

**Shrewsbury and Telford NHS Hospital Trust (SaTH) Macmillan Therapy Team Review and Redesign Project
Option Appraisal
Date: 05.11.2013
Time: 1.00 – 4.00 pm
Venue: SECC, Syndicate Seminar Room 5**

- **Welcome & Introduction to the Macmillan Therapy Team Review and Redesign Project & Option Appraisal**

DL explained about service. We have a year long project to review today, first half of the year was about reviewing, and the second part is a re-designing phase. We need to consider how to develop it for the next 3-5 years project. Today's meeting is a critical point for making decision for the future.

DL covered the history of the service mentioning that the Macmillan Team in SaTH was established in 2001. There were 4 strands for the role. Since 2001 the two hospitals have merged. It's time to re-view and re-design the service. Our objectives are to arrange a wider range of service and DL intends to share it with attendees today. Attendees' role is to choose the option and the management team will design the service accordingly. It is about deciding the strategy for the future. Today is about strategic thoughts and what we would like for the future.

- **Presentation of the Macmillan Therapy Team Review and Redesign Project Service Development Options for the Macmillan Therapy Service**

Options – key points - Therapy Care Group needs re-organising as well as we have the old structure. We have colleagues from the Community Trust and Social Care. We need to have similar transition from one service to another as we all work together with the same frame.

We had a workshop on 23 July. There were 24 attendees. Some attendees are here today. Feedback was positive. Patients feel that staff is stressed. Issues raised were about lack of understanding on general wards. Patients on the wards are not covered by the Macmillan team. Other comments received were about service improvement. We noted what our patients had to say about our service.

Therapy Care Group Transformation - We need to work closer with our Community colleagues. Anna put a phases 1&2 diagram indicating how to transfer phase 1 into 2. AS is looking what service is actually delivering at the moment. AS is doing some mapping work and spent a day with each therapist to see what they do and how can we improve the service.

We are going to look at the options today (stakeholder and partners option appraisal). AS has a twitter account until the end of Nov 2013. We've collected patients' stories; will have another press release after today.

Professional consultation – AS spoke with the Lead Nurse. There is a piece of work called 'National Standards' AS did a work looking how our work matches the standards.

Our framework – We have Macmillan Therapy Service Vision/Mission Statement

Levels of Therapy Intervention – there are 4 levels

Level 1 – basic level

Level 2- any therapist who provide care for patients living with cancer as part of their routine practice

Level 3 – Therapists with an in-depth knowledge and with range of skills in the treatment of the patient

Level 4 -

Framework

Management structure, financial framework, governance – is it the best of our HR?

The last one is about operational policy. How quickly we respond to the referrals? We need to look at criteria. At the moment referrals are sent to the service. Any options we select we will work out.

Current Macmillan Therapy Service model – we can compare which option we prefer. Attendees need to look at the handout which was circulated before the meeting.

- **Presentation of Option: Acute Therapy Service Model**

Acute Service – team was set up. If a medical patient is admitted to wards 21 and 23, he/she will be seen. Basically they are bound by the existing operation policy. Referral method is via consultant.

Educating others – we need to work towards our medical colleagues to improve quality and care. Some of our therapist are doing job share. Outpatient team consist of specialists and assistants and no many in the middle.

That is our service. Why do we need to change? We have wards to cover. Service provided by cancer and medical team. The referral process is not effective enough. Level 3&4 criteria patients may benefit better from it. Anna and Macmillan Team developed a long list of options, which were presented on 12 Sep 2013. There are a few options. They are recorded on the slide; we need to contribute towards IOG Compliance. We need to maintain the current service with minimum changes. The topics for today are to develop Macmillan service as a service access and see what we can do with the boundaries in SaTH.

Options 3 – Macmillan therapy – Acute Serve. The key to this is how to identify these patients.

We would like to establish better programme of education in SaTH. We need to think about composition of the team. How to develop the team?

Patient Journey - safely discharge of the patient. It is appropriate to transfer to another therapist. That's how our patient journey would like in that model.

Rationale – they will have the same access to Specialist Cancer within Therapy.

Option 4 – is a development of option 3. Do we need to do it for patients? Option 4 is about using Macmillan Community service. The resource is there, all wards are covered. Our active method of finding method is looking to work in the Community.

- **Presentation Option: Acute / Community Service Interface Model**

Supporting Teams in the Community - it all needs to be explored. We need to establish a Clinical Tutor role or Acute & Community therapists. They might need admin support at this time

- **Table Top Discussions**

- **Question and Answer Panel**

Panel Members:

1. Dianne Lloyd, Clinical Director (DL)
2. Tudor Humphries, Macmillan Cancer Support Development Manager (TH)
3. Anna Stanley, Macmillan Project Manager (AS)
4. Ursula Owen, Macmillan Therapy Team, Occupational Therapy (UO)
5. Claire Probert, Macmillan Therapy Team, Speech & Language Therapy (CP)

Q1: Options 3 & 4 – what is the difference?

Answer – We want to work with our colleagues in the Community. It is about care around elderly patients. Option 4 is about redesigning the service to make it better. It'll be another phase. T Humphreys mentioned that Macmillan Team brings the services back to the Community. We are investing it back to the Community; it is about link between Macmillan Team and the Community. Post treatment is very important.

Q2: Financial support for Option 3 & 4

Answer: We need an additional resource for Option 3 or 4.

Q3: Referral system and consistency

Answer: We have ward based teams. AS noted that we are putting process in place. We would like to work with nurses to understand to process. We don't have an answer at this stage. We need to ensure that the referral system gets the right referrals.

Q4: Sufficient workforce

Answer: We don't have enough staff. Team is seeing all patients on the ward. Level 3 or 4 patients – it is part of AS project. We need to develop a future project and AS is working on it at the moment. Shropshire is a big county, we need more therapists, we need to develop structure first.

Q5: Response time requested

Answer: We have operational policy and will look at it.

Q6: Communication with our work colleagues

Answer: U Owen noted we commutate with our work colleagues in the Community. GP practices are considering placing therapists with their teams. Physio support is more beneficial, we need a community colleague to support. C Probert mentioned about complexity stating that we need to work with colleagues to make sure we use the right service at the right time.

Q7 (combined): Community – options?

How much support are we getting from the Commissioners?

Answer: DL noted that we've got pockets of expertise. We need to have business cases and liaise with commissioners. We don't have all the details at the moment. Option 4 – there's almost another project in it. DL had a conversation with T&W Commissioners. Option 4 – we are looking at Integrated C, the more specialised service. Research and money is involved in both of the options. T Humphreys mentioned that Macmillan Team has the resources for the Option 3 while the Option 4 involves more clinical work. The solution and the cost are there. Macmillan money will be invested.

Q8: Psychological Support

Answer: Report about providership came up in April 2013. Psychological support is ongoing. It is about choosing the right people, not necessary to go more expensive. It is important not to underestimate the psychological support. U Owen noted that it's important for patients to learn to how to live with cancer and lead the normal life. It is element of uncertainty but still patients need to lead the normal life. We need to uncover it.

Q9: Do we need to have more money to go through Option3?

What do we need to add to Option 3?

Answer: We need to unlock some money within the budget. To use the money which are invested somewhere else.

- **Summary & Selection of Option for the Future Development of the Macmillan Therapy Service**

Decision Time

Option 3: Macmillan Therapy Acute Service – 7 votes

Option 4: Macmillan Therapy Acute / Community Interface service – 22 votes

What's next?

- Question and issues raised today will be addressed
- The chosen options will be progressed to a greater level of detail in conjunction without Community colleagues.
- We would like this to become a joint project
- If necessary Business Cases will be developed as required.
- Implementation Plan will be developed and discussed with all stakeholders.

- **Closing Summary**

T Humphreys noted that there is a lot of work going on at the moment and we are developing the way forward.