

We want to see a fall in the number of new cases of preventable cancer year on year and a faster fall in more deprived populations.

In order to achieve this we need to:

- Raise awareness of signs and symptoms of cancer
- Prevent cancer through smoking reduction
- Increase screening uptake through GP based cancer screening champion programmes
- Focus on areas of need

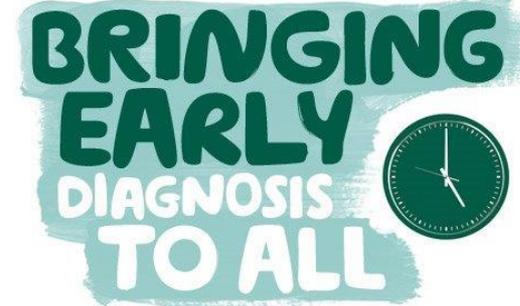


2. Early Diagnosis

We want to ensure our patients receive a cancer diagnosis at the earliest stage and maximise potential for curative treatment.

In order to achieve this we need to:

- Diagnose our patients quicker
 - ACE model for non – specific symptoms
 - Using technology to diagnose skin cancer more quickly
- Avoid patients being referred to multiple services at the same time
- Focus on patient experience and improved communications
- Speed up access to services through self-referral



3. Living with and Beyond

We will provide the best support we can to patients to lead as full and active lives as possible to live with, or beyond a diagnosis of cancer.

In order to achieve this we need to:

- Use best practice to guide our follow-up pathways with patients
- Ensure joined up support to patients from wherever/ however it is accessed
- Develop support for patients 'closer to home'
 - Cancer Care Review delivery model
- Ensure all patients have access to ongoing support/ services



4. High Quality Modern Service

Leeds will be recognised for its excellence in pioneering research, training, development and delivery of cancer treatments and survivorship.

In order to achieve this we need to:

- Explore ways to deliver cancer treatments 'closer to home' for our patients
- Work with partners to deliver world class cancer research
- Ensure we are at the forefront of using new technologies in the delivery of cancer treatments
- Ensure best and targeted use of the Leeds £



Engagement:

What do we know and use already?

- National patient insight
 - Cancer Research UK in the development of the National Cancer Strategy
 - Macmillan State of the Nation
- National Cancer Patient Experience Survey (NCPES) results and feedback
- Friends and Family Test feedback
- Representation on project and work stream groups
- Targeted engagement events

National Cancer Patient Experience Survey

Your feedback.....	Progress	Changes...
<p>Patient was able to discuss worries or fears with staff during visit: Our score 43% / average 61%</p>	✓	CNS's now seeing patients on the ward pre-op to allow them time to express concerns/worries
<p>Patient told they could bring a family member / friend when first told they had cancer: Our score 63%/ national average 77%</p>	✓	Letter now confirms this detail
<p>The length of time waiting for the test to be done was about right: Our score 84%/national average 90%</p>	✓	Patient pathway with expected timescales included with clinic invitation letter and on display posters
<p>Hospital staff gave information on getting financial help our score: Our score 51%/ national average 57%</p>	✓	Ensure patients are given the opportunity to consider all concerns and anxieties

Partnership working

We know that there are lots of public, voluntary, community and faith sector organisations supporting people with cancer.



your help through the toughest times



CANCER
RESEARCH
UK



MESOTHELIOMA UK
Supporting People With This Asbestos Cancer



There are lots more informal networks that we want to involve in the strategy.

Agreeing the delivery model

Embedding Engagement Groupwork 1

What do you need to feel confident that we are:

Capturing patient experience

*How do we routinely capture patient experience?
Do we need to do anything in addition to the methods we outlined?
How do we capture the views of seldom heard groups?*

Understanding Patient experience

*How do we make sense of the information we have?
How do we identify gaps?*

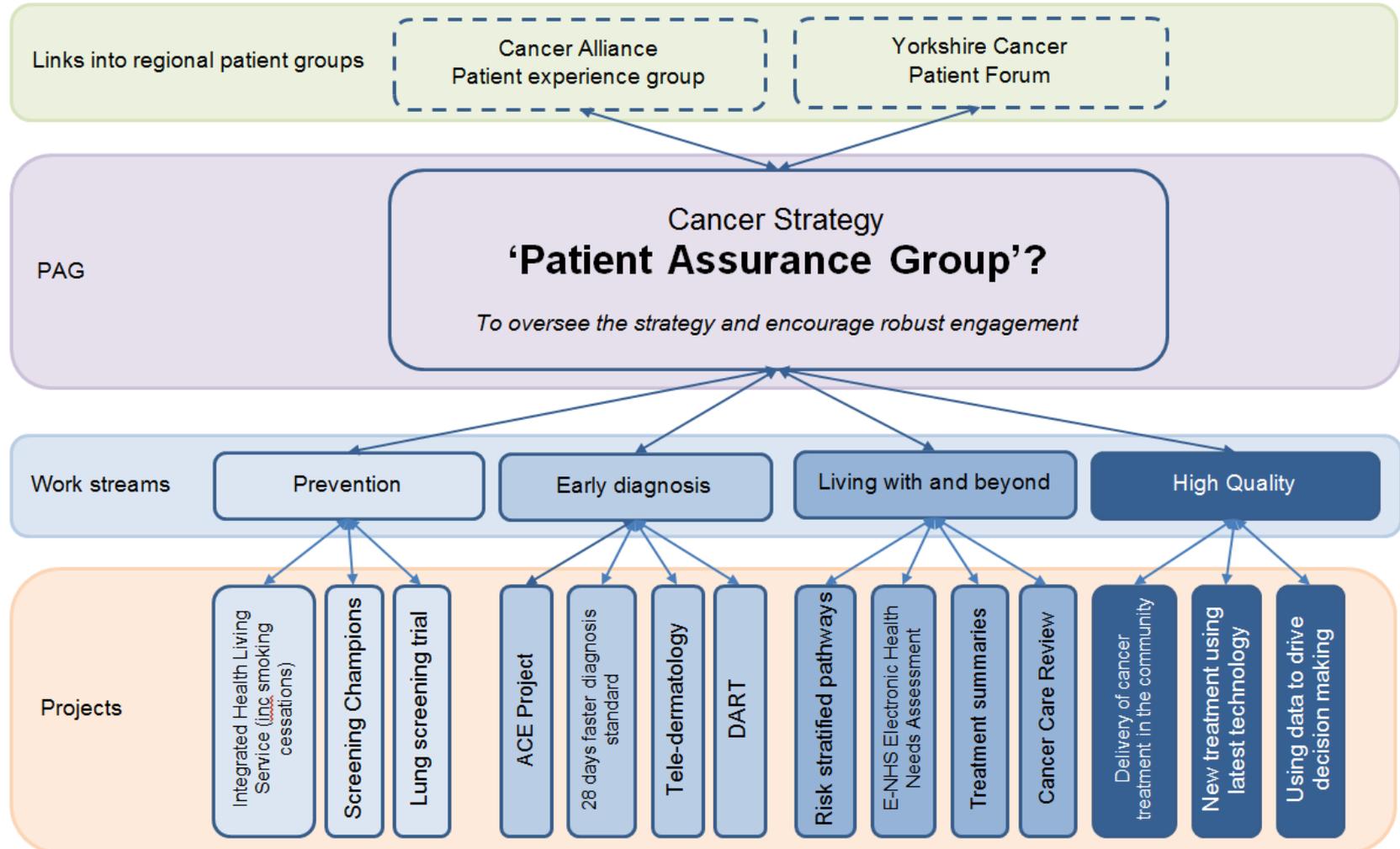
Using patient experience

*How do we make sure commissioners are aware of the information available?
How do we make sure they are using it?*

Feeding back what difference it has made?

How do we demonstrate that patient feedback and experience has actually made a difference?

Agreeing the delivery model



Agreeing the delivery model

Embedding Engagement Groupwork 2

Thinking about the discussion, consider the proposed model.

- *Is this the right model? What would you change?*
- *Where do patient champions fit in?*
- *What information does the group need to be effective?*
- *What is a reasonable approach to engagement?*
- *How do we link into other organisations?*
- *Who provides information to the group?*
- *How do we link to the workstreams?*
- *What will the group do?*
- *How often do they meet?*
- *Who should attend the group?*

