Bristol CCG
Cancer Survivorship Consultation Event

Thursday 12th February 2015
Armada House, Bristol

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Facebook: Bristol CCG
Welcome

Alison Moon – Bristol CCG Director of Quality and Transformation
Martin Jones – Chair of Bristol CCG
Commissioning healthcare services in Bristol

- Improving cancer outcomes key priority for Bristol CCG
- 1 of 11 steering groups focused on improving the health of Bristol population
- 1 of 5 key projects currently being undertaken the cancer steering group
- Five Year Forward View Into Action 2015/16
Aim of the day

- To develop a common understanding of where Bristol is currently
- To continue the conversation at scale as to how survivorship of cancer should be commissioned locally
- To identify what needs to change to achieve this vision
- Develop a virtual network of people who can input into the development of this pathway

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First Question

Please can you answer the question in bold on the blue slip of paper in your delegate pack and put in the box in the middle of your table.

5 minutes
Bristol CCG Cancer Survivorship Strategy

Making sure we are meeting the needs of our population
Setting the Scene

- 2 Million people in the UK are living with cancer
- By 2030 there will be between 3 and 4 million people living with cancer
- 3.2% annual increase in incidence of cancer
- 10% of >65y/o are cancer survivors
- By 2020 nearly 1 in 2 of us will get cancer but only 62% will die from the disease

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England cancer survivorship in numbers

- 35% more survivors of childhood cancers between 2001 and 2011
- 47.3% of survivors express a persistent (>5y) fear of their cancer recurring
- 40% of prostate cancer survivors report urinary leakage
- 19% of colorectal cancer patients report difficulty controlling their bowels
- Low Quality of Life reported by 8.9% breast, 11% colorectal, 13% NHL, 9.4% prostate

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Current system makes assumptions about cancer:

• Incurable cancer inevitably leads to pain, suffering and rapid decline

• People who are cured of cancer are therefore well

• There is nothing that people can do themselves that will make a difference to quality and quantity of life

• Hospitals are the best place to manage and follow up all people with cancer

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Effects of these assumptions are:

• Hospitals struggling to diagnose, treat and follow up increasing numbers

• Patients are disempowered and struggling with impersonal hospital service

• The system does not enable patients to help themselves

• Many patients have major, unmet needs as a long term consequence of cancer or treatment – physical, psychological, emotional, spiritual
So we need a cancer survivorship plan that.....

1) Reframes Cancer as a Long Term Condition where
   – Cancer specialists
   – Primary Care
   – Patients and Supporters/Carers
   all have active, expert roles to play

2) Assesses people’s needs holistically and offers person-centred solutions and support

3) Encourages self-management from Day 1

4) Helps people live healthier & happier, as well as longer, lives

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NCSI 2013

• Self management
• Health and Wellbeing
• Choice and Control
• Information and Advice
• Support

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But how do we actually make this happen in Bristol? ..... 

We need your help to

• Identify most important gaps in current services
• Start to identify some possible solutions
• Give feedback on current suggestions
• Prioritise
• Create a virtual network of support for Bristol Cancer Survivorship

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Bristol Clinical Commissioning Group
Structure of the Afternoon

• Small table work
  – open questions, repeated over the afternoon
  – opportunities for feedback and discussion
• User perspectives
• Examples from practice – what needs are they addressing?
• Engaging our creative sides

So let’s get on with the work!
ICE breaker

Please could you introduce yourself to the rest of the table.

10 minutes
Patient stories

Dr Catherine Zollman talking with two patients about their experiences and what they would like to see improved in the future.
“What are the challenges that patients, families and carers face with cancer and cancer survivorship?”

Sam Thomas
The Harbour
“What are the challenges that patients, families and carers face with cancer and cancer survivorship?”

Sophie Bayley

Penny Brohn
Second Question

Please can you answer the question in bold on the red slip of paper in your delegate pack and put in the box in the middle of your table.

5 minutes
Group work – Individual vision

On your own please can you answer the following question:

“From your perspective what does the survivorship pathway need to offer?”

20 minutes
Coffee break

5 minutes
“What are the challenges that patients, families and carers face with cancer and cancer survivorship?”

Nick Ambler
Psychology lead for cancer services
North Bristol NHS Trust
“What are the challenges that patients, families and carers face with cancer and cancer survivorship?”

Kate Darch
GRCC Lead for Older People’s Projects
Gloucestershire Village and Community Agent Manager
“What are the challenges that patients, families and carers face with cancer and cancer survivorship?”

Fiona Hamilton

*Creative arts in health and wellbeing*

*The Orchard Foundation*
Group work – Perfect World

Working in your group please can you answer the following question on the template provided.

“From the perspectives of the group what does the survivorship pathway need to offer?”

30 minutes
Pitching the “vision”

Please can you choose one person from your group to explain your group vision of a perfect world and why it is the best possible outcome.

15 minutes
Voting!

Please vote for your perfect world vision.

You have 5 voting stickers and you can distribute these in any way you feel fit.

5 minutes
“What are the challenges that patients, families and carers face with cancer and cancer survivorship?”

Kate Oldham
Personal Trainer & Active Lifestyle Coach
Cancer Rehabilitation Specialist
“What are the challenges that patients, families and carers face with cancer and cancer survivorship?”

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“What are the challenges that patients, families and carers face with cancer and cancer survivorship?”

Sam Cole
Clinical Psychologist
The proposed Cancer Pathway

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**Bristol Clinical Commissioning Group**
The Proposed Cancer Pathway

Cancer diagnosed and survivorship starts to be planned for through early discussions about access to health and wellbeing services, undertaking joint care planning and ensuring good communication between hospital, GP and patients.

Treatment options agreed and prehab and pretreatment information given.

Treatment undertaken and planning for further support following treatment finishing agreed.

Based on need patient offered additional support at the hospital, in the community or through accessing self-management advice.

A range of different follow up options given, where necessary, and GPs undertake cancer care reviews with patients.
The Proposed Cancer Pathway

Core Principles

- Compassionate
- Pace set by patient
- Understanding patient preferences
- Improved communication
- Plan for survivorship from the start
- Development of patient resilience
- Supported and empowered to self-manage
- Access to mental and emotional support
- Health as part of a wider web of support
Group work – Pathway activity

You will have large versions on the pathway on your table, your job is to read through them and make as many changes amendments as you like. You will also have three questions to ask on A3 paper on your table the questions will guide you through the activity ensuring that you have covered everything.

30 minutes
Third Question

Please can you answer the question in bold on the green slip of paper in your delegate pack and put in the box in the middle of your table.
And finally...

Thank you for all your hard work today
Creative Summary of the Day

Fiona Hamilton
Plenary, feedback and close

Sarah Warren
Senior Project Manager

Dr Catherine Zollman
Clinical Lead and Macmillan GP
Next Steps from today

• Updates given through the Facebook page, website and twitter
• Outcomes from the day will be written up
• Set up virtual network of people to further input into the development
• Refine pathway and develop business case
Timescales

• CCG Survivorship strategy & business case completed and submitted to CCG Governing Body by –May 2015

• Decision taken on priority areas to be commissioned for 2016/2017 by March 2016

• New survivorship pathway begins to be implemented from 2016/17
Thank you

Please have a safe journey home

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