

## Cambridge Cancer Research Hospital – Project and Engagement Update

To: Health Scrutiny Committee Meeting

Meeting Date: 11<sup>th</sup> February 2021

From: Cambridge Cancer Research Hospital patient engagement team at CUH

Electoral division(s): All

Key decision: No

Forward Plan ref: N/A

Purpose: The purpose of this report is to formally brief the Committee on the ongoing work to engage and involve patients in the production of Cambridge Cancer Research Hospital.

We are also seeking to invite two councillors to join the Cambridge Cancer Research Hospital project as 'liaison councillors'. We hope that, in a similar manner to the Cambridge Children's Hospital, the councillors will work closely with us, and represent the interests of the Health Committee.

Recommendation: The Health Committee is asked to note the report and confirm that formal consultation is not required in the development of the Cambridge Cancer Research Hospital.

# 1. Background

As the Committee will remember, in 2018 the Trust Board of Cambridge University Hospitals (CUH) formally submitted a business case for the construction of a Cambridge Cancer Research Hospital (CCRH) alongside one for Cambridge Children's Hospital to NHS England/Improvement. Despite best endeavours, this was not approved at the time.

On the 2nd October 2020 the Prime Minister announced that the NHS Health Infrastructure Plan ('HIP') would include funding for the Cambridge Cancer Research Hospital. Please note that management of the HIP is now under the remit of the NHS New Hospitals Programme ('NHP').

Planning work for this exciting new phase of cancer care on the Cambridge Biomedical Campus did not cease between 2018 and 2020, and the government funding announcement has allowed us to once again submit a business case to capture that planning.

On the 19<sup>th</sup> February 2021 we submitted the Strategic Outline Case (SOC) to NHSE/I, which they will submit to the Department of Health and Social Care (DHSC) and Her Majesty's Treasury (HMT) for formal approval to meet to the next phase of business case planning.

Meanwhile we continue to work apace towards the next phase of development – submission of an Outline Business Case (OBC) (approx. June 2021) and a Full Business Case (approx. August/September 2022) with a view to this transformative new hospital being completed in November 2025.

## 2. Main issues

### 2.1 Cancer patient engagement and involvement at CUH and across the Biomedical Campus

There are many patient representative groups across the Campus, including:

- The Addenbrooke's Cancer Patient Partnership Group (CPPG);
- Breast Cancer Research Unit cancer PPI Group;
- CRUK Cambridge Centre/Cambridge ECMC PPI Group;
- CRUK Cambridge Centre Ovarian Cancer Programme.

The Addenbrooke's CPPG is open to all cancer patients and carers, past and present. The group currently works with hospital staff to improve cancer services by sharing patients' views and raising concerns on their behalf. The other patient representative groups work with researchers in specific areas of cancer; there is at least some, if not considerable, overlap between the groups on the campus.

### 2.2 Co-production at CUH

The Addenbrooke's CPPG has been very active in recent years, with the appointment of a dedicated Macmillan Co-Production Lead. It currently has around 50 members.

Below are a few of the recent CPPG's projects:

- Co-productive of information aim at people referred for suspected on the two week wait pathway. Aim to increase attendance for screening and to empower people to revert to their GP should they be waiting beyond the two week wait target;
- Co-designed with staff the refurbishment of the CUH Oncology Outpatients Department;
- Led participation of cancer voices in the Trust's Reader Panel to improve patient information leaflets;
- Co-produce with staff Improvement of the plasma screens in Oncology Outpatients, leading to adoption of the same principles Trust-wide;
- Led from experience on the creation of system wide information on patient buddy schemes to share with patients and staff.

The group has demonstrated the value of patient involvement. Co-production is now considered essential by CUH Cancer Services when planning new developments or looking to improve services.

Our co-production video on how patients and staff work together to improve cancer services can be seen [here](#).

## 2.3 Patient involvement so far in plans for the Cambridge Cancer Research Hospital

Patients have been deeply and intrinsically involved in our plans for the Cambridge Cancer Research Hospital from its inception. Prior to the original submission in 2018, there were stakeholder engagement events where clinical staff and CPPG members shared their combined views to shape what services and spaces they wanted included in the new cancer hospital. This included an away day to collect views and later a series of stakeholder events to review and further evolve the building design.

The outputs of these co-produced discussions were fed into the CCRH design team, and subsequently been incorporated into the design plans. Examples of this co-production approach can be seen in the use of side room design, the suitability of underground tunnels for moving patients between different locations and the flow of patients around the building.

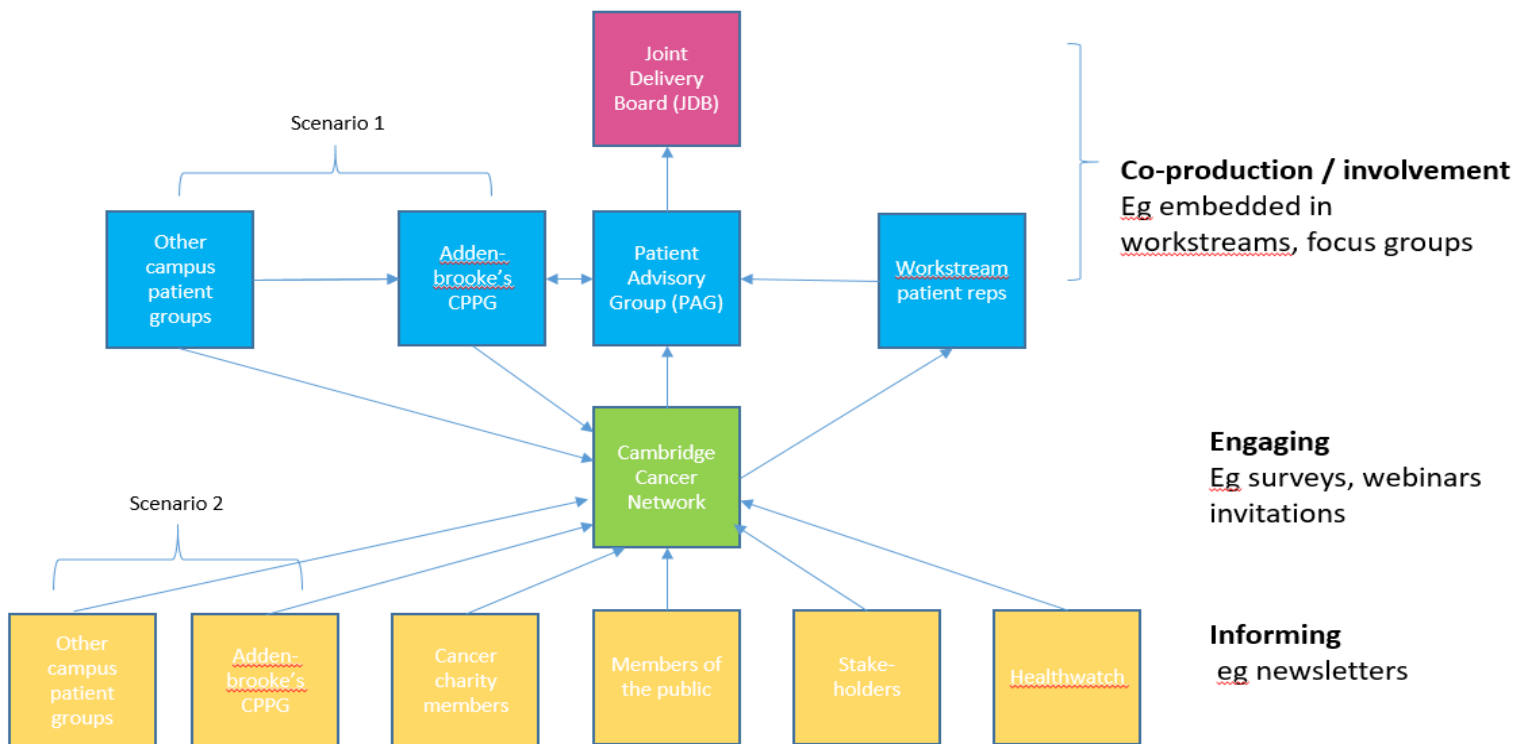
In November and December 2020, we held a series of staff and patient engagement sessions for each specialty with the architects. We are repeating this again in April 2021. These were held remotely and attracted good levels of attendance. The architects ran through the 1:200 scale layouts with staff and patients and invited feedback which has been fed into the next round of drawings for the OBC.

## 2.4 Where are we now?

### 2.4.1 Patient engagement strategy

As we move into the OBC phase of the project we are working with patients to fully understand how they would like to be involved, and to set up bespoke PPI groups for Cambridge Cancer.

*Provisional patient and public engagement plan for Cambridge Cancer:*



This model is being co-produced with members of the CPPG.

We will be setting up a new Cambridge Cancer Network which will be a virtual group of people who have opted to be kept informed and take part in activities (such as surveys or webinars) from time to time. We will recruit to the Network by sending out invitations via partners, existing groups and through the website with an aim to have a Cambridge Cancer Network that reflects our local population.

We will also set up a new Cambridge Cancer Patient Advisory Group (CCPAG) which will be involved at a co-production level. We are currently still seeking further consensus on whether the PAG should be a sub-committee of the Addenbrooke's CPPG (scenario 1) which co-opts members from other campus patient groups and the Network, or a standalone group which draws from the Network (scenario 2).

Discussions are ongoing with the CPPG and the other patient representative groups around the campus to determine which scenario is chosen.

#### 2.4.2 Workstream representatives

As of March 2021, we will formally embed patient representatives into workstream meetings, and via their involvement we will co-produce the role descriptions and responsibilities for the remainder of the project duration.

During March, two patients will join each of the CCRH Joint Delivery Board and the Communications and Engagement workstreams. Learning from this experience, next month we will roll this out to the clinical models of care and design, industrial strategy, and construction workstream meetings. We anticipate the workstream roles to rotate on a six month basis, with the opportunity to extend for a further six months if appropriate. This way the burden is not too significant for any one person, and the opportunity to be involved is open to more patients. Some workstreams, such as clinical models of care, may need more than two patient reps.

We will invite people from the Network and from campus patient groups including the CPPG to put themselves forwards for the workstream roles. Role descriptions and a process for selecting representatives (if the positions are oversubscribed) will be co-produced with patients.

All workstream patient representatives will be part of the CCPAG, which will be an opportunity for the workstream reps to meet and discuss their experiences working with the workstreams. They will provide a report to the CCRH Joint Delivery Board on their observations and experiences.

## 2.5 Consultation

The involvement of patients and the public in the plans for the new Cambridge Cancer Research Hospital is critical to its success. Given that the plans involve the rebuild of the facilities on the same site, it is the view of NHSE that there will be no substantial change for patients and formal consultation is **not required**. No services are being stopped or halted, and this project is a natural progression to improve care and integrate research closer to clinical expertise. In simplest terms, it's a re-provision of the existing services, albeit in a significantly improved setting of care, approx. 300 metres from the existing services.

As patient engagement and involvement is critical to the delivery of the hospital, the project team is meeting regularly with the NHS Engagement lead to ensure that all opportunities to involve patients are explored and it remains a priority for the project. This report sets out how the project team is working with patients to ensure that co-production is embedded at the heart of each stage.