

## **Transforming Cancer Care**

### **Merseyside and Cheshire**

#### **Public Consultation**

#### **Analysis of Findings**

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## Report authorship

This report details the process and findings from a consultation regarding proposed changes to cancer services in Merseyside and Cheshire. The process of consultation was led by The Clatterbridge Cancer Centre NHS Foundation Trust with support from the North West Commissioning Support Unit.

The consultation data have been independently analysed by researchers at the Centre for Public Health, Liverpool John Moores University. The methods of analysis, findings and summary have been independently produced by the researchers at the Centre for Public Health.

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## Table of Contents

<b>Report authorship</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Executive Summary</b> .....	<b>3</b>
Background .....	3
Methodology .....	3
Key findings .....	4
Demographics .....	4
Support for the proposed changes .....	4
Impacts of proposed changes .....	4
Changes in support for proposed plans .....	4
Recommendations .....	5
<b>1. Background</b> .....	<b>6</b>
<b>2. Introduction</b> .....	<b>7</b>
<b>3. Methodology</b> .....	<b>8</b>
3.1 Strategic Planning .....	8
3.2 Setting the Stage .....	8
3.3 Consultation Channels and Materials .....	11
3.4 Range and Reach Achieved.....	13
3.5 Format of questionnaires and collating consultation responses.....	14
3.6 Analysis of consultation surveys .....	15
3.6.1 Data cleaning .....	15
3.6.2 Quantitative data analysis .....	15
3.6.3 Qualitative data analysis.....	15
<b>4. Results</b> .....	<b>17</b>
4.1 Demographics of respondents.....	17
4.2 Support for proposed changes to cancer services.....	21
4.2.1 Quality of care.....	22
4.2.2 Impacts of proposed changes .....	27
4.2.3 Travel and transport .....	30
4.2.4 Availability of appointments.....	34
4.2.5 Additional views.....	35
4.2.6 Potential impact of proposals on different protected characteristic groups .....	36
4.3 Group Responses .....	38
Responses pertaining to building design .....	40
<b>5. Summary of Findings</b> .....	<b>41</b>
<b>6. References</b> .....	<b>43</b>

# Executive Summary

## Background

*Transforming Cancer Care* is the public consultation on proposals for expanding Clatterbridge Cancer Centre services to include the site of the Royal Liverpool University Hospital in central Liverpool. From September 2012 to February 2013, an extensive pre-consultation and communication programme of work was undertaken across Merseyside and Cheshire. This built on the Baker Cannon report (2008) and the PwC (2009) feasibility study. Feedback from this pre-consultation was shared with patients and public and formal consultation plans were approved in 2014. A strategic steering group for Transforming Cancer Care was formed with senior representatives from Liverpool and Wirral CCGs, The Clatterbridge Cancer Centre, Strategic Clinical Networks, NHS England Area Team (Cheshire, Warrington and Wirral), NHS England Area Team (Merseyside), and North West Commissioning Support Unit.

In order to comprehensively disseminate the consultation document and questionnaire, The Clatterbridge Cancer Centre, in partnership with North West Commissioning Support Unit, devised a strategic communication and consultation plan (see appendices). A key outcome of the consultation was that The Clatterbridge Cancer Centre would demonstrate the range of activity to reach their stakeholders. A wide variety of engagement activities and events were undertaken and are detailed in sections 3.3 and 3.4 of this report.

## Methodology

The formal 12-week public consultation was undertaken from 28<sup>th</sup> July 2014 until 19<sup>th</sup> October 2014. The process for this and the findings from the consultation form the main body of this report. A total of 100,950 people were reached through 117 public roadshows in shopping centres, libraries, public events, group sessions, and forums, and meetings; and 38,749 consultation documents were circulated.

The consultation questionnaire asked for people's views on whether the proposals would improve cancer care in Merseyside and Cheshire and the reason for their response. It also asked respondents which groups they believed would be most impacted (whether positively or negatively) by the proposed changes and at what scale of significance, and how access and transport may be affected. Finally, it sought respondents' views on how services might be further improved by asking, for example:

- what they thought was good about the existing Clatterbridge site(s) and what should be mirrored in any new facility;
- what services are not provided but could add value; and
- whether appointment times should be offered over extended hours such as evenings and weekends.

The full list of consultation questions can be seen in the appendices.

The questionnaire was included within the full and summary consultation documents, both of which were available in hard copy or by download from the Transforming Cancer Care website. An online version of the survey was also produced in SurveyMonkey. All responses were collated by the CSU and only a minority of responses were submitted directly using SurveyMonkey. All responses (hard copy and online) were combined and sent to the Centre for Public Health, Liverpool John Moores University, for independent analysis.

Data were analysed in SPSS and NVivo and a total of 1,054 responses from individuals were included in the final cleaned sample. Descriptive analysis of quantitative responses is included in section 4 and presented alongside qualitative analysis of the open-ended comment questions. Illustrative quotes are included. Formal responses from organisations and groups are presented in section 4.3.

## Key findings

Overall, area of residence was the biggest influencing factor on responses to the consultation. There was a divide between those living in the north and east of the region (namely Halton, Knowsley, Liverpool, Sefton, St Helens and Warrington) with almost every respondent from these areas supporting the visions and plans; compared to those living in Cheshire West and Chester and Wirral. This is reflected in the key findings summary below.

## Demographics

All local authorities in Merseyside and Cheshire were represented in the consultation responses. The local authority with the highest number of respondents was Wirral (228 individuals), with Liverpool (168), Sefton (140) and Cheshire West & Chester (137) residents also providing many responses to the consultation. Responses were received from many other North West local authorities, North Wales and a small number from other areas of the UK. Two thirds of respondents were female and the majority of respondents were aged above 56. The majority of respondents were white British, heterosexual, Christian and did not have a disability.

## Support for the proposed changes

The majority of respondents (91%) reported they supported the vision outlined in the consultation documents and most (88%) felt the proposed changes would help deliver the vision and improve the quality of care that people with cancer will receive in Merseyside and Cheshire. However, support was lower in Wirral (78% supported the vision and 71% supported the proposals) and Cheshire West and Chester (82% supported the vision and 74% supported the proposals). The majority (84%) of respondents felt that the quality of care provided was the most important priority, above the distance travelled to receive it. It was also agreed by most respondents that inpatients who need to stay in hospital overnight would get better, safer care on a site with intensive care and other specialists.

## Impacts of proposed changes

The majority of respondents felt that patients, family, carers and other groups would be positively affected by the proposed changes. Most respondents reported that they would be positively affected or not affected by issues relating to the availability of parking, public transport to hospital and tunnel fees. Respondents also thought that designated car parking and improved bus stop locations would make the changes easier.

Respondents living north of the River Mersey (Halton, Knowsley, Liverpool, Sefton, St Helens and Warrington) considered the changes would make travel and their journey easier and felt patients, carers, families and others would be more positively impacted by the changes. However, those living in Wirral and Cheshire West and Chester expressed more concerns about transport and travel, and expected more negative impacts on families, carers and others and, to a lesser extent, patients. It is important to note that although expressing more concerns the majority of respondents from these two areas did support the vision and the plans.

## Changes in support for proposed plans

Support for the proposed changes to cancer care in Merseyside and Cheshire seems to be increasing. During the pre-consultation programme in 2012-13 respondents were asked *"Having heard about the proposals do you think they are a good idea?"*. Overall 83% of respondents indicated they thought the proposals were a good idea (see appendices). In this recent formal consultation people were asked *"Do you believe our proposals will help deliver [the vision] and improve the quality of care that people with cancer receive in Merseyside and Cheshire?"*; 88% stated yes. There has also been a marked increase in the support in Wirral and Cheshire; in the pre-consultation programme only 41% of those with a CH postcode (Wirral and Cheshire) indicated they felt the proposals were a good idea. In this recent formal consultation support has increased in Wirral and Cheshire; 71% of Wirral and 74% of Cheshire West and Chester respondents stated they believed the proposals will help deliver the vision and improve the quality of care that people with cancer receive in Merseyside and Cheshire.

## Recommendations

Overall, the consultation findings provide evidence of support for the Merseyside and Cheshire proposals and seven recommendations are made:

1. **Provide clear and transparent communication** regarding the rationale and justification for the proposed changes in terms of potential positive impacts on quality of care.
2. **Reduce (where possible) the cost of transport and travel** for patients, family members, carers and staff and communicate clearly about why this may/may not be possible. Many individual respondents felt that dedicated car parking would help to make the changes easier for them; whilst the trade union response highlighted that staff felt they would be negatively impacted by travel and transport consequences, in terms of parking availability and cost. Communication could be developed to address potential perceptions regarding the negative impact on increased journey times for ill patients.
3. **Support and strengthen current provision for research activities** and ensure that findings are communicated to all stakeholders. The positive impacts of the changes on research provision were highlighted by a number of individual and group respondents.
4. **Consider patient pathways**, ensuring that the positive connections between sites remains and that current good practice is supported and strengthened.
5. **Maintain morale amongst staff** in order to maintain the positive atmosphere and high quality standards of care. Efforts could be made to acknowledge this formally across the workforce, and would be supported regarding clear communication of the actions which arise as a result of consultation and engagement activities.
6. **Provide plans regarding the development of a sacred space and chaplaincy support.** Highlight the potential role of the chaplain to staff, patients, family, carers and visitors and ensure that the provision is maximised.
7. **Ensure that separate engagement and involvement activities are undertaken to formally assess and consult on the appropriateness of building design.** It may be worth highlighting these plans to respondents of this consultation who formally raised concerns regarding the design and building provision.

## 1. Background

In 2008, the Merseyside and Cheshire Cancer Network (MCCN) commissioned an expert review of the configuration of cancer services in Merseyside and Cheshire with the aim of developing recommendations to ensure that services were delivered in the most optimal way to improve outcomes for patients. The resulting report produced by Professor Mark Baker and Mr Roger Cannon – ‘*The organisation and delivery of non-surgical oncology services in the Merseyside and Cheshire Cancer Network*’ (Nov 2008), subsequently referred to as the Baker Cannon report – confirmed that:

*"When it was first established, the Clatterbridge campus provided a wide range of medical and surgical services; this is no longer the case and the oncology facilities are now isolated from modern medical and surgical practice. During this time, the complexity of cancer treatments has increased dramatically, patients are older and sicker and the treatments have more side effects. In most cancer centres, most of the beds are used for patients who are seriously ill because of their underlying cancer or because of the side effects of treatment. The management of these conditions requires ready access to both critical care facilities and the on-site access to the full range of general medical and surgical expertise. This is no longer possible at Clatterbridge."*

In their work Baker and Cannon looked at options for the future location of the specialist centre to address the issues above; Baker and Cannon looked at a long list of nine options which were assessed against ten criteria. The preferred option, following this appraisal process, proved to be:

*"the move of the main oncology centre to the Royal Liverpool Hospital site with a link oncology centre at Aintree Hospitals and a local unit retained on the Clatterbridge site. This preferred option was considered and supported by the Cancer Taskforce, which included representatives from Hospital Trusts, Primary Care Trusts (PCTs) and the Merseyside and Cheshire Cancer Network"*.

In 2009 a report presenting the main recommendation of the Baker Cannon report (i.e. expansion of The Clatterbridge Cancer Centre into Liverpool) was approved by primary care trust (PCT) Boards which gave Liverpool PCT a mandate to take the proposal forward. A high-level feasibility study by PwC was commissioned by Liverpool PCT to explore the development of a new cancer centre in Liverpool. A paper was subsequently presented to NHS Merseyside Cluster Board by Liverpool PCT. This resulted in approval for funding project costs to deliver a business case for the creation of a new cancer centre in Liverpool, together with a capital allocation to support this. Following this, a Strategic Overview Group comprising a membership of Merseyside and Cheshire Cancer Network, The Clatterbridge Cancer Centre, The Royal Liverpool and Broadgreen University Hospitals, and Cheshire and Merseyside Primary Care Trusts was tasked to take this vision forward.

Since then, The Clatterbridge Cancer Centre has carried out extensive further work to develop detailed proposals in partnership with commissioners, the network and other NHS partners. The project is now known as Transforming Cancer Care, and the proposals went out to public consultation from 28<sup>th</sup> July to 19<sup>th</sup> October 2014.

This report details the process of consultation and communication regarding proposed changes to cancer services. The process of consultation was led by The Clatterbridge Cancer Centre NHS Foundation Trust with support from the North West Commissioning Support Unit, and this process is described in section 2 below. The consultation data have been analysed by researchers at the Centre for Public Health, Liverpool John Moores University. The methods of analysis and consultation findings are presented in sections 3 and 4.

## 2. Introduction

From September 2012 to February 2013, an extensive pre-consultation and communication programme of work was undertaken across Merseyside and Cheshire. The pre-consultation shared The Clatterbridge Cancer Centre's initial draft outline plan for achieving the recommendation set out in the Baker Cannon report. The pre-consultation insight enabled The Clatterbridge Cancer Centre to understand the significant issues highlighted by stakeholders and incorporate those views into the next stage of project planning.

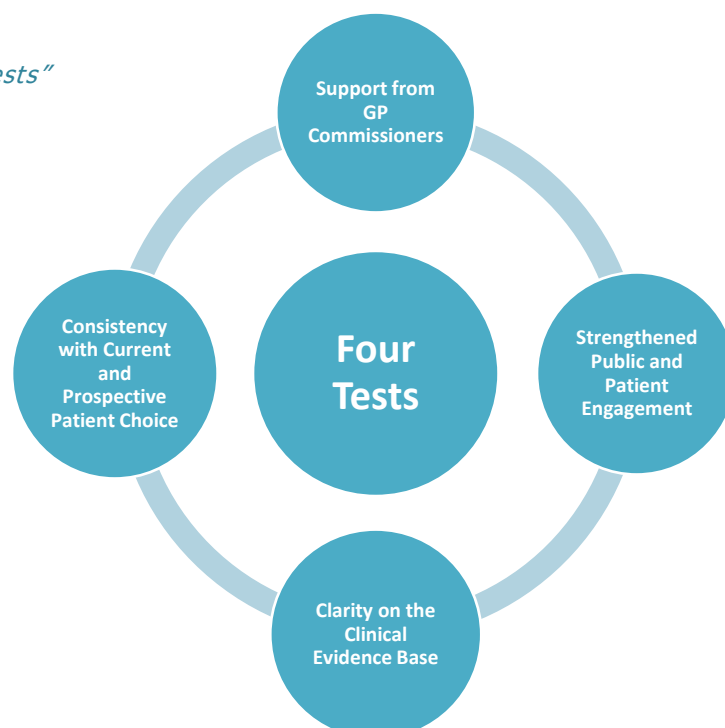
From December 2013 until February 2014 feedback from the pre-consultation was undertaken to share the findings to date with patients and the public. This gave a further opportunity to establish and build new networks for on-going dialogue to take place as part of a formal consultation process.

In January 2014, the intention to progress to a formal consultation on the proposals was shared with NHS England who are required to assure all major service reconfigurations and request evidence of compliance to the Secretary of State's "Four Tests" (detailed in Figure 1. below). NHS England's regional team undertook the assurance process with NHS England's Cheshire, Warrington and Wirral Deputy Medical Director acting as a local contact to support the rigour of evidence being presented for the regional team assurance leads.

From January 2014 until May 2014, in line with the Health and Social Care Act 2012, and the Local Authority, (Public Health, Health and Wellbeing Boards and Health Scrutiny), regulations regarding health scrutiny, each respective Cheshire and Merseyside local authority overview scrutiny committee/select panel was presented with the feedback from the pre-consultation engagement, details of the case for change and plans for formal consultation. All nine local authorities in the Merseyside and Cheshire Cancer Network area were included. Each local authority was asked to consider whether a substantial variation/development to services would be applicable and whether each respective local authority would wish to scrutinise the Transforming Cancer Care programme. Eight of the possible nine local authorities agreed that the Transforming Cancer Care programme was a substantial variation/development to services, and as a result, a joint overview scrutiny function was established to include the following: Cheshire West and Chester, Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington and Wirral. Cheshire East Council chose not to participate in the joint scrutiny process stating their constituents would typically access The Christie Hospital, Manchester for oncology services.

In July 2014, NHS England agreed the four tests had been approved and The Clatterbridge Cancer Centre could progress to undertake a formal public consultation which began on 28<sup>th</sup> July and closed on 19<sup>th</sup> October 2014.

Figure 1: The "Four Tests"





## 3. Methodology

### 3.1 Strategic Planning

A strategic steering group for Transforming Cancer Care was formed with senior representatives from Liverpool and Wirral Clinical Commissioning Groups (CCGs), The Clatterbridge Cancer Centre, Strategic Clinical Networks, NHS England Area Team (Cheshire, Warrington and Wirral), NHS England Area Team (Merseyside), and North West Commissioning Support Unit. The group was chaired by Dr Alison Rylands, Deputy Medical Director for NHS England (Cheshire, Warrington and Wirral).

In order to comprehensively disseminate the consultation document and questionnaire, The Clatterbridge Cancer Centre, in partnership with North West Commissioning Support Unit, devised a strategic communication and consultation plan (see appendices). A stakeholder matrix model was designed to consider the broad range of stakeholders to engage and the most appropriate method to achieve this. The list of events and roadshows are within (see appendices).

The Clatterbridge Cancer Centre needed to have a combination of various activities to positively reach communities across a large geographical footprint, which is diverse in its population and resides in both rural and urban areas. The consultation was designed to scale up and down in its delivery, but offered consistency of practice to ensure all respondents had equal opportunity to respond, in the most appropriate way to meet their needs. For example methods included; paper format with a pre-paid return envelope provided, online response systems, via telephoning the CSU engagement team, attending meetings, support groups, patient forums, public roadshows, becoming a cancer champion, joining in pre-organised public celebrations and wider community activities such as high footfall shopping centre areas, public sector building access (libraries, hospitals, community centres, GP practices), and also attending GP and wider clinical events to ensure their awareness and input into the consultation was secured.

Using a multi-layered and tailored method across each respective borough or city council area affected by the Transforming Cancer Care programme was important and relevant in ensuring equity and inclusion.

A key outcome of the consultation was that The Clatterbridge Cancer Centre would demonstrate the range of activity to reach their stakeholders, achieved by going where people are, rather than holding a small number of large scale public meetings, which from experience, can result in overlooking many sectors of the community who are restricted in attending "one size fits all" dimensional form of consultation.

**The formal 12-week public consultation was undertaken from 28<sup>th</sup> July 2014 until 19<sup>th</sup> October 2014. The process for this and the findings from the consultation forms the main body of this report.**

### 3.2 Setting the Stage

As part of the consultation planning process, key stakeholders from across Cheshire and Merseyside were invited to pre-consultation information events which included: CCGs, Hospital Trusts, North West Ambulance Service, Local Authority representatives including Chief Executives and Chairs of Scrutiny Committees, Health and Wellbeing Boards, Merseyside and Cheshire Members of Parliament, the University of Liverpool, Liverpool John Moores University, Chester University, Merseyside and Cheshire Cancer Network, The Clatterbridge Cancer Centre governors and non-executive directors, The Clatterbridge Cancer Centre patient reference group members, and Merseyside and Cheshire Healthwatch organisations.

The information sessions enabled The Clatterbridge Cancer Centre to further raise awareness of their plans and gain views on the following:

- What are the key things that stand out for you about the proposal (positive and negative)?
- How clear are the proposals, reasons for change and expected benefits?
- Are there any other messages/information that would add value to the consultation?
- What other information would you like to see made available to the public during the consultation?
- What is the group's top priority?/The issue that's most important for the Trust to know?
- What are your ideas to help us engage and consult with as many different people/groups as possible?
- What could we do to improve the DVD/film outlining the plans for change?

The feedback from this session informed the compilation and content of the formal consultation document and operational delivery of the communication and consultation programmes of work.

In addition to those information sessions, political leaders were specifically engaged:

- Nine local authorities were presented with the plans for Transforming Cancer Care and asked to consider if this warranted a substantial variation/development to existing services and if scrutiny would be applicable.
- Two Merseyside and Cheshire-specific MP briefings were held, one in Wirral and one in London.

It was also essential that a wider network of stakeholders were engaged, and in order to achieve this, two public launch events were held, one in Liverpool and one in Wirral. The events specifically invited cancer support groups, patients, community members, voluntary sector provider organisations, Clinical Commissioning Group engagement leads, Councils for Voluntary Services, Healthwatch organisations and GP patient participation group members.

The aim of the events was to:

- Increase a greater understanding of the proposals.
- Create a platform which raises the profile and awareness of the proposals.
- Foster conversations on how we can share this proposal with the public.
- Provide opportunities for partnership working when community road shows were taking place.
- Ensure on-going dialogue and involvement with key stakeholders

The Clatterbridge Cancer Centre's Medical Director, Dr Peter Kirkbride, presented the clinical case for change, using lay terms to ensure clarity of information was translated. Fiona Jones, Transforming Cancer Care Project Director, shared the details of what transformational change would mean. This included why this proposal was beyond being purely about a new-build hospital (which would be a catalyst for transformation) but that it was also about new ways of working which will improve cancer care, treatment, and patient outcomes. Jackie Robinson, CSU lead for the consultation, shared the consultation venues planned and asked attendees to list other useful contacts/venues that could be positively targeted. The attendees were also asked for their input by becoming a cancer champion and signing up to in-reach into their respective networks and communities and share the consultation documents, and where possible, join staff on locality roadshows, events, and local meetings. Sixty-one individuals attended the launch sessions, of which 33 different organisations were represented. Two-thirds of those actively signed up to help share the consultation documents locally and/or feedback where local presentations would be useful for their groups, community meetings and support groups.

The consultation roadshows and activity programme was further informed and improved upon to proactively and reactively take place where and when people met, and ran in the morning, afternoon, evening, Saturday, Sunday, and bank holidays.

A "live" calendar of events was available on the dedicated Transforming Cancer Care website ([www.transformingcancercaremc.nhs.uk](http://www.transformingcancercaremc.nhs.uk)), which was hyperlinked to CCG/GP websites, Hospital Trusts, CSU, CVS and Healthwatch websites; and many cancer support networks and charities also agreed to use their

digital engagement networks by using the link to enable access to on-line information. The events and consultation were also promoted via targeted local and regional media releases, online advertising and the Trust's Twitter account (@CCCNHS) and the Trust website ([www.clatterbridgecc.nhs.uk](http://www.clatterbridgecc.nhs.uk)). The "live" Transforming Cancer Care website allowed the Trust to respond regularly to updates and any new requests received from communities, clinicians or organisations to attend and/or present at events etc. This "live" method of public facing information also enabled the public's attendance at such events..

Alternative formats of communication were made available where required; e.g. large print, easy read, alternative language, working with deaf signers to support consultation, working with a multi-lingual social inclusion team, and key contacts within the faith community. Links with specific groups allowed the team to reach into traditionally under-represented populations; e.g. LGBT communities, disability groups, BME communities, older people, faith groups, young people, and families.

A frequently asked question sheet was continually updated to reflect questions being asked during the consultation which is in (see appendices).

*Clatterbridge Cancer Consultation Presentation, HealthWatch Warrington AGM*





### **3.3 Consultation Channels and Materials**

The content of the consultation document and the short film explaining the proposed changes was developed with input from a range of clinical and non-clinical staff and patients. It was refined and further supported by the Trust's patient reference group members operating as lay readers, to confirm whether or not the information was clear, transparent, in plain English and could translate/transform to reach the range of audiences required.

As well as the full 48-page consultation document, a summary 20-page consultation document was also produced, focusing on the salient issues of the proposed changes. It was particularly important that this summary document (and the website content) was easy to navigate as clearly this would become the most widely circulated document which patients and the public would pick up, read and respond to via the range of channels to be put in place by the Trust.

The questions asked in the consultation were initially informed by the insight gained during the pre-consultation phase in 2012/13, which found that overall the Transforming Cancer Care proposals were supported by just over 82% of the 4,164 respondents. However, there were strong regional differences in 2012/13 with only 40% of residents of CH postcodes saying they supported the proposals. Many respondents also highlighted some concerns, or areas where they required more information, during that pre-consultation engagement e.g. accessibility, cost, good current services, ill health, potential loss of local services, travel and visiting.

The consultation document and supporting materials sought to address and answer many of these questions. However, more detailed information was needed to support the longer-term transformation of cancer care. The Trust wanted to gain a deeper understanding of the issues in regard to travel, cost, good services transferring, ill health and access.

The consultation questionnaire covered these areas as well as asking for people's views on whether the proposals would improve cancer care in Merseyside and Cheshire and the reason for their response. It also went a step further, asking respondents which groups they believed would be most impacted (whether positively or negatively) by the proposed changes and at what scale of significance. Finally, it sought respondents' views on how services might be further improved – for example, by asking them: what they thought was good about the existing Clatterbridge site(s) and what should be mirrored in any new facility; what services are not provided but could add value; and whether appointment times should be offered over extended hours such as evenings and weekends. The full list of consultation questions are included in the appendices.

The consultation format provided a range of statistical response opportunities and free text space allowing respondents to give further details for their specific reply. Quantitative equality and diversity questions were included, however numbers of respondents to this section rarely correlates with the numbers of total respondents as many people choose not to complete these sections.

Key content for the consultation produced was:

- A dedicated Transforming Cancer Care website ([www.transformingcancercaremc.nhs.uk](http://www.transformingcancercaremc.nhs.uk)), with prominent signposting to it from the main Trust website ([www.clatterbridgecc.nhs.uk](http://www.clatterbridgecc.nhs.uk)).
- A full consultation document.
- A summary consultation document.
- A frequently asked question sheet.
- An online survey.
- A paper-format survey.
- Freepost envelopes for questionnaire responses.
- A short film with Trust staff and patient representatives explaining the proposals.
- A "live" calendar of events. This was updated regularly and linked to CCG, GP, Hospital, Healthwatch, CSU and CVS websites for maximum exposure.
- Consultation marketing materials to advertise the consultation: T-shirts for volunteers, balloons, pens and car stickers, for fun days and roadshows. Marquees were hired with 10 foot banners promoting the Transforming Cancer Care programme.
- Highly-visible response boxes in hospital settings, particularly within outpatient areas and oncology clinics.
- Photographic evidence (with consent) to tweet and share the activity widely via social networks.
- Proactive media releases publicising the proposals, consultation and events, as well as how people could respond.
- Online advertising.
- Posters and flyers.

Recognising the diversity of the Merseyside and Cheshire population and the need to ensure equality of access to all, the Trust requested that researchers from the Centre for Public Health, Liverpool John Moores University (LJMU), review its consultation plan alongside the equality impact assessment produced as part of the pre-consultation period. The consultation plan was deemed sufficient in range to engage people across a large geographical footprint, some of whom would fall under protected characteristic groups, and confirmed that the range of channels to connect to communities was varied, inclusive and tailored.

During the consultation, several targeted roadshows and information events took place to support the engagement of protected characteristic groups. These included stands at Chester Pride and Liverpool Pride, visiting the Deafness Support Centre in Chester and visiting older people's groups. Information was shared across communities which included those who are often under-represented, e.g. black and minority ethnic (BME) and lesbian, gay, bisexual and trans (LGBT).

The media were used to publicise the consultation and share information about the proposal and how people could have their say on them. Clinical and non-clinical directors from the Trust took part in radio interviews on City Talk 105.9FM and BBC Radio Merseyside, whose network also reaches across the North West and Wales. There was also prominent ongoing news coverage in regional and borough-specific newspapers and online media, many of which have high readership numbers, e.g. Liverpool Echo, Wirral Globe, Warrington Guardian, etc. Most of these newspapers uploaded the articles onto their respective websites. A copy of the full consultation document is attached as (see appendices). The summary consultation document and the public consultation questions are detailed within (see appendices).

### 3.4 Range and Reach Achieved

The breadth and depth of stakeholder engagement has been the cornerstone of the planning and delivery model, being robust and transparent throughout. This was something which could withstand the rigour of NHS England's assurance process and any subsequent audit of activity pending the outcome of the consultation.

Different channels were absolutely necessary and were dependent and responsive to the environment the consultation information was being shared. However, the consistency of information and transparency of process has been a golden thread throughout the process. Some examples of this are detailed below and the results from the range of methods are summarised.

A working document was populated daily to update the information being shared, how many people were engaged, by what channel and overall how many responses to the consultation had been recorded. A full list of consultation roadshows is included in the appendices.

Examples of the range of activity include:

- Political engagement was achieved by working closely with each local authority scrutiny officer who collectively drafted a set of protocols for a joint overview and scrutiny panel to be formed.
- MPs were updated directly by the Chair and Chief Executive of the Trust.
- Consultation with clinicians was undertaken also using a range of channels, for example, presentations at clinical community practice sessions, direct discussions with cancer leads in primary and secondary care, information sharing at GP and primary care clinical team protected learning events, and formal presentations to CCG Boards.
- Support to share the Transforming Cancer Care consultation was achieved by working in partnership with Merseyside and Cheshire cancer organisations, e.g. hospices, patient support groups, carer support groups, and cancer charities. Wider dissemination across the network of voluntary and community groups was achieved with the support of every Merseyside and Cheshire Council for Voluntary Sector (CVS) uploading information onto their websites, sharing this in their newsletters, and providing embedded direct links to the Transforming Cancer Care site (which also hosted the online version of the questionnaire). As was experienced in the pre-consultation, every Merseyside and Cheshire Healthwatch organisation shared the consultation document at their stakeholder meetings, including at their AGMs where possible, websites, and member newsletters. Healthwatch groups also shared the consultation documents at other locality meetings they attended bringing the consultation documentation "on the road" with them.
- The Clatterbridge Cancer Centre's patient reference group members and governors attended as volunteers at roadshows to support the consultation team. Local people and staff from The Clatterbridge Cancer Centre volunteered to support roadshows and were highly successful in raising awareness in their local communities to spread the word and encourage participation.

As a direct result of the stakeholder support to engage communities, multiple contacts were made and requests to attend local meetings with residents groups, health forums, older people/pensioner alliance groups, children's centres, parent forums, cancer patient and support groups were added to the matrix of activity.

The dissemination and reach is detailed below:

**100,950 Total numbers reached via:**

- 117 public roadshows in shopping centres, libraries, public events, group sessions, and forums, and meetings.

**38,749 Consultation documents circulated**

**10,433 Direct conversations with individuals via:**

- 104 public roadshows in shopping centres, libraries, numerous public events, support group sessions, resident groups, community forums, and Healthwatch events.
- 13 hospital based roadshows

**512 Direct contacts with primary care GP and nurse clinicians**

12 presentations/information activities covering Merseyside and Cheshire CCGs' clinical learning sessions.

**417 GP practices were sent information and consultation documents to share with their patients**

**295 New individuals have requested to be actively involved as the project goes forward**

**82 Merseyside and Cheshire Cancer Support Groups/Community Organisations supported the consultation**

**24 Charities received public consultation documents and website upload links**

**9 Merseyside and Cheshire Health and Wellbeing Boards received consultation information**

**9 Overview and Scrutiny Panels received presentations and consultation documents**

**8 Councils for Voluntary Services supported the consultation**

**8 Healthwatch organisations actively supported consultation**

**2 Merseyside and Cheshire MP specific briefings were held in Wirral and London**

### **3.5 Format of questionnaires and collating consultation responses**

The questionnaire was contained within the full and summary consultation documents, both of which were available in hard copy or by download from the Transforming Cancer Care website. An online version of the survey was also produced in SurveyMonkey. Links to both documents and the online version of the survey were published prominently on the Transforming Cancer Care website, the Trust website and intranet, in mailouts to the stakeholder list (including community and voluntary sector organisations, groups, HealthWatch etc), in media releases and via the Trust's Twitter account.

Hard copies of the summary consultation document – including the questionnaire – were available at a wide range of locations including the consultation roadshows, GP surgeries, hospitals, libraries and other public or community venues. Freepost envelopes were provided so people could return their completed questionnaire to North West Commissioning Support Unit without charge. Summary consultation documents and response boxes where people could post their completed questionnaire were available throughout the consultation period across the Trust’s sites in Wirral and Aintree. They were also available at the hospitals where the Trust provides chemotherapy services.

All responses were submitted to North West Commissioning Support Unit (CSU). Some responses were received directly at roadshow events attended by staff from North West Commissioning Support Unit and the Trust. At focus groups, local meetings and question-and-answer sessions, attendees were provided with paper copies of the questionnaire and time to complete it if they wished.

The vast majority of responses were independently posted into the CSU using the Freepost envelopes provided with the consultation document. These, along with the responses submitted using the response boxes on hospital sites, were uploaded verbatim and in their entirety into SurveyMonkey by CSU staff, including all qualitative and quantitative data. Only a small minority of respondents went directly online to complete the questionnaire using SurveyMonkey.

All of the response data was compiled and sent to the Centre for Public Health, Liverpool John Moores University, for independent analysis.

### **3.6 Analysis of consultation surveys (conducted by the Centre for Public Health, Liverpool John Moores University)**

All data included in the SurveyMonkey questionnaire (paper and online responses) were sent to the research team at The Centre for Public Health, LJMU.

#### **3.6.1 Data cleaning**

The raw data were cleaned and recoded into a format for use in data analysis software (SPSS v22 for quantitative data and NVivo for the qualitative data). The original dataset included 1,069 responses. One of these was entirely blank so was removed. A further 14 responses from groups were removed and have been analysed alongside the written formal responses provided by other organisations. The group responses are not included in the quantitative analysis as these group responses represent the views of an organisation not an individual and it would not be appropriate to count them in the quantitative analysis and give them equal weight as a response from one person. The final sample included analysis of 1,054 individuals (however not every respondent answered all the questions).

#### **3.6.2 Quantitative data analysis**

All questions that included categorical or numerical responses (i.e., a list of options to choose from) were analysed descriptively using SPSS. Graphs are presented for responses to each question and, where appropriate, broken down by local authority and protected characteristic.

#### **3.6.3 Qualitative data analysis**

A coding strategy was developed based on key themes of the consultation; this strategy was updated during coding for any additional themes which emerged. The cleaned data were imported into NVivo and text in the open-ended questions was coded based on this strategy. Word frequency queries were conducted in line with these themes to identify the number of references to the key issues of the consultation. For example grouping together the words *young people* and *teenagers* resulted in the identification of references to all young people.



Figures relating to the number of references included in the open-ended questions refer to the number of times the themes were mentioned across the whole of the data relating to these responses and not the number of respondents.

#### **3.6.4 Triangulation**

The quantitative and qualitative findings are presented together. Illustrative quotes are presented alongside the analysis, the chosen quotes show groupings of key themes and represent majority view. Other quotes are presented which represent views relating to specific protected characteristic groups even though there were not as many references to these issues.

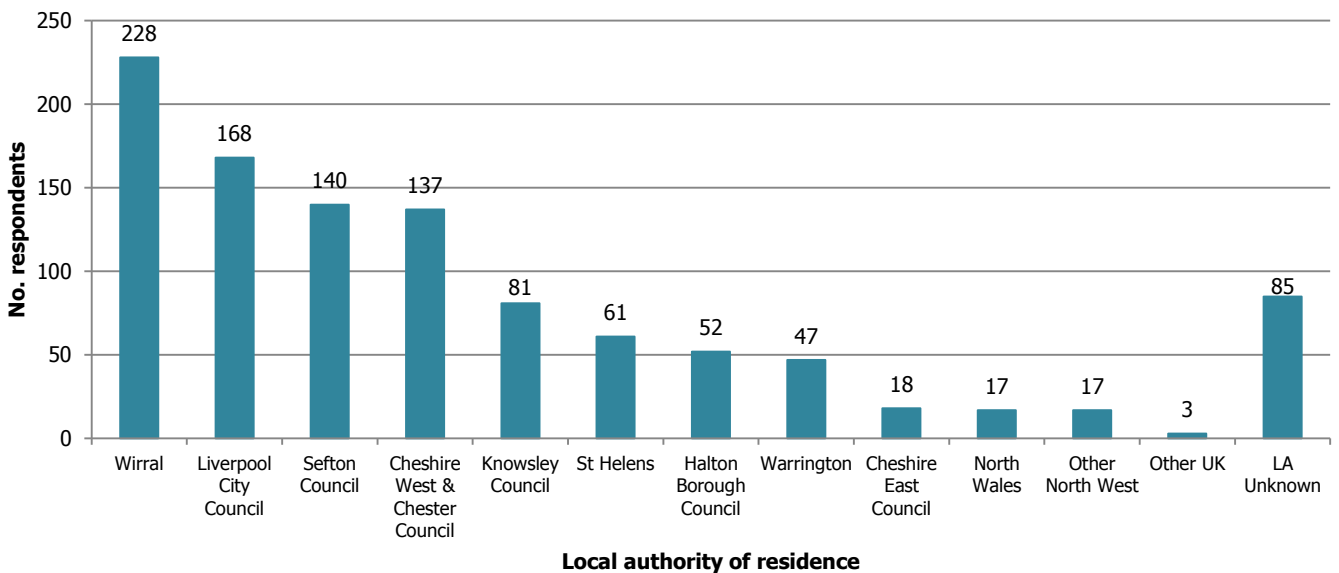
## 4. Results

Unless otherwise stated, all data in figures are presented as a number/frequency rather than percentage due to the disparities between the numbers of responses from different groups and areas. Unless otherwise specified, all findings refer to individual-level responses. For clarity, responses from organisations are discussed in detail in a separate section.

### 4.1 Demographics of respondents

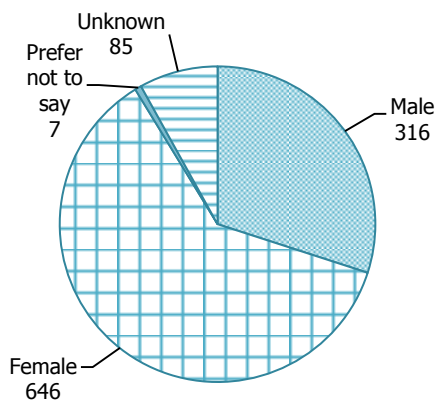
The consultation received responses from 1,054 individuals in total. The local authority with the highest number of respondents was Wirral (228), with Liverpool (168), Sefton (140) and Cheshire West & Chester (137) residents also providing many responses to the consultation. Seventeen responses were received from residents of North Wales and 17 responses from residents of local authorities within Cumbria and Lancashire and Greater Manchester. Three people responded from other areas of the UK – one each from the Isle of Man, North Shropshire, and Brighton and Hove.

Figure 2: Local authority of residence



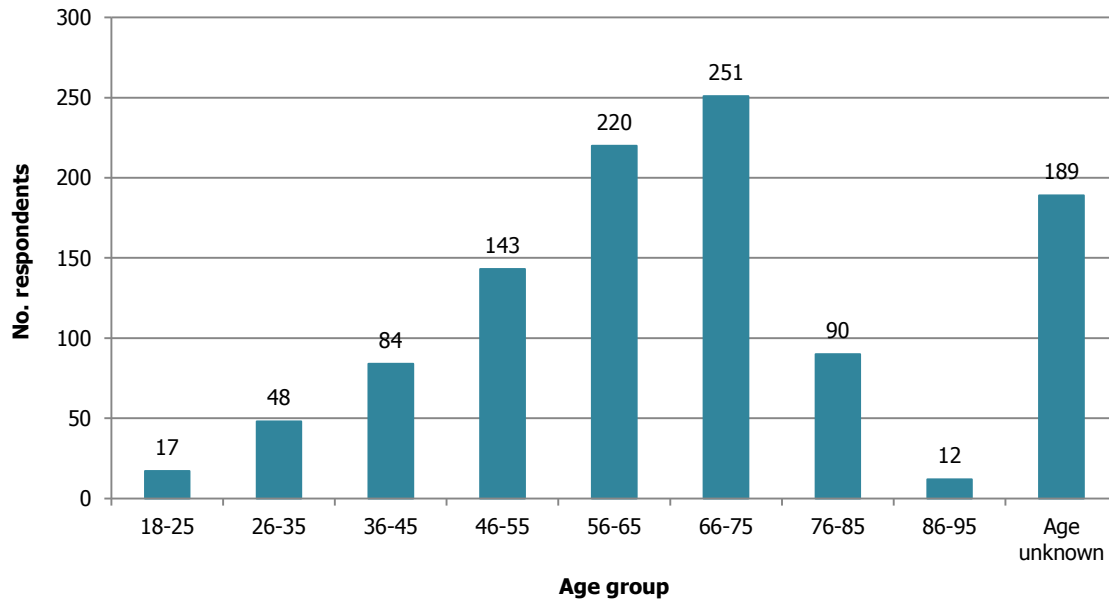
The majority of respondents were female (62%) and 9% of people either did not answer the question or ticked prefer not to say. Respondents were offered the option 'transgender' and none indicated they were transgender. However many individuals who are transgender would indicate their gender to be the gender in which they live, and would not necessarily indicate that they are transgender.

Figure 3: Gender of respondents



The age group with the highest number of respondents was 66-75 (29% for people for whom age group was known). The youngest respondent was 18 and the oldest was aged 90. The mean age of respondents was 59.9 years.

Figure 4: Age of respondents



The majority of respondents were White British and only 43 respondents (4%) indicated they were from a black or minority ethnic (BME) group (this includes all individuals who indicated they were not White British and therefore the BME category includes those from Republic of Ireland and white migrants). Within the BME respondents the most common ethnicity was White Irish or White Other with very few black or Asian respondents.

Figure 5: Ethnicity of respondents

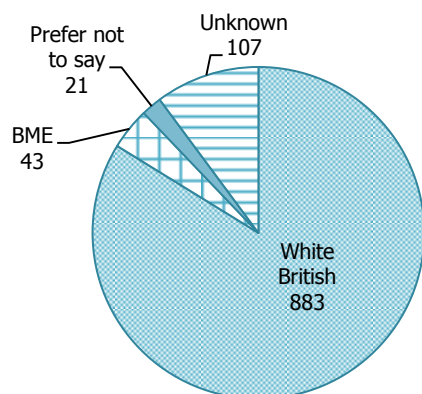
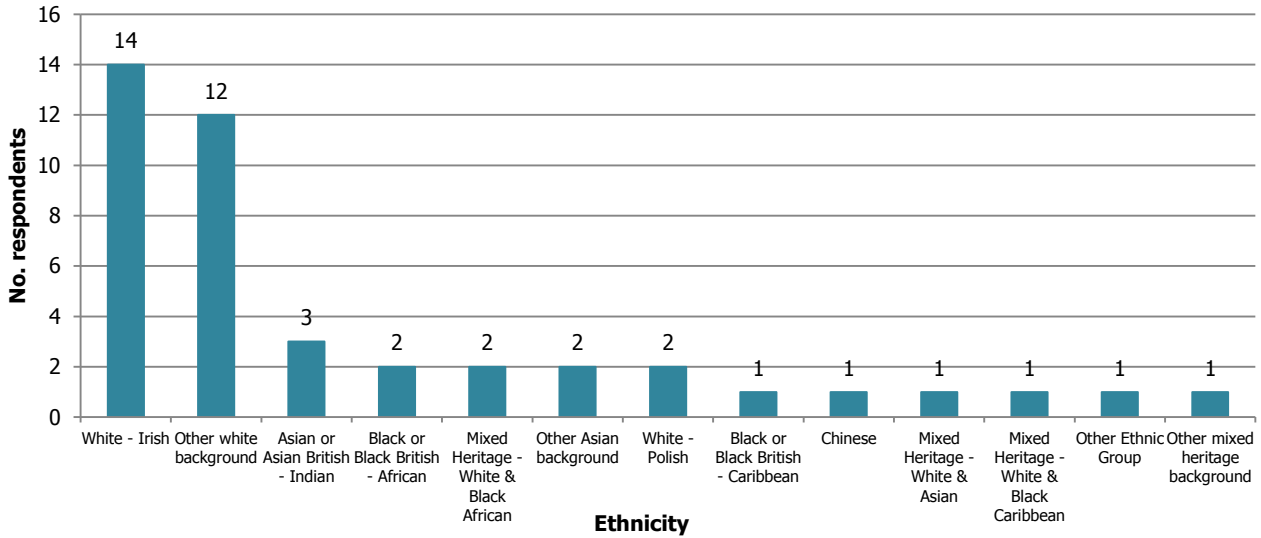


Figure 6: Ethnicity of respondents who were not White British



The majority of respondents (55%) did not answer the question about disability. Of those that did answer the question (n=475), 32% indicated they did have a disability. Respondents were invited to provide details of their disability if they so wished and this information was collected via an open text option. These data were coded into the following categories:

- musculoskeletal (including arthritis, back pain, osteoporosis and mobility problems),
- cancer,
- cardiovascular disease (CVD; including hypertension and heart conditions),
- pulmonary diseases (including asthma and COPD),
- diabetes,
- mental health conditions (including dementia, depression and bipolar disorder),
- blindness/deafness
- neurological conditions (including epilepsy, fibromyalgia and multiple sclerosis).

Infrequent or un-classifiable conditions were categorised as 'other' (including responses such as 'awaiting outcome of treatment' and 'age-related'). The most commonly reported disabilities were muscular-skeletal disorders and cancer.

Figure 7: Do you have a disability?

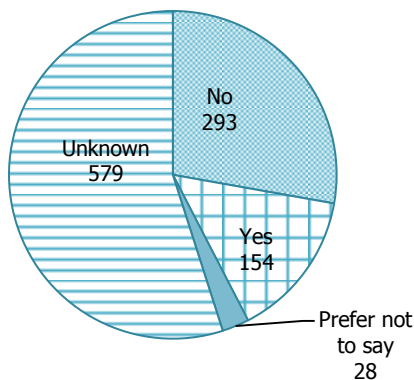
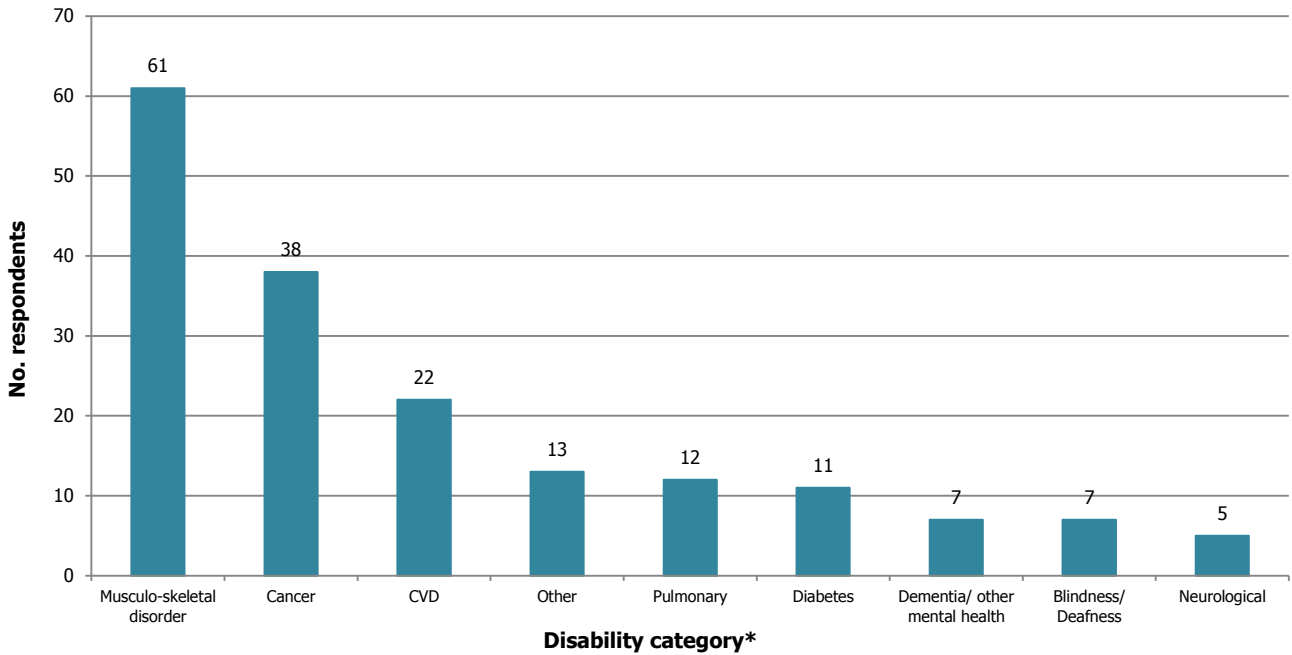


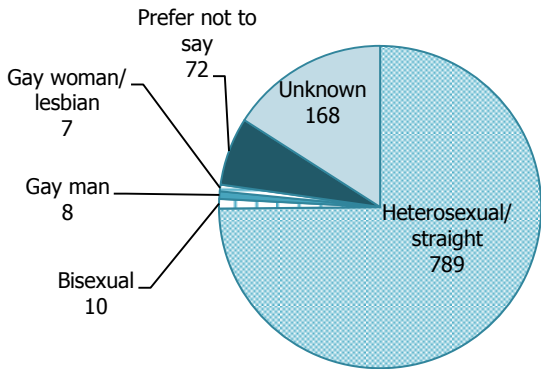
Figure 8: Types of disabilities reported by respondents



\*Some respondents reported more than one disability; therefore total number of disabilities may be greater than the number of respondents

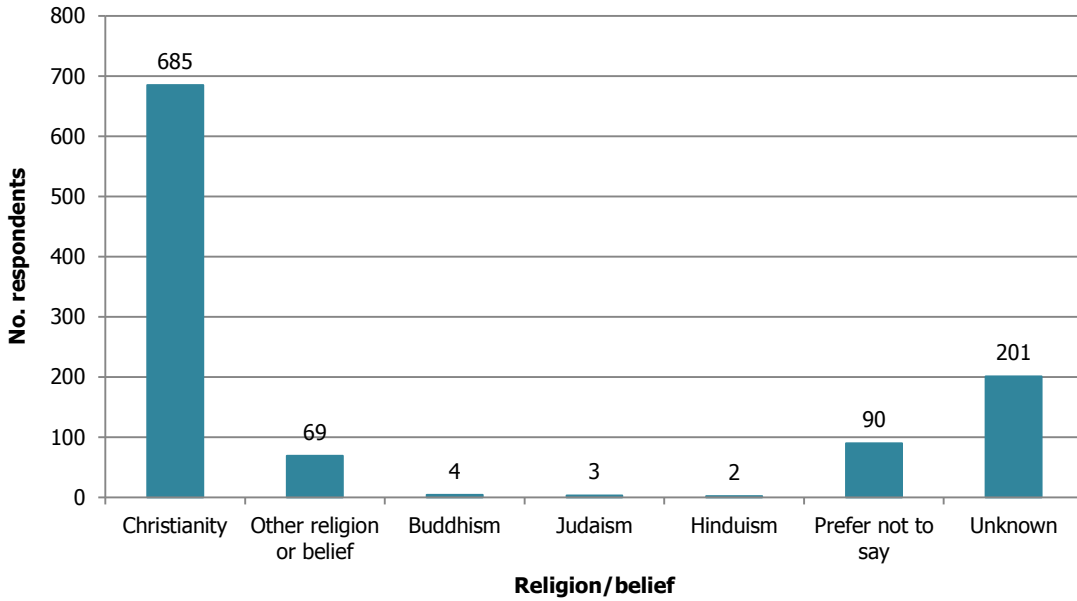
Of those who answered the question about sexual orientation, the majority (89%) indicated they were heterosexual. Twenty-five individuals indicated they were gay or bisexual.

Figure 9: Sexual Orientation of respondents



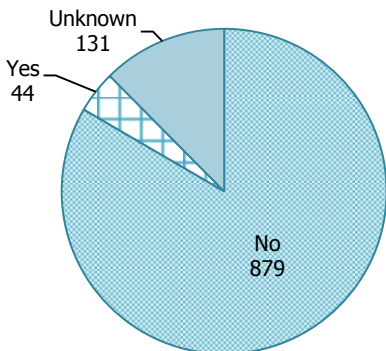
The majority (80% of those who answered the questions) indicated their religion was Christianity, with only 78 individuals indicating they had another religion or belief. No respondents indicated they were Muslim.

Figure 10: Religion of respondents



Forty-four respondents indicated that they were employees of The Clatterbridge Cancer Centre.

Figure 11: Do you work for The Clatterbridge Cancer Centre?



## 4.2 Support for proposed changes to cancer services

The consultation asked "Do you support the vision outlined on page 4 of the summary consultation document and page 9 of the full consultation document?". The majority of respondents (91%) indicated they supported the vision. Support for the vision varied across local authorities with almost every respondent from Halton, Knowsley, Liverpool, Sefton, St Helens and Warrington supporting the vision. However a lower proportion of Wirral respondents (78%) and Cheshire West & Chester respondents (82%) support the vision. Of those who work at The Clatterbridge Cancer Centre, 38 out of 44 (86%) respondents support the vision.

Figure 12: Do you support the vision outlined on page 4 of the summary consultation document and page 9 of the full consultation document?

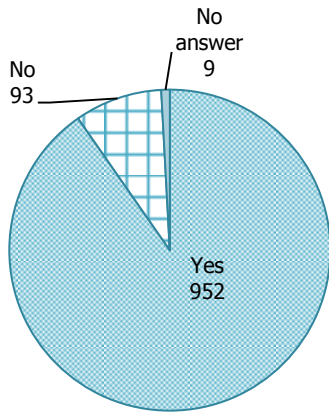
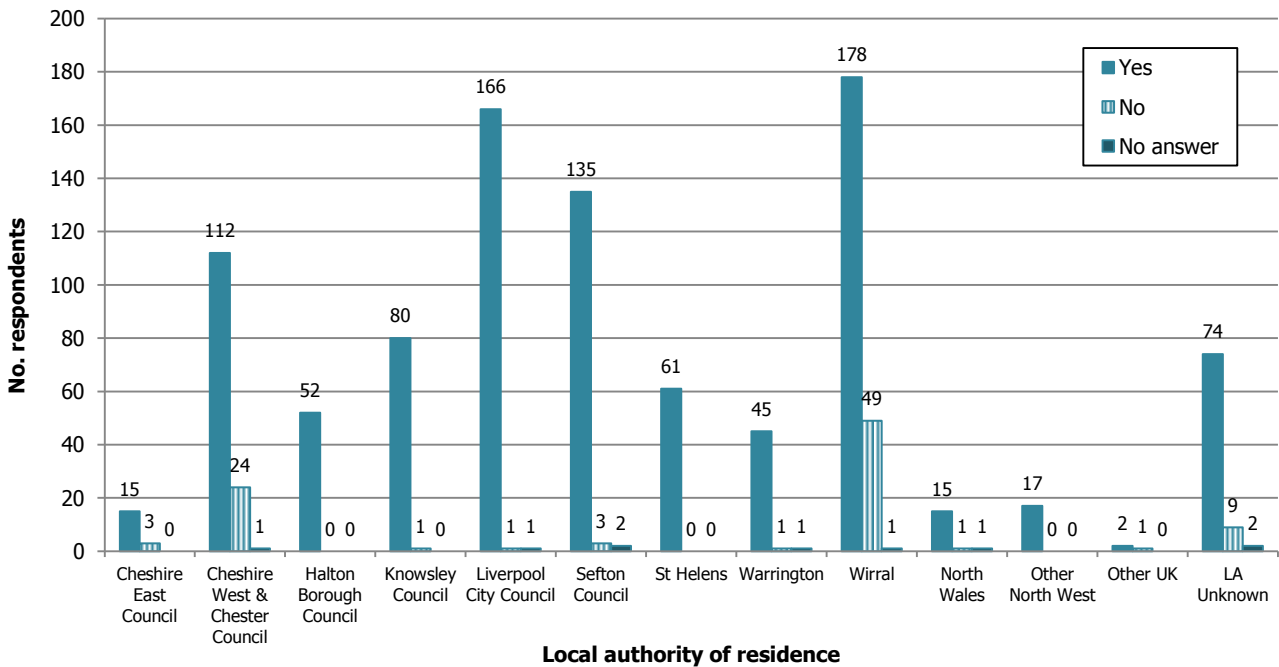


Figure 13: Support for the vision (by local authority)



#### 4.2.1 Quality of care

The consultation asked "Do you believe our proposals will help deliver it and improve the quality of care that people with cancer receive in Merseyside and Cheshire?". The majority of respondents (88% of those who answered the question) indicated 'yes'. When looking at these responses by local authority areas, the lowest proportion saying 'yes' were from Wirral (71% of those who answered this question) and Cheshire West & Chester (74% of those who answered this question). In Halton, Knowsley, Liverpool, Sefton and St Helens very few people did not support the proposals. Of those who work at The Clatterbridge Cancer Centre, 34 out of 44 (77%) respondents support the proposals.

Figure 14: Do you believe our proposals will help deliver it and improve the quality of care that people with cancer receive in Merseyside and Cheshire?

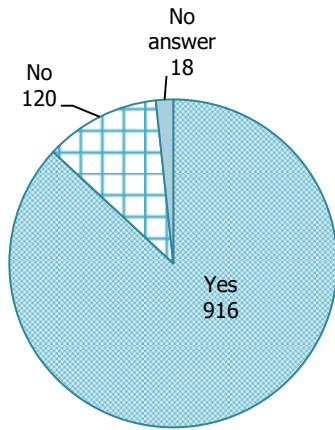
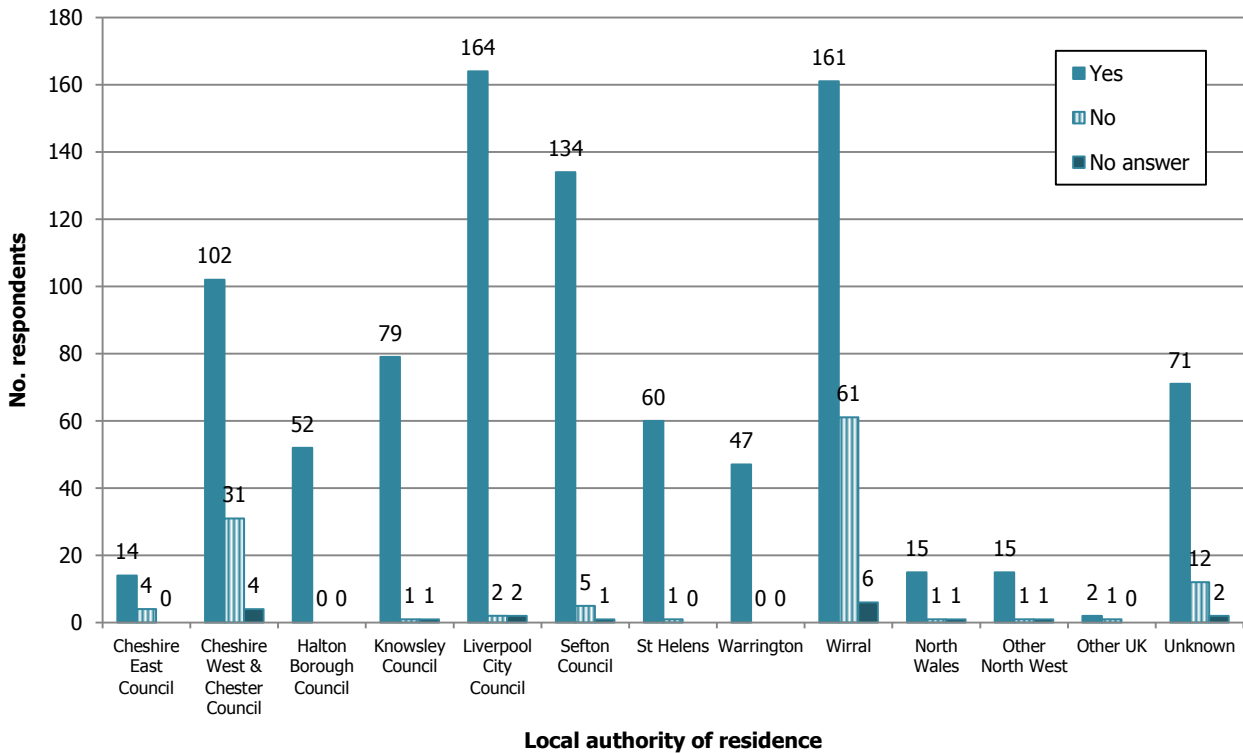


Figure 15: Do you believe our proposals will help deliver it and improve the quality of care that people with cancer receive in Merseyside and Cheshire? (by local authority)



Overall, respondents who agreed with the proposals suggested that the location of the proposed new centre and its links to The Royal Liverpool and Broadgreen University Hospitals as well as the updated facilities and accessibility would contribute to improving the quality of care that people with cancer receive in Merseyside and Cheshire. For example:

*"People who are ill need to be treated as near to home as possible and not have to travel. It makes sense to have experts, latest equipment/technologies all together along with the research partnership with the university. This cannot fail to bring the best care for the people who most need it."*



*"Cancer affects every family at some time. Knowing you will receive state of the art care will be a comfort to many."*

*"I can see the logic of having access to hospital facilities other than cancer care on the same site. It seems to me that it would be better for a patient who develops another problem (for example heart or kidney trouble) to receive treatment without being obliged to travel to another hospital."*

Those respondents who did not agree with the proposals were concerned about the impacts that they would have on The Clatterbridge Cancer Centre and the accessibility for those whose journey time to access the facilities would be increased. For example:

*"Seems to be at a cost to current, respected Clatterbridge Cancer Centre, politically correct move but at what cost?"*

*"I find all large towns and cities depressing, oppressive and stressful. Multi story buildings are soulless, claustrophobic and unpleasant. Clatterbridge is rural, low rise, pleasant, relaxing and good for my mental wellbeing during treatment. I have had no issues travelling to Clatterbridge. I can think of nothing good to say about Liverpool. There is room for current and future expansion at Clatterbridge."*

Respondents were asked *"We want to ensure all patients receive the safest, highest-quality care as close to home as possible, but which is more important to you?"* The majority of those who answered the question (84%) indicated quality of care was more important. The priority of distance travelled to receive care or quality of care was similar across all local authorities.

*Figure 16: we want to ensure all patients receive the safest, highest-quality care as close to home as possible, but which is more important to you?*

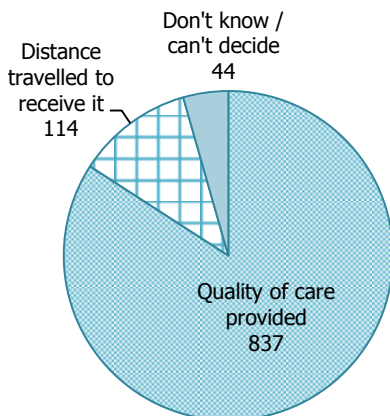
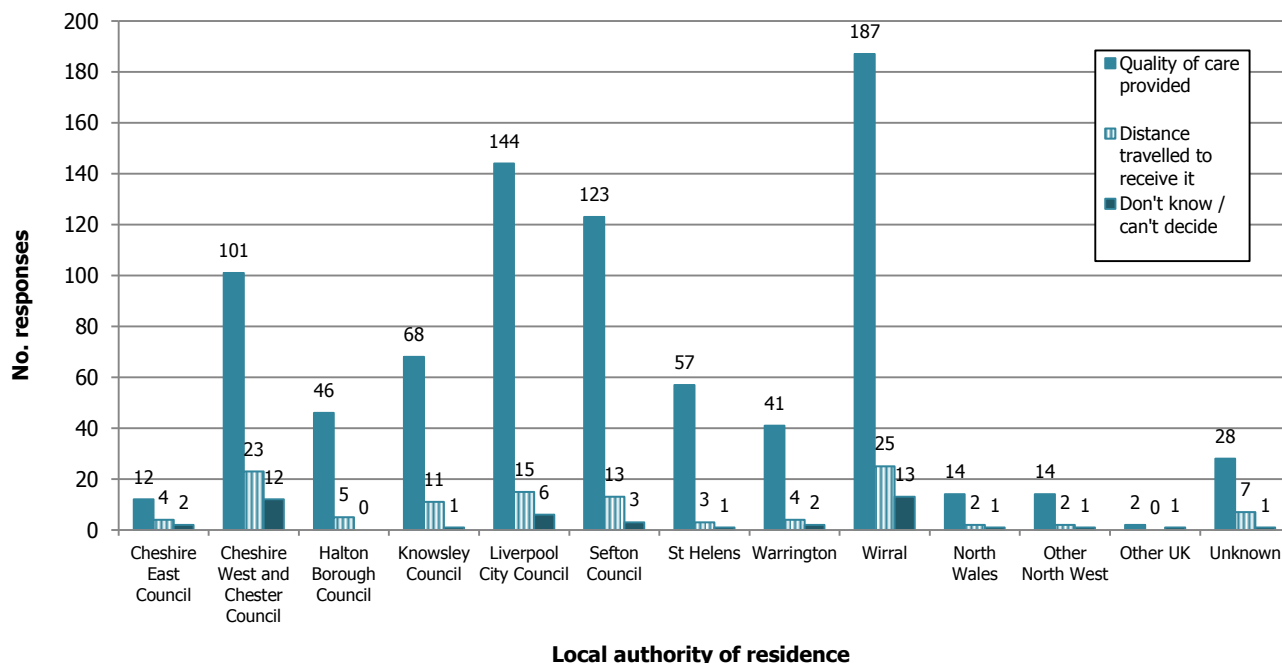


Figure 17: We want to ensure all patients receive the safest, highest-quality care as close to home as possible, but which is more important to you? (by local authority)



The response from Wirral University Teaching Hospital acknowledges the importance of both quality of care and accessible. The organisation highlighted *"the fact that outpatient and diagnostic interventions will continue to be available on the Clatterbridge site offers some reassurance that the price of losing locally accessible inpatient care will be higher quality inpatient care on the Liverpool site"* (Wirral University Teaching Hospital).

Respondents were asked "Our doctors and other clinical staff believe inpatients who need to stay in hospital overnight would get better, safer care on a site with intensive care and other specialists. Do you agree?". The majority of those who answered the question (94%) agreed with the statement and 6% disagreed. Higher proportions of respondents from Wirral (12%) and Cheshire West & Chester (12%) disagreed with this statement.

Figure 18: Our doctors and other clinical staff believe inpatients who need to stay in hospital overnight would get better, safer care on a site with intensive care and other specialists. Do you agree?

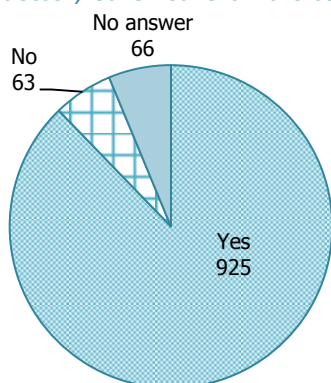
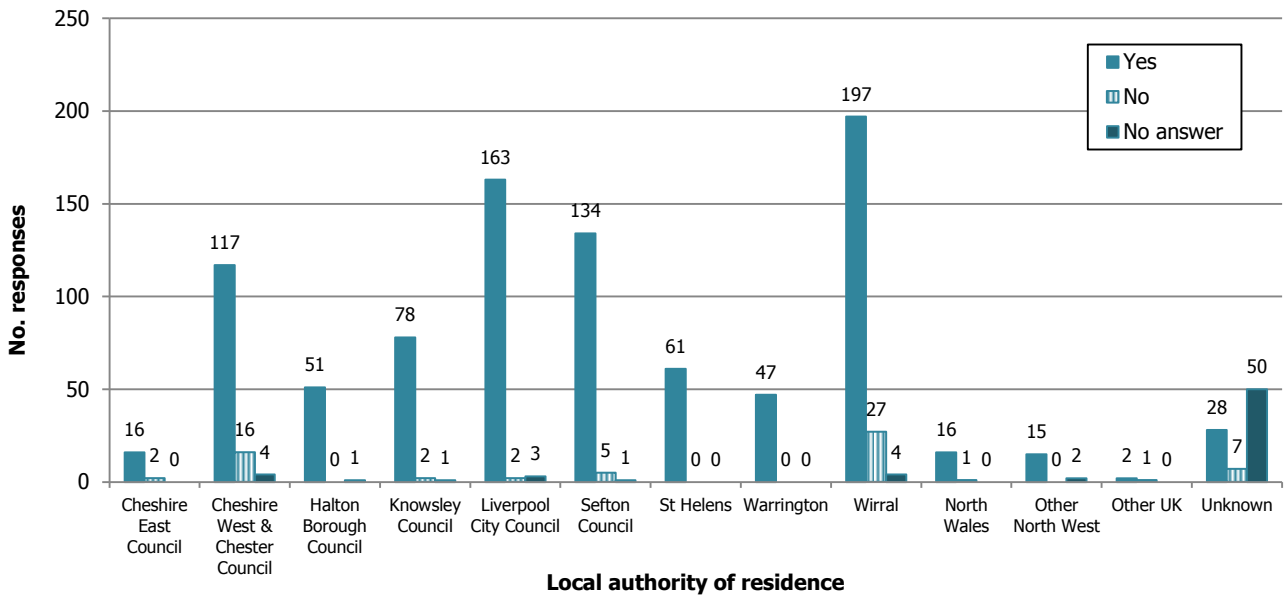


Figure 19: Our doctors and other clinical staff believe inpatients who need to stay in hospital overnight would get better, safer care on a site with intensive care and other specialists. Do you agree?" (by local authority)



Many of the respondents commented on the high level of care that themselves, friends or members of their family had received at The Clatterbridge Cancer Centre. The culture and atmosphere of the hospital was the main aspect that respondents suggested was important to be carried over if the proposal was to go ahead. For example:

*"I think it is important to keep the Clatterbridge Model of Care, My husband was diagnosed with Cancer and I think this model of care is excellent. The cancer care staff are truly excellent and very person centred."*

*"Having been a patient at Clatterbridge I know the service is excellent. This will make it even better for patients. More people will be diagnosed with cancer and we need the best research, technology and patient care in Liverpool."*

Some of the respondents discussed how they did not think the proposed move would be able to maintain the same atmosphere and quality of care. The main reasons for this were the location with it being based in a city centre and concerns around how the new model of care would work, for example:

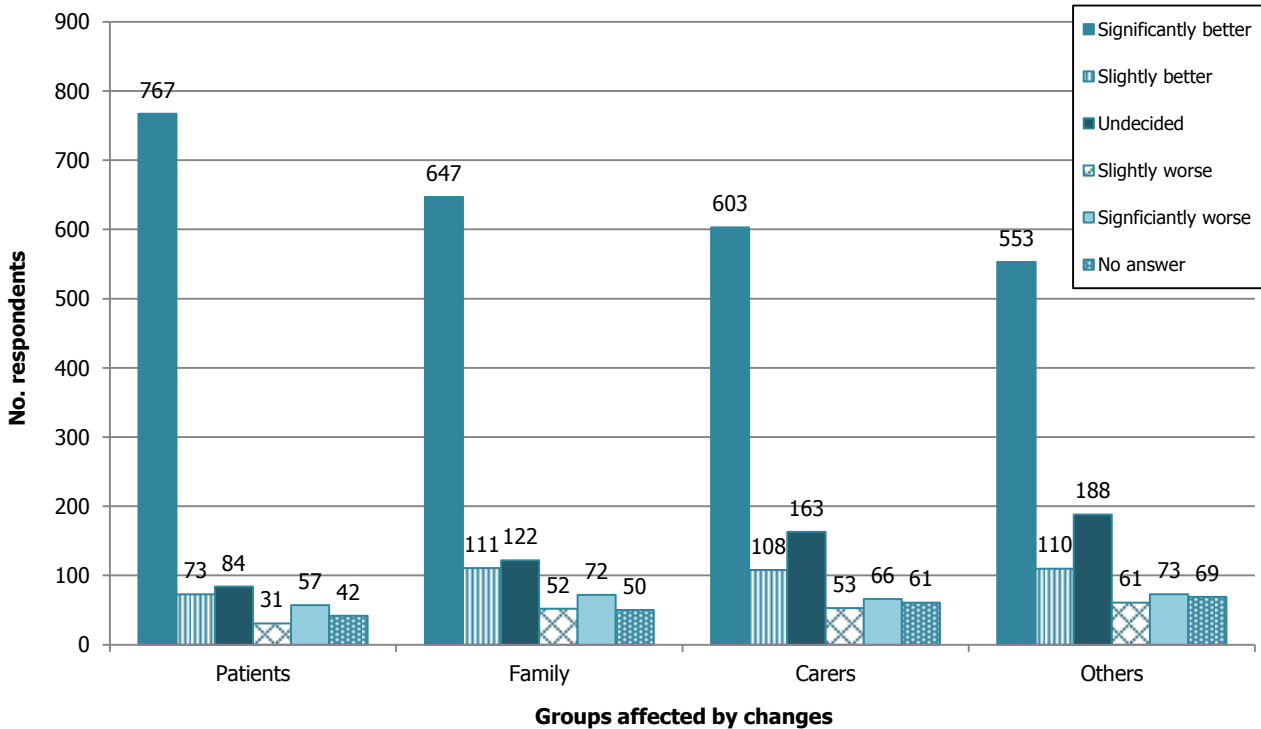
*"Having known someone who had breast cancer 2 years ago and has come through it, she said that her recovery was helped by the setting of Clatterbridge and would not have been so if she was in the middle of a city centre with all the excess traffic, noise and pollution."*

*"I do not believe the proposal. The excellent levels of care provided at Clatterbridge cannot be provided from two sites. It would not be more convenient for people from Wirral to travel to Liverpool it would be difficult and stressful".*

### 4.2.2 Impacts of proposed changes

Respondents were asked if they felt any groups would be affected for better or worse by the proposed changes. The majority of people felt patients, family, carers and other groups would be significantly better off as a result of the proposed changes.

Figure 20: Do you feel any groups would be affected – either for the better or the worse – by the proposed changes?



To understand differences in how the groups would be affected across the local authorities further analysis was conducted. *Significantly better* and *slightly better* were combined into the category *Better*, and *significantly worse* and *slight worse* were combined into *Worse*. These three categories are presented by local authority for each patient group (and only include those respondents who answered the question). There are differences between respondents from different local authorities with those from Cheshire West & Chester and Wirral indicating they thought some groups would be negatively affected. Respondents from these two local authorities felt families, carers and others would feel more negative impacts than patients.

For all four groups that could be potentially affected by proposed changes (patients, families, carers and other) very few or no respondents from Halton, Knowsley, Liverpool, Sefton, St Helens or Warrington indicated they expected these groups would be negatively affected as a result of the proposed changes.

A higher proportion of respondents from Cheshire West & Chester and from Wirral felt all groups would be negatively affected. Seventeen per cent of respondents from Cheshire West & Chester and 21% of respondents from Wirral thought patients would be negatively affected, and 27% of respondents from Cheshire West & Chester and 28% of respondents from Wirral thought families would be negatively affected. In terms of effect on carers 23% of Cheshire West & Chester respondents and 29% of Wirral respondents thought they would be negatively affected by the proposed changes. Thirty per cent of Cheshire West & Chester respondents and 32% of Wirral respondents thought others would be negatively affected. Cheshire West & Chester and Wirral residents indicated that the patients were the group most likely to be positively affected as a result of the changes (68% and 65% respectively).

Figures 21-24: Do you feel any groups would be affected – either for the better or the worse – by the proposed changes?

Figure 21: Patients

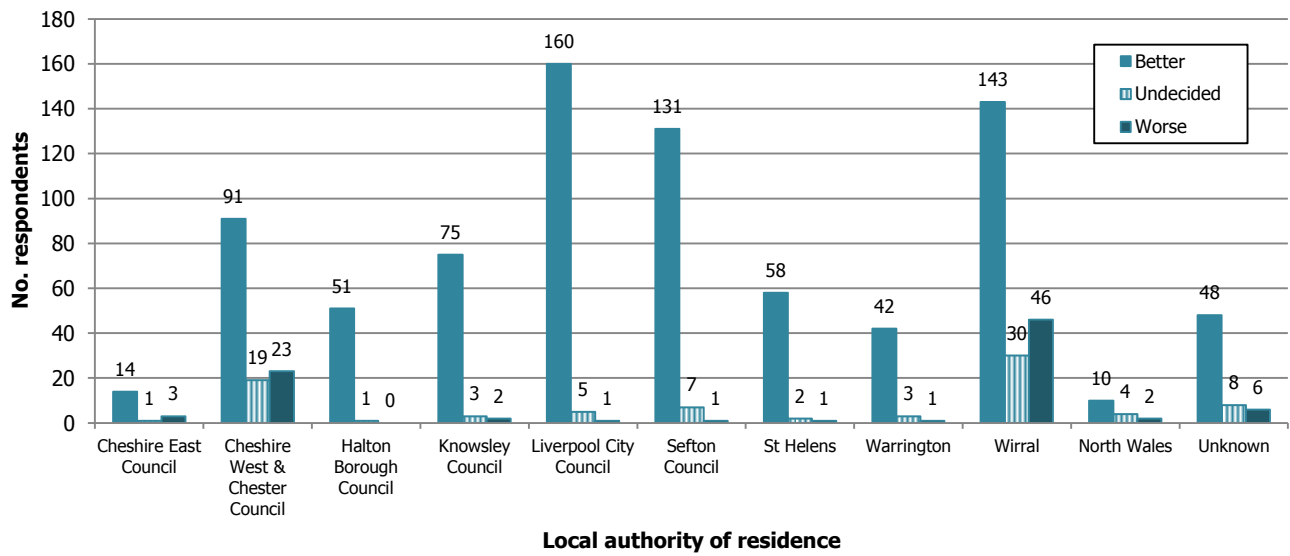


Figure 22: Family

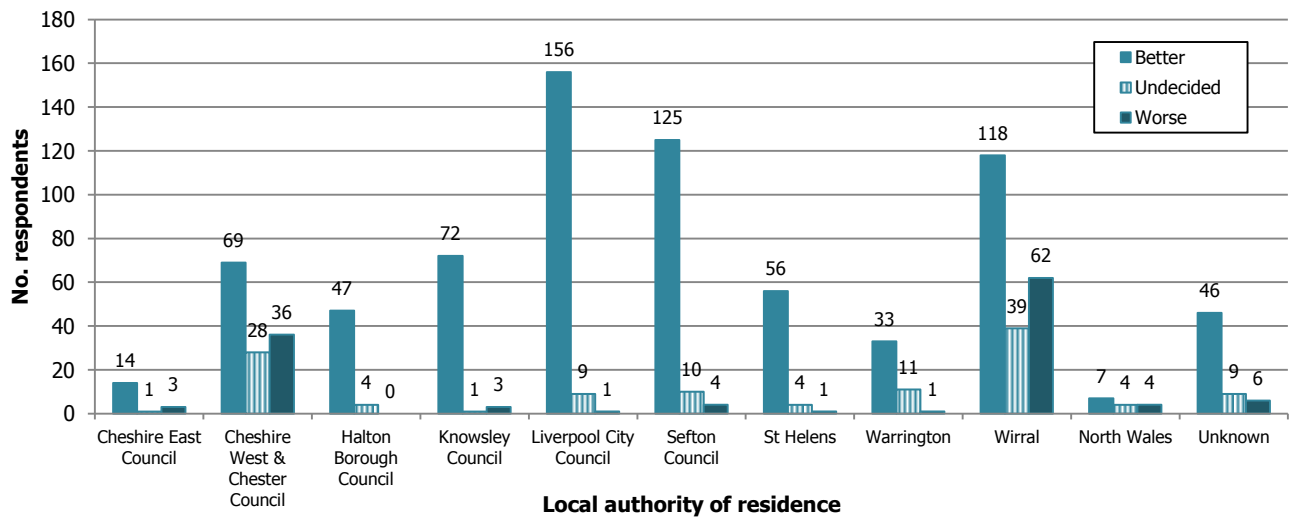


Figure 23: Carers

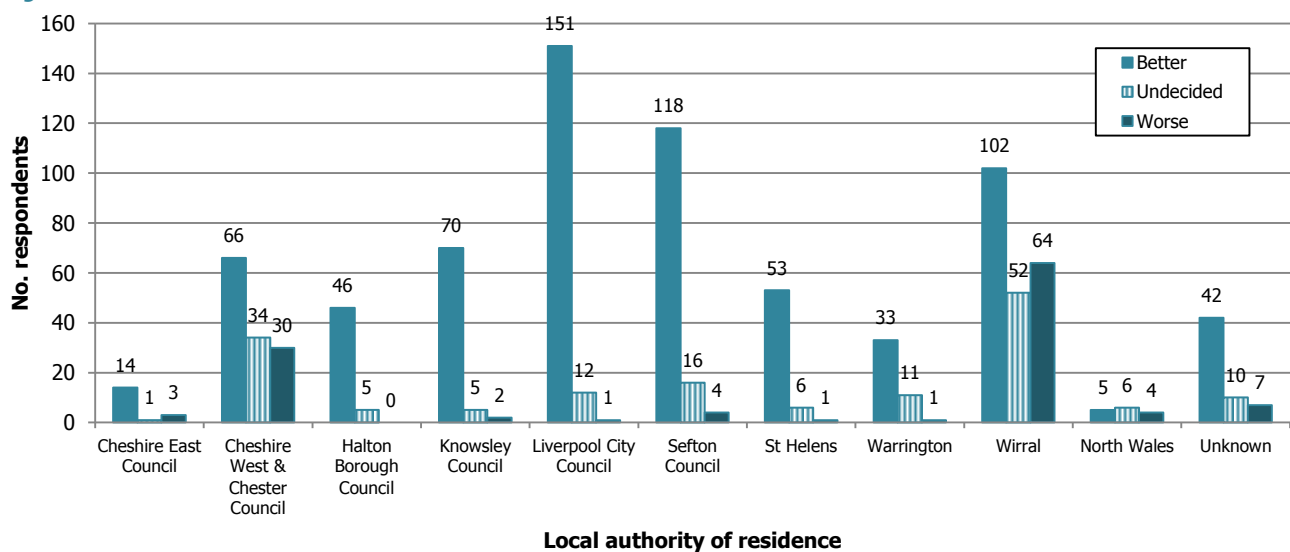
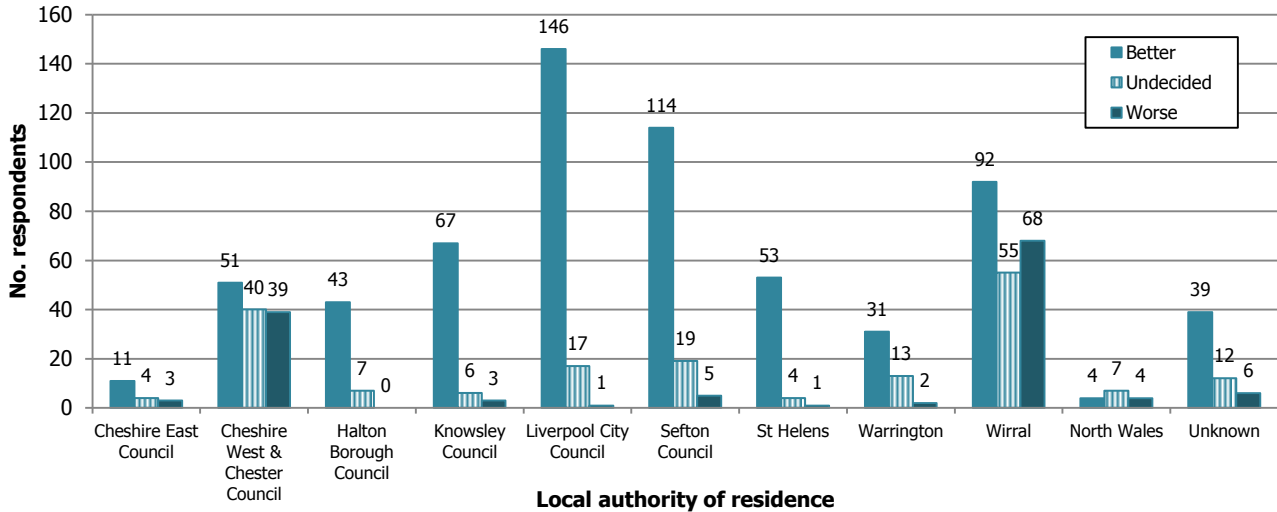


Figure 24: Others



Overall, the potential impacts were seen to be positive. One of the main benefits that respondents recognised from the proposal was the increased access to facilities that staff and patients would have at the proposed location. There were 111 specific references with regards to access to intensive care facilities, for example:

*"Makes sense that services are delivered alongside an acute hospital."*

*"As it will have on-site access to the intensive care, medical and surgical specialties in the Royal Liverpool University Hospital it will greatly benefit patients as they will receive an expanding variety of necessary care."*

This was also reflected in the organisational response from The Walton Centre who commented on the importance of providing inpatient facilities on a site that also has access to intensive care facilities.

Furthermore, respondents also suggested that because of the nature of cancer and cancer treatment, it was also a further benefit to be able to access other medical departments and their facilities (252 references) on the same site to avoid further travel and inconvenience:

*"It makes complete sense! I was unaware patients had to travel by ambulance to see medical/surgical specialists. People who have cancer want to be assured they are getting the very best treatment and care and something like this is long overdue!!!"*

*"Having health facilities & care for a number of conditions on 1 site reasonably accessible to each patient makes for better overall care for that patient."*

The response from the Teenage Cancer Trust stated that the ability to provide more services in one location will benefit teenagers and young people with cancer as it will create an opportunity for services, such as those relating to fertility and management of anxiety and fatigue, to be reviewed.

### 4.2.3 Travel and transport

To further explore potential impact on patients in different areas, response categories were again combined; *significantly better* and *slightly better* were combined into the category *better*, and *significantly worse* and *slight worse* were combined into *worse*. These three categories are presented below for each consultation option (parking availability, public transport to hospital and tunnel fees) by local authority and only include those respondents who answered the question.

In relation to parking availability overall, the majority of respondents who answered the question felt they would be positively affected (56%) or not affected (23%) by the proposed changes. However, a third of respondents from Cheshire West and Chester (35%) and 41% of respondents from Wirral indicated they would be negatively affected in relation to parking availability as a result of the proposed changes.

Wirral University Teaching Hospital discussed how the proposed new location would provide better access for patients who live outside of the Wirral and maintaining diagnostic and outpatient services at the Clatterbridge site would contribute to those from the Wirral also not being disadvantaged. However, those who are acutely ill at the Clatterbridge site would have to be treated at the proposed new location, which could create some travel problems for visiting relatives who will require additional support and information.

Figures 25-30: Would any of the proposed changes affect you personally in terms of travelling for treatment or to visit someone?

Figure 25: Parking availability

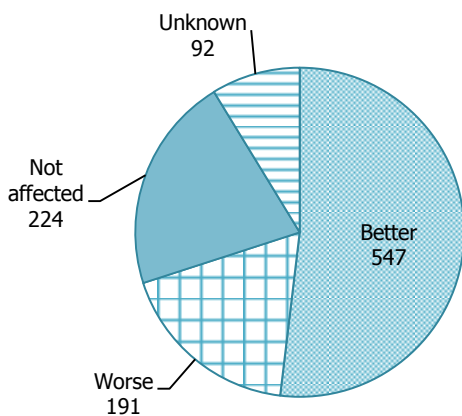
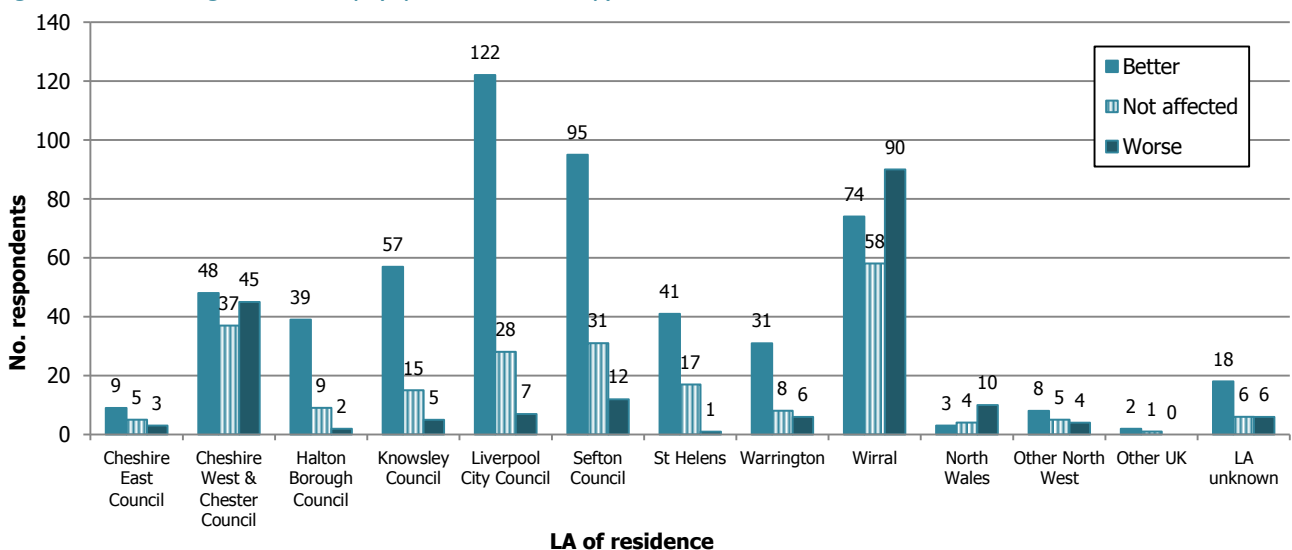


Figure 26: Parking availability (by local authority)



For public transport to hospital, over half of respondents who answered the question (54%) felt they would be positively affected after the proposed changes and 24% would not be affected. Twenty per cent indicated they would be affected for the worse by the proposed changes. Respondents from Cheshire West and Chester were most likely to indicate they would be affected for the worse by the proposed changes (44%) and 41% of respondents from Wirral felt they would be worse off.

Figure 27: Public transport to hospital

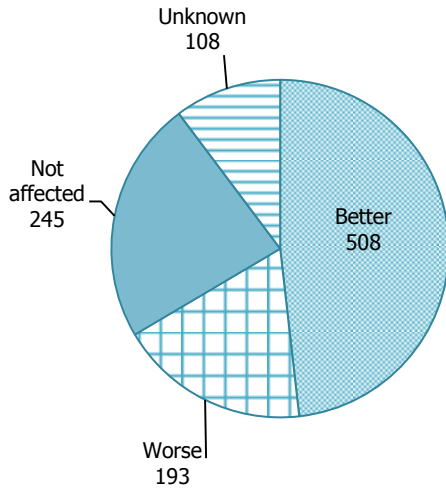
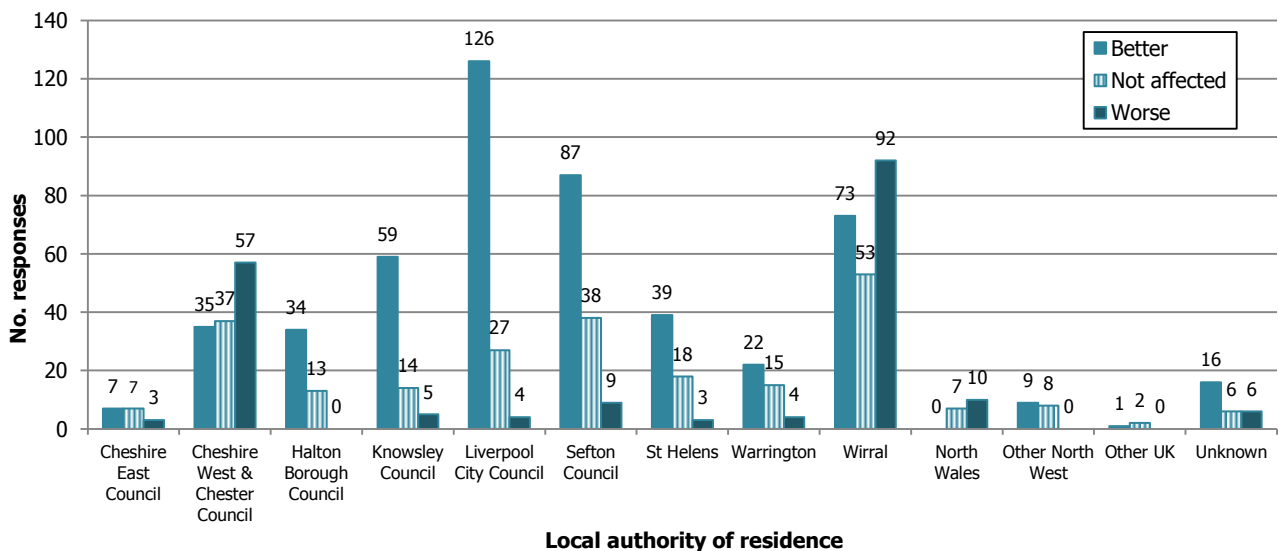


Figure 28: Public transport (by local authority)



In relation to tunnel fees, opinion was similarly divided on positive and negative impacts: 35% of all respondents who answered the question thought they would be worse off; 33% indicated they would be better off; and 32% indicated they would not be affected. High proportions of respondents from Cheshire West and Chester (70%) and Wirral (75%) both indicated they would be negatively affected as a result of the proposed changes.



Figure 29: Tunnel fees

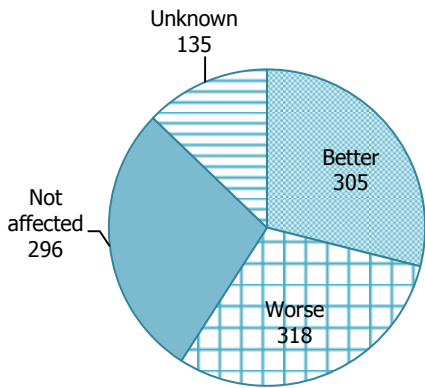
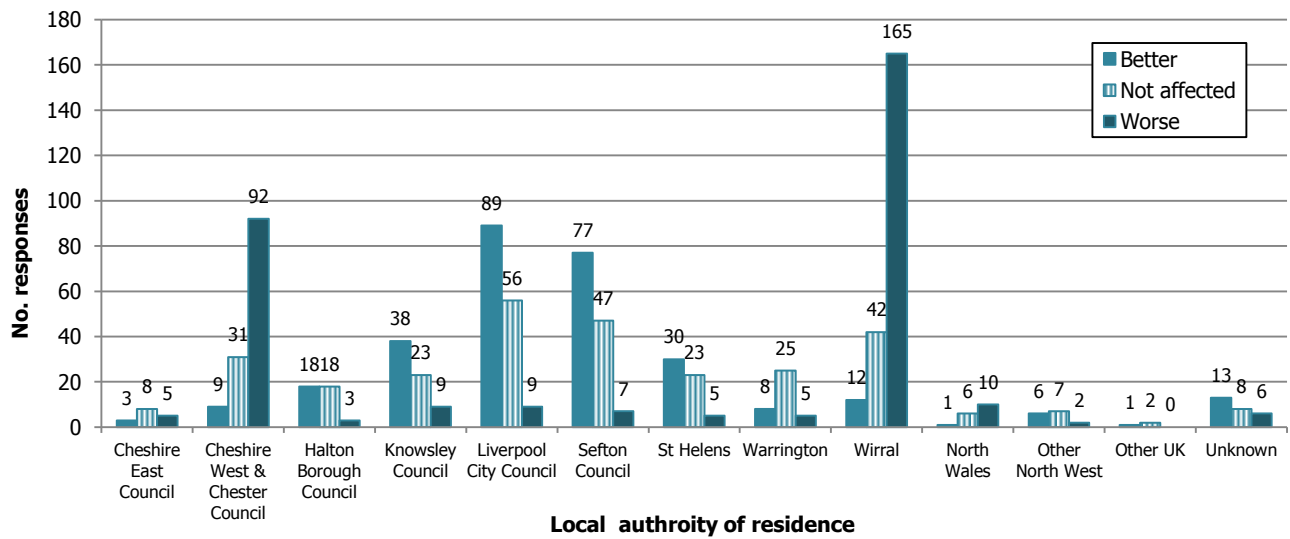
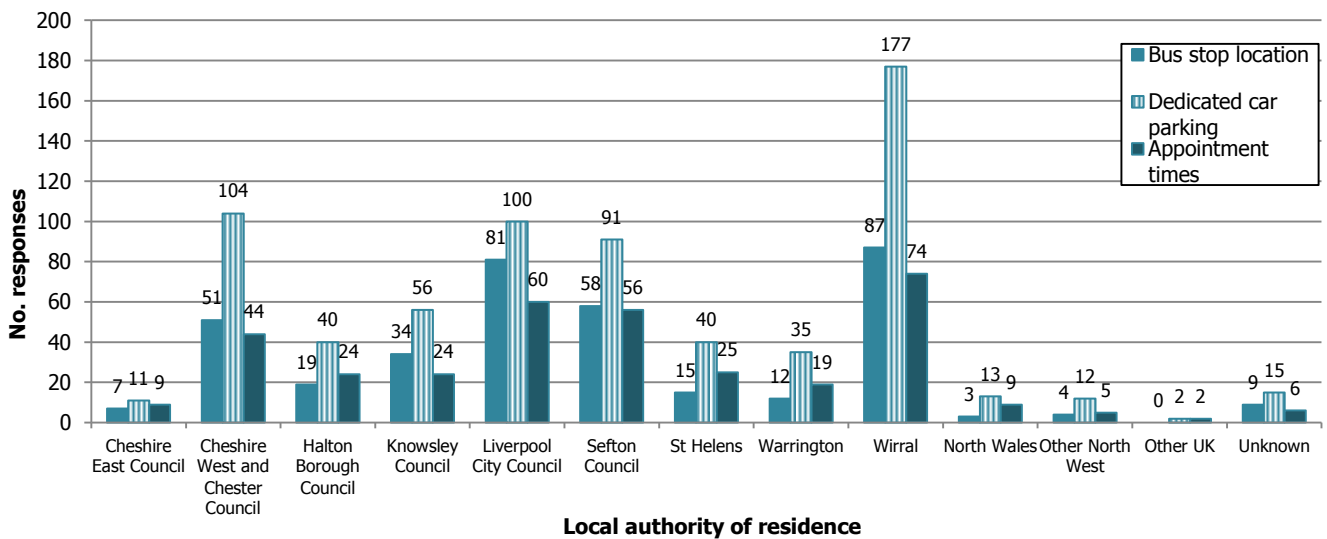


Figure 30: Tunnel fees (by local authority)



The consultation questionnaire asked "If you feel the proposals would make your journey harder, would any of the following make these changes easier?". Respondents were given three suggestions and could tick any. For respondents from all local authorities dedicated car parking was the most commonly suggested solution to any difficulties. Appointment times were less important.

Figure 31: If you feel the proposals would make your journey harder, would any of the following make these changes easier?



These responses reflect the findings relating to the numbers of respondents who felt that patients, family, carers and others would be worse off as a result of the proposed changes (figures 21-24). The quantitative findings regarding travel and transport were reflected within the open-ended questions, with transport and car parking facilities being the main concerns raised by respondents.

Analysis of the open-ended questions revealed that there were 143 references to traffic issues, 101 references to travelling during peak traffic times, 682 references to car parking facilities and 77 references to the cost of travelling to attend appointments and visit patients. Respondents discussed the increased stress and anxiety surrounding attendance of appointments and suggested that travelling long distances and problems with traffic and car parking could contribute to this. Many respondents included personal experiences of accessing cancer care at Clatterbridge to highlight these issues, for example:

*"Having recently finished treatment for bowel cancer, the most difficult thing in hindsight was the journey each day to Clatterbridge for radiotherapy. When you feel unwell, the journey is an added hindrance each day."*

*"The main reason people who have cancer can be quite unwell and don't want to have to travel miles to the nearest facility. Speaking from experience after having chemo the travelling miles home was a nightmare. And if unfortunate enough to be admitted as an inpatient you need family to be able to come & see you."*

Responses that related to considerations for the new centre reflected the overall trend relating to car parking and transport concerns. Other responses related to appointment times. For example:

*"Easier access for those on the Liverpool side of the Mersey. I hope a bus service will be provided from Lime St to the new site though, for those still needing transport from this side but who may not need proper hospital transport."*

*"Increase in public transport to locations providing treatment."*

*"Improved car parking access."*

Views regarding distance of travel and quality of care were highlighted in the consultation response received from Wirral University Teaching Hospital. Their response acknowledges the current positive aspects of the Wirral site in terms of ease of access from the motorway network and ring-fenced parking, and suggests the

new Centre should attempt to mirror these advantages where possible. The response from this organisation also highlighted that there may be a perception that the longer journey for inpatient care could be complex and daunting, and suggest *"additional support and information should be given to support them and enable them to manage this change"* (Wirral University Teaching Hospital).

The joint trade union response highlighted the impact of the proposed changes regarding parking facilities and transport links, suggesting the increase in journey time would effectively extend their working day, and that parking availability may be much worse and expensive for the majority of staff. The trade union's response suggests public transport may be better, but more expensive, and the tunnel fees would be an additional expense. The trade unions also suggest that flexible start times and flexible working patterns may help overcome some of these issues.

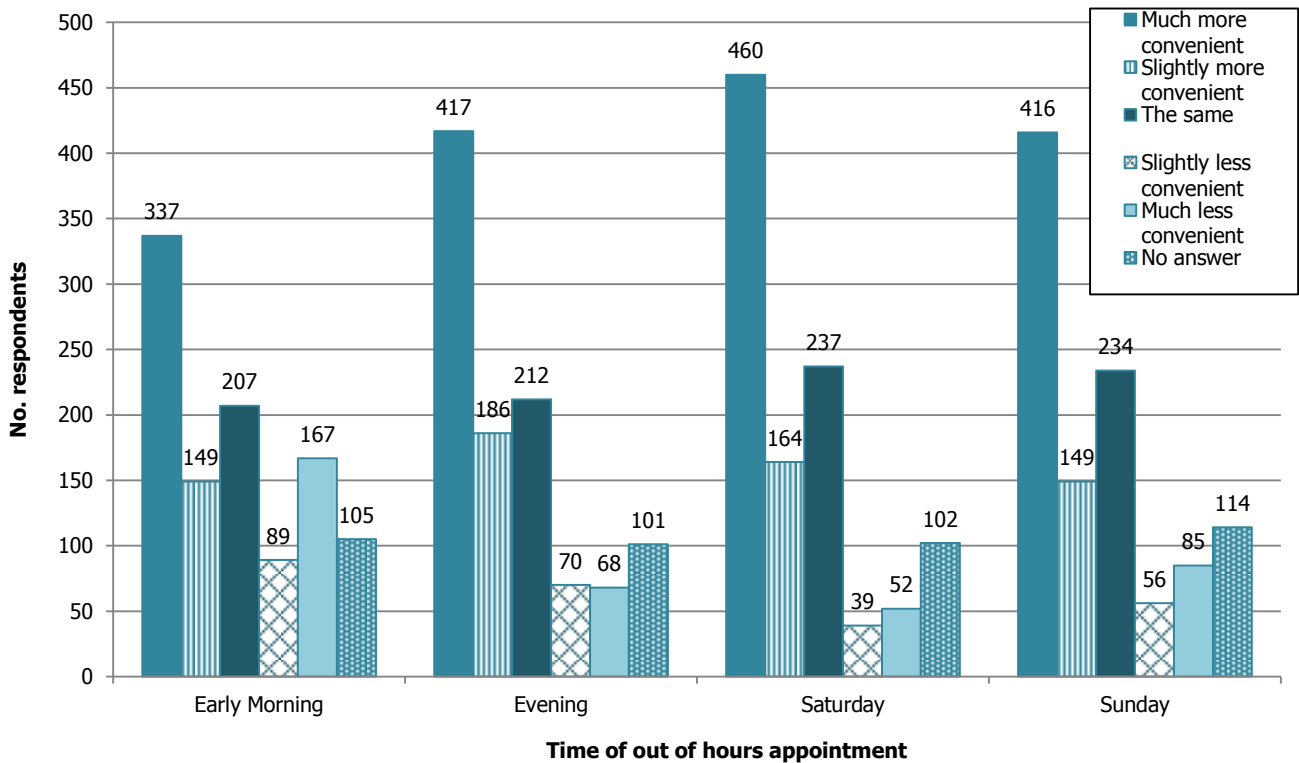
#### **4.2.4 Availability of appointments**

Respondents were asked about out-of-hours appointments and whether early morning, evening, Saturday and Sunday appointments would be *much more convenient*, *slightly more convenient*, *the same*, *slightly less convenient* or *much less convenient*. Overall respondents were very in favour of out of hours appointments. Saturday appointments were the most popular with 65% of respondents who answered the question indicating Saturday appointments would be much more or slightly more convenient. Respondents were also very positive about the other options with 63% indicating they would find evening appointments more convenient and 60% said Sunday appointment would be more convenient. Early morning appointments were the least popular however 51% of those who answered the question still indicated this would be more convenient. This question was examined by local authority and there was very little difference between responses from different local authorities (data not shown).

In terms of early morning appointments, several respondents commented about the inconvenience of travelling during peak traffic times because of the increase in delays in getting to appointments caused by traffic. Other issues raised by respondents included those over the age of 65 who would not be able to use their entitlement to free public transport because of the restrictions placed on travelling at peak times. Furthermore, some respondents commented that those who are receiving treatments such as chemotherapy are likely to feel tired and may find early morning appointments difficult to attend because of this. Evening and Saturday appointments were favoured because respondents felt that these would help in avoiding issues such as traffic and lack of car parking availability.

A theme that was common across all of the data was the importance of the role that family members, carers and friends have in helping and supporting patients who are accessing these services and there were 467 direct references to these groups. In terms of out-of-hours appointments, many of the respondents suggested that one of the main benefits would be the increased likelihood that these appointment times would be more convenient for those who have to accompany patients to appointments.

Figure 32: If you were offered an early morning, evening or weekend appointment, would you find this...?



The collective response from the trade unions acknowledged that it may not be possible to provide early treatment appointments for some services, due to the significant lead-in time for getting facilities ready for clinical use. These responses also highlighted that for small teams and/or lone workers, the extension of the working day may require investment and expansion in staff teams.

#### 4.2.5 Additional views

Some additional views were gathered that were not directly enquired about in the consultation questions. A minority of respondents also made comments in relation to groups that have not been fully represented in the survey data. For example:

*"People in Merseyside/Liverpool/Sefton will have greater access to the CCC's services. The Liverpool economy will get a boost. CCCs services will have to become more diverse eg catering for the diverse population in Liverpool - BME, LGBT etc."*

*"For the majority of 'normal, ordinary' folk, the proposals might work, but you haven't thought about the 'forgotten group'. Mentally handicapped patients. It was hard enough to care for my brother who was 32 years old but as a downs syndrome he functioned as a child. He was in an ordinary ward with older people. I and my sister cared for him 24/7 as the staff felt unable. We slept on the floor, did all his personal care, 24/7 and had to fend for ourselves - food, drinks etc. No thought given to family and carers."*

Responses also referred to the potential increase in research and clinical trials as a result of the relationship with the University of Liverpool, being on site with other specialties and being closer to other NHS trusts. Overall there were 256 references relating to this. For example:

*"Research opportunities will be expanded as earlier phase trials can be conducted with intensive care facilities nearby."*

*"Bringing resources together will improve the quality, services & facilities outlined. Also it will offer patients the chance to go on the clinical trials, and more services. I think it's a great idea."*

*"The fact that the university and hospital research are closer and work together more would benefit future patients also."*

The support for research development was also highlighted in some organisational responses. The response from the Teenage Cancer Trust stated that the link to the University of Liverpool will create improved access to the latest research and clinical trials. They suggested that this is currently a significant issue for teenagers and young people as very few are able to gain access to the latest clinical trials. The Walton Centre also anticipates that the move would increase access to research and clinical trials.

*"It's important that any movement of services for teenagers and young adults with cancer should enable better access to relevant clinical trials." (Teenage Cancer Trust)*

The response from The Walton Centre also highlighted the positive impact of the proposed relocation on research and clinical trials, and highlighted the need to maximise the opportunities for these.

*"The relocation should facilitate an increase in research and clinical trials. Further work will need to be done to maximise the opportunities for these and, as a research partner of CCC and the University of Liverpool, the Trust would want to engage with this agenda" (The Walton Centre).*

#### **4.2.6 Potential impact of proposals on different protected characteristic groups**

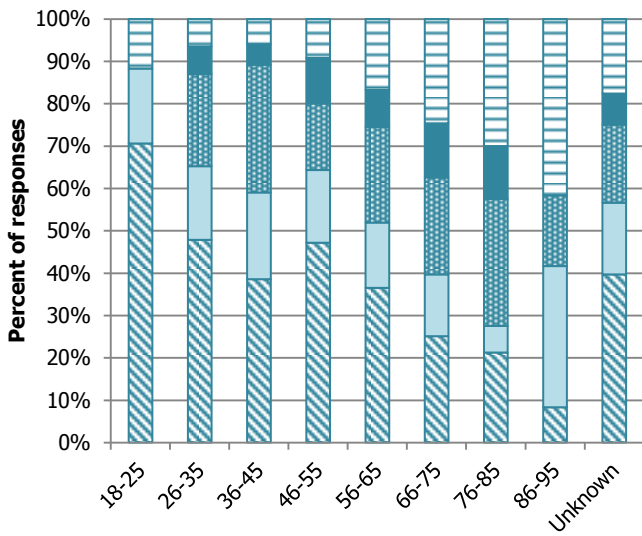
##### **Age**

There was little difference in the age of respondents between local authorities. There was no difference between respondents of different ages on whether the proposed changes would impact on patients, carers, family or others. There was no relationship between age and negative impacts on parking, public transport to hospital or tunnel fees (data not shown). There was no variation between respondents' age and the responses to the open ended questions.

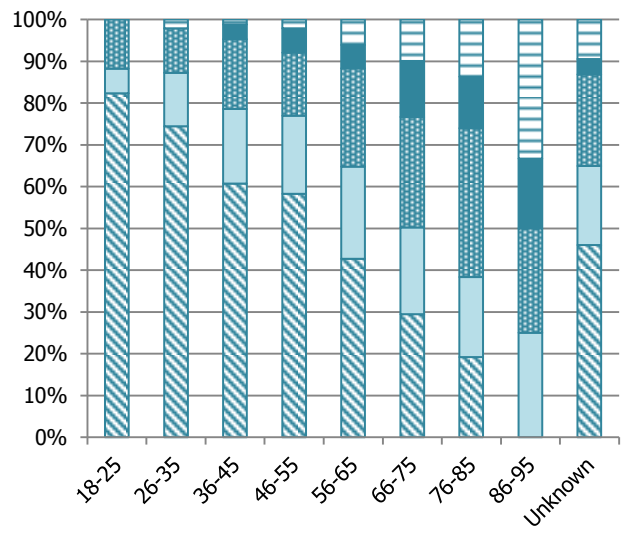
However, preferred appointment times differed by age group with younger participants more likely to indicate they would like out of hours appointments. For all four out-of-hours options, older participants were more likely to find them less convenient or the same.

Figure 33: Convenience of appointment time by age

Early morning

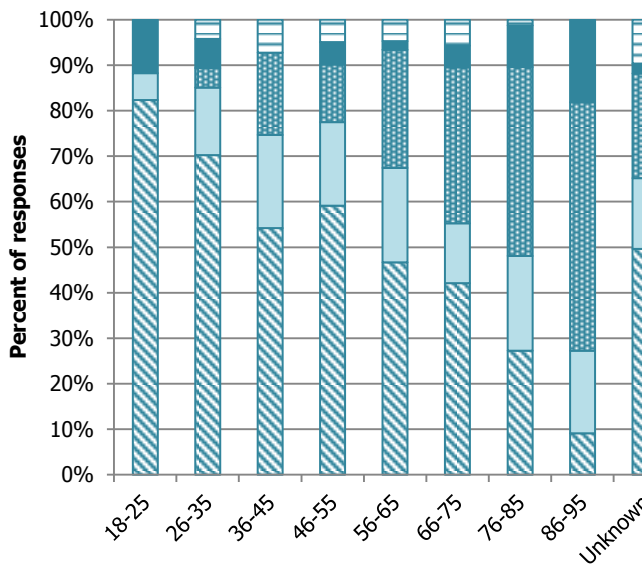


Evening

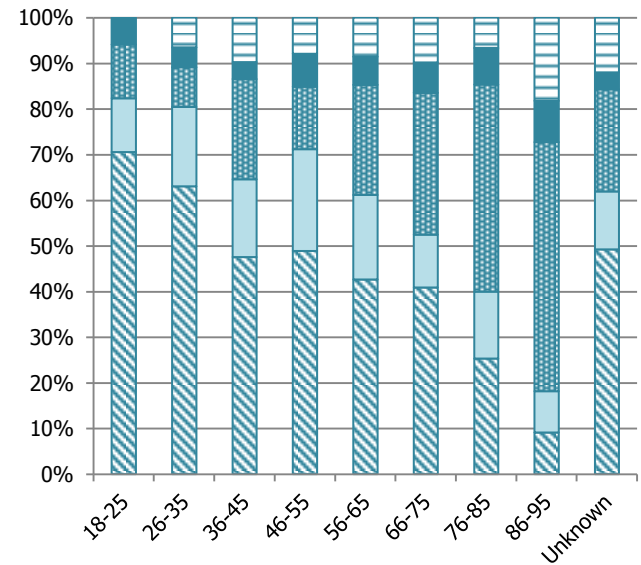


Legend: Much more convenient (diagonal lines), Slightly more convenient (light blue), The same (dotted), Slightly less convenient (dark blue), Much less convenient (white)

Saturday



Sunday



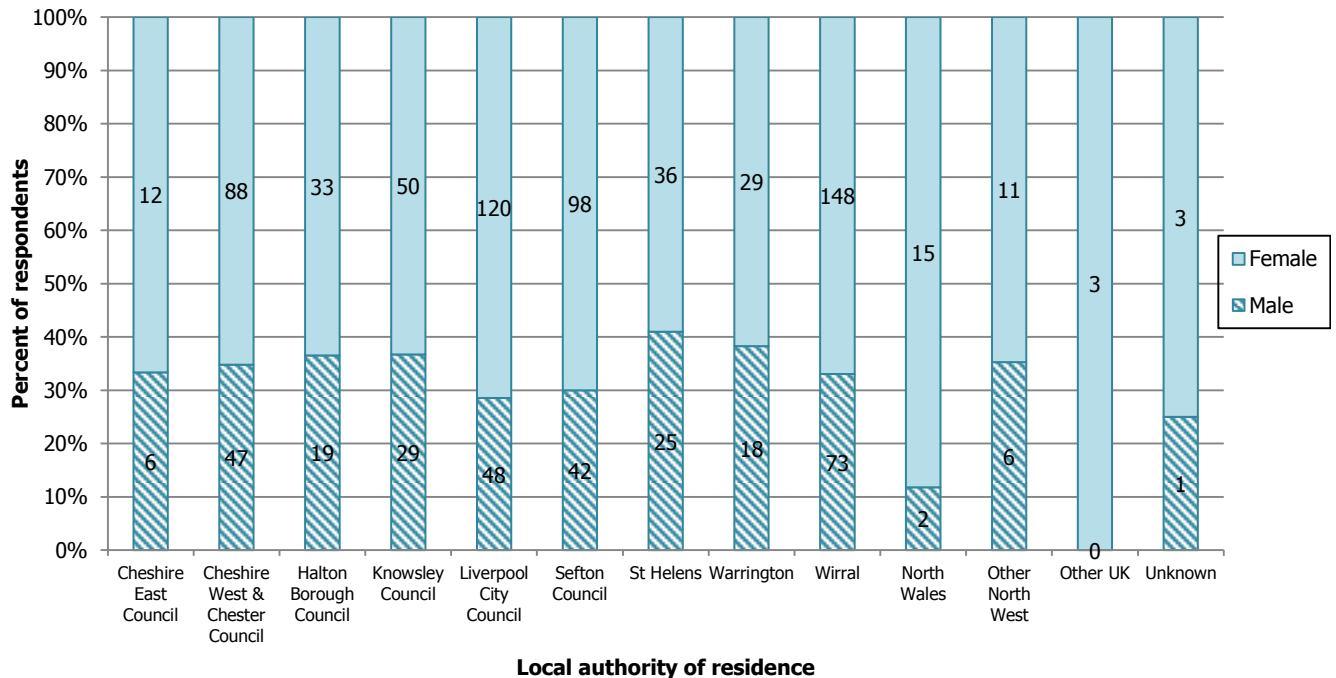
Legend: Much more convenient (diagonal lines), Slightly more convenient (light blue), The same (dotted), Slightly less convenient (dark blue), Much less convenient (white)

Gender

There were no differences between genders on whether they supported the vision or the plans, how they thought it would affect different groups or whether they would be affected by parking, public transport or tunnel fees. There was no variation between respondent's gender and the responses to the open-ended questions.

Gender breakdown differed only slightly by local authority with St Helens having the highest proportion of male respondents (25; 41%) and Liverpool having the lowest (48; 29%). Females were slightly more in favour of out-of-hours-appointments, especially evenings and weekend (data not shown).

Figure 34: Gender distribution by local authority of residence



### Disability

Only 45% of respondents gave an answer to this question to indicate whether they had a disability. Of those who answered the question there were no differences between people who reported having a disability and those who did not have a disability in terms of support for the vision or the plans, how they thought it would affect different groups, the convenience of out of hours appointments, or whether they would be personally affected by parking, public transport or tunnel fees.

The proportions of those who reported having a disability differed only slightly by local authority and for some local authorities very few people answered the question. Cheshire West & Chester reported the highest proportion (39% of all respondents who answered the question; 28 individuals) and Wirral reported the lowest (28%; 29 individuals. Data not shown).

### 4.3 Group Responses

Responses were received from a number of organisations. Where relevant, responses have been referenced within the above presentation of findings. An overview of the organisation-specific responses are provided below.

The Royal Liverpool and Broadgreen University Hospitals provided a statement of support for the proposals, highlighting that the initiative provides:

*"...a really exciting opportunity to transform healthcare and improve cancer outcomes in our city...we fully support this fantastic initiative and are excited about the positive transformation this will bring to our city and beyond." (The Royal Liverpool and Broadgreen University Hospitals)*

The Teenage Cancer Trust stated they recognise the potential positive outcomes that could occur as a result of the changes to the structure of cancer services. The response from the Teenage Cancer Trust highlights four key areas for consideration: referral pathways, access to clinical trials, integrated care and survivorship support. In terms of referral pathways, the Trust highlight the good practice currently occurring in Merseyside and Cheshire, and state the importance of ensuring this continues to achieve 100% of young people notified to the service as part of standard care. The Teenage Cancer Trust also highlight the importance for *"young people's patient experience that this clinical care is joined up and there is excellent communication between practitioners in all these settings."* As discussed in section 4.2.2 of this report, the Teenage Cancer Trust highlight the importance of survivorship support, including issues relating to fertility, anxiety and fatigue, and the opportunities that will arise from the proposed changes.

*"The proposed re-provision of teenage and young adult cancer services at the new Clatterbridge Cancer Centre offers an opportunity for such services to be reviewed to ensure they can meet the needs of local young people." (Teenage Cancer Trust)*

Wirral University Teaching Hospital provided a statement in support of the proposed plans, acknowledging the need for co-location and the potential positive impacts of this. The organisation commented that flexibility around extended appointment times is recognised as an advantage for patients, however restructuring around staff flexibility would be needed in order to make this work affectively.

*"there is no doubt that the availability of rapid on site access to acute care services and facilities will enhance the patient experience for this group" (Wirral University Teaching Hospital)*

Patient pathways were highlighted by Wirral University Teaching Hospital as particularly important to patients who have previously received acute care at the Arrowe Park site and whose inpatient care will/may move to the Liverpool site. The impact of changes on patient pathways was also highlighted in respect of the working practices of the Arrowe Park team. The response from Wirral University Teaching Hospital states that close connections between the Clatterbridge site and the new location needs to be maintained.

The Walton Centre response was supportive of the vision for cancer care, stating that it believed the proposed plans would significantly benefit patients, their relatives, carers and other users or visitors to the Clatterbridge service. The Walton Centre state the relocation would *"significantly strengthen the provision of cancer services, research and training in Merseyside and Cheshire"*. It is recognised this may lead to other strategic or operational changes, and The Walton Centre highlight the need to protect and enhance brain and CNS services. The Walton Centre also highlight the potential for further involvement with the Aintree site, stating *"the closer proximity of the new CCC at the Royal Liverpool site should enable extension of the range of services possible for selected inpatients who would best be managed at the Walton-Aintree site, it could also facilitate use of SRS in a wider range of neurosurgical conditions"*.

A joint response was received from the trade unions highlighting that staff support the vision, and increased investment will improve quality of care. The trade union's comment that many staff are however unconvinced that the relocation of the main hub to the Liverpool campus would be the most effective proposal. The trade unions stated that issues relating to travel time and cost will increase for the majority of staff, but highlight that this would gradually improve with staff turnover. The trade unions recommend early reassurances regarding protection around travel would help reduce any potential staff retention problems. The trade unions response also discusses that the staff provide a unique atmosphere to the centres, which should not change; however issues relating to staff retention may impact on this.

A consultation response was received from the Lead Chaplain of Warrington & Halton Hospitals NHS, who highlighted the importance of ensuring that there are plans for a sacred space/chapel in the new centre, and



that chaplaincy support be clearly outlined. This response also acknowledged that chaplaincy is not just related to religion, and that chaplains can provide a resource and support for other members of staff.

#### **Responses pertaining to building design**

Responses were also received from The Clatterbridge Cancer Centre's Diagnostic Imaging Department pertaining to the detailed architectural design of the new building. However, as this feedback is not in direct response to the consultation, these have not been included within this report. Some of the response from trade unions related to staff concerns regarding office accommodation and facilities. Issues were raised such as higher-occupancy rooms and a potential lack of confidential meeting space. Engagement and involvement of specific user groups will be undertaken when the design phase commences next year; this will include engagement with the Imaging Department and other teams/departments.

## 5. Summary of Findings

All local authorities in Merseyside and Cheshire were represented in the consultation response. More females than males responded to the consultation, and the majority of respondents were aged above 56. Although characteristics of respondents are not representative of the general population of Merseyside and Cheshire, they do reflect the characteristics of those more likely to use The Clatterbridge Cancer Centre's Services (older people and females; as identified in the current profile and treatment data presented in the 2014 Equality Impact Assessment).

Most respondents indicated that they supported the proposed changes to cancer services, and most felt the changes would help deliver the vision and improve the quality of care that people with cancer will receive in Merseyside and Cheshire.

The majority of respondents felt that the quality of care provided was the most important priority, above the distance travelled to receive it. Most respondents agreed that inpatients who need to stay in hospital overnight would get better, safer care on a site with intensive care and other specialists.

The majority of respondents felt that patients, family, carers and other groups would be positively affected by the proposed changes. Most people felt they would be positively affected or not affected by issues relating to the availability of parking and public transport to hospital. Respondents felt that designated car parking and bus stop locations would make the changes easier.

Area of residence was the biggest influencing factor on responses to the consultation; there was a divide between those living in the north and east of the region (namely Halton, Knowsley, Liverpool, Sefton, St Helens and Warrington) and those living in Cheshire West and Chester and Wirral. Respondents living north of the River Mersey were more likely to report support for the proposed changes, felt the changes would make travel and their journey easier and they felt patients, carers, families and others would be more positively impacted by the changes. Respondents living in Cheshire West and Chester and Wirral reported lower support for the proposed changes, more concerns about transport and travel, and expected more negative impacts on families, carers and others and, to a lesser extent, patients. Despite Cheshire West and Chester and Wirral respondents reporting greater concerns, it is important to note that overall the majority of respondents from these two areas did support the vision and the plans.

There were little differences in the age of respondents between local authorities, and there were no differences between respondents of different ages on whether proposed changes would impact on patients, carers, family or others. There was no relationship between age and negative impacts on parking, public transport to hospital or tunnel fees. Younger participants were more likely to indicate that they would like out-of-hours appointments.

There were no differences between genders and whether they supported the vision or the plans, how they think the proposed changes will affect different groups or whether they will be affected by parking, public transport or tunnel fees.

There were no differences between people who reported having a disability and those who did not have a disability in terms of support for the vision or the plans, how they think it will affect different groups, the convenience of out-of-hours appointments, or whether they will be personally affected by parking, public transport or tunnel fees.

Support for the proposed changes to cancer care in Merseyside and Cheshire seems to be increasing. During the pre-consultation programme in 2012-13 respondents were asked *"Having heard about the proposals do you think they are a good idea?"* Overall 83% of respondents indicated they thought the proposals were a

good idea. In this recent formal consultation people were asked *"Do you believe our proposals will help deliver it and improve the quality of care that people with cancer receive in Merseyside and Cheshire?"*; 88% stated yes. There has been a marked increase in the support in Wirral and Cheshire; in the pre-consultation programme only 41% of those with a CH postcode (Wirral and Cheshire) indicated they felt the proposals were a good idea (see appendices). In this recent formal consultation support has increased in Wirral and Cheshire; 71% of Wirral and 74% of Cheshire West and Chester respondents stated they believed the proposals will help deliver the vision and improve the quality of care that people with cancer receive in Merseyside and Cheshire.

Overall, the consultation findings provide evidence of support for the Merseyside and Cheshire proposals. As Transforming Cancer Care progresses and the Trust develops its outline and full business cases for the project, it needs to consider the following:

1. **Provide clear and transparent communication** regarding the rationale and justification for the proposed changes in terms of (potential?) positive impacts on quality of care.
2. **Reduce (where possible) the cost of transport and travel** for patients, family members, carers and staff and communicate clearly about why this may/may not be possible. Many individual respondents felt that dedicated car parking would help to make the changes easier for them; whilst the trade union response highlighted that staff felt they would be negatively impacted by travel and transport consequences, in terms of parking availability and cost. Communication could be developed to address potential perceptions regarding the negative impact on increased journey times on ill patients.
3. **Support and strengthen current provision for research activities** and ensure that findings are communicated to all stakeholders. The positive impacts of the changes on research provision were highlighted by a number of individual and group respondents.
4. **Consider patient pathways**, ensuring that the positive connections between sites remains and that current good practice is supported and strengthened.
5. **Maintain positive morale amongst staff** in order to maintain the positive atmosphere and high quality standards of care. Efforts could be made to acknowledge this formally across the workforce, and would be supported regarding clear communication of the actions which arise as a result of consultation and engagement activities.
6. **Provide plans regarding the development of a sacred space and chaplaincy support.** Highlight the potential role of the chaplain to staff and ensure that the provision is maximised.
7. **Ensure that separate engagement and involvement activities** are undertaken to formally assess and consult on the appropriateness of building design. It may be worth highlighting these plans to respondents of this consultation who formally raised concerns regarding the design and building provision.

## 6. References

Baker, M.R. and Cannon, R.C. (2008) *The organisation and delivery of non-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.

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