

'Meet Liverpool's Cancer Professionals' webinar, November 2021

On Wednesday 3rd November 2021, we held an online event for the public, called 'Meet Liverpool's Cancer Professionals'.

In Liverpool, cancer is our biggest cause of death, and the Covid-19 pandemic has had a serious impact on diagnosis, treatment and support for those living with cancer, and on health and social care services more widely. We organised this free webinar to bring together professionals working in cancer services to talk about their work and the challenges they are currently facing, as well as to answer questions about local cancer services. We were joined by staff working at Liverpool University Hospitals Foundation Trust (The Royal, Aintree, and Broadgreen Hospitals); Liverpool Women's Hospital, Clatterbridge Cancer Centre, Citizens Advice Liverpool (CAL) Advice on Prescription, and Liverpool Sunflowers.

We initially advertised BSL interpretation at the event but this was not required by any of the participants and did not go ahead on this occasion.

The meeting was attended by 18 people, (including 8 panellists and Healthwatch Liverpool staff and volunteers). Members of Healthwatch Liverpool staff and Healthwatch Liverpool volunteers attended, both to facilitate the meeting and take notes during the session.

"Thank you for this, it has been really useful." **Webinar attendee**

"Thank you for arranging an important event. Great to hear from our partners across the city and some of the questions and concerns that our patients, families and carers have." **Kirsteen Scowcroft, Clatterbridge Cancer Centre**

Panellists

The first part of the meeting enabled each panellist to introduce themselves, their roles and the main challenges currently facing their services.

Carrie Lowthian – Macmillan Lead Cancer Nurse, University Hospitals Foundation Trust (LUHFT)

As a lead cancer nurse, Carrie's role is concerned with quality of service and patient experience. Carrie focuses on supporting Clinical Nurse Specialists in Cancer Care (CNSs) and driving the cancer agenda within LUHFT. She's also part of LUHFT's Cancer Management Team. Whilst nurses within the Cancer team within LUHFT continued to provide first class care to patients with cancer, they also utilised their advanced communication and care skills to support the wider Trust response to the Covid pandemic, particularly the Family Liaison Service. They also set up a virtual Macmillan community service, to provide a bridging role between cancer CNS staff and patients in the community; this service has continued. Covid has made a difference to the way staff work. There is now a lot more virtual working and telephone calls. LUHFT is keeping a balance between who gets seen face-to-face and who can be seen virtually. Carrie and colleagues are looking at how LUHFT has performed during the Covid-19 pandemic. They are currently holding patient forums with the Patient Experience Team to get feedback across different areas, including what changes patients would like to keep, what the Trust did well, etc. They recognise that cancer services need to develop along with what the patients want, not just what staff think will work.

Dawn Valentine Gray – Macmillan Lead Cancer Nurse for Gynaecology and Palliative Care, Liverpool Women's Hospital (LWH)

Staff at The Women's see patients from Liverpool and across Merseyside and Cheshire. During Covid, the Trust has been keen for cancer services to run as normally as possible and was able to continue performing cancer surgeries even during lockdowns. This felt like a privilege, as this service was stepped down in many places. Dawn's job is similar to Carrie's but also supports a clinical case load. Maintaining staff morale during the pandemic was sometimes tricky, as was maintaining services with staff working from home. Realistically, the service was impacted by this but everyone continued to do their utmost to deliver a good service. One positive development during the pandemic has been that virtual Multi-Disciplinary Team (MDT) meetings worked really well and will be continued.

Kirsteen Scowcroft – Head of Patient Experience and Inclusion, Clatterbridge Cancer Centre

CCC's services cover Cheshire and Merseyside, and Kirsteen's role is to ensure that all patients, families and carers have an outstanding experience of the Trust. Patient experience is the 'golden thread' that goes throughout care and is about listening to patients and acting on feedback. Staff have worked hard to continue delivering a 'near to normal' service within Clatterbridge throughout the pandemic, with support from volunteers and an Arts and Wellbeing co-ordinator. When visiting has been restricted, family volunteers/Chatter Buddies with additional training have been deployed on the wards, to spend time with patients, as clinical staff have been too busy on the wards to perform this function. Co-production is still happening and there has been a switch to virtual patient and public engagement. The challenge early in the pandemic was to get the Liverpool hospital open as quickly as possible, whilst embracing digital technologies and innovations. Kirsteen is the carers and armed forces and veterans champion for the Trust and is a veteran herself.

Linda Williams – Chief Allied Health Professional (AHP) and Divisional AHP Director in Radiation Services, Clatterbridge Cancer Centre

AHPs at Clatterbridge include diagnostic radiographers, therapeutic radiographers, speech and language therapists (SLTs), physiotherapist, occupational therapists, and dieticians. AHP professions are involved throughout patient journey. Although providing services during the Covid-19 pandemic has been challenging, CCC was still initially able to offer mutual aid to other local NHS Trusts to continue providing diagnostics and scans during the initial lockdown. Radiologists were able to report from home, so scans could still be viewed from home - given the Trust more capacity. Radiotherapy treatments continued throughout and some of the new ways of treating patients have continued. With SLT and physio, staff have both virtual and face-to-face appointments, based on patient need. The biggest challenge now is that activity has increased, and it can be difficult to find the right staff.

Liz Morgan – Lead Cancer Nurse and Divisional Nurse Director for Network Services, Clatterbridge Cancer Centre

Liz's role involves working with radiotherapy, tumour services and a variety of specialist teams. Last year (2020) was particularly challenging for the Trust, including moving many services from the Wirral to the new hospital site in Liverpool in June 2020 (the old Wirral site is now focusing on outpatients' radiotherapy, and CCC also has a unit and the Marina Dalglish Centre at Aintree). It was extremely difficult to move 3 inpatient units during a pandemic. Haematology from LUHFT also moved across to CCC's new Liverpool site. The bed base was expanded and CCC now have haematology inpatient wards, bone marrow transplant and a teenage/young adult unit within inpatient areas. Adjusting to the new hospital was challenging for staff and patients – but services have now settled into the new building. When the pandemic began, CCC moved to remote clinics quite quickly although this was hard for patients and staff. The Trust did have to reduce its offer of cancer treatments, which was a difficult and upsetting decision, but the challenge now is that activity is growing significantly and CCC needs to ensure it has the capacity to carry on delivering treatments and seeing patients and that it has the specialist nurses to support the increase.

Maria Vaccarello – Advice on Prescription Co-ordinator, Citizens Advice Liverpool (CAL)

The Advice on Prescription programme works primarily with GP patients but also works with local hospitals and will be doing more work with hospitals in the future. GPs or other Trusted Partners can refer patients to CAL when they need practical or wellbeing support. CAL are also part of a service funded by NHS Liverpool Clinical Commissioning Group (CCG) and Macmillan, which works with patients who have a cancer diagnosis – this takes referrals from CNSs (Clinical Nurse Specialists in Cancer Care) and GPs. At the time of initial diagnosis, patients are given lots of medical information, but many newly diagnosed patients have questions about other things, such as work, home life, etc. CAL can help with these non-clinical concerns. Early in the pandemic CAL were able to support a range of vulnerable patients, including those living with cancer. They did this by calling people up, and checking in on them, using the vulnerable patients register from GP surgeries. Staff and volunteers had to change quickly to telephone working and there were some difficulties, as telephone support doesn't work for all, but some people still prefer telephone support, rather than face-to-face, even though face-to-face work is returning. Sunflowers are also a Trusted Partner of CAL's Health Programme and can refer into the service.

Faye McDonnell – Cancer Link Worker, Citizen's Advice Liverpool

The main aim of Faye's role is to support and help cancer patients with non-medical concerns and worries around e.g. finances or loneliness. This has become even more important during the pandemic. When a patient is referred to CAL, the first thing that happens is a check for urgent support needs – e.g. does the person have food, gas and electricity? What about debt or housing needs? Advice is given to help with those immediate needs where they exist. After that, the person gets an appointment and is offered a Macmillan Holistic Needs Assessment (HNA) – looking at other practical, emotional, and physical concerns (these physical concerns are passed on to the CNSs, who the Cancer Link Workers work closely with). This HNA covers issues down to looking after pets during hospital stays or maintaining gardens. Link workers work closely with CNSs, GPs, and also with Liverpool Sunflowers.

Emma Squibb – Services Manager, Liverpool Sunflowers

Sunflowers is an independent charity based on Aigburth Road for 40 years. It started as a support service for people who'd lost a loved one to cancer but has evolved into a cancer support centre for patients and carers. They support anyone living with, recovering from or recovered from cancer, as well as carers. Services are free (though donations are welcome). Pre-Covid, Sunflowers offered over 25,000 hours of support to around 800 people. Their support offer includes nutrition advice, counselling, crafts, classes, and exercise, to help people improve their health and wellbeing. The biggest problem since the start of Covid has been that the importance of face-to-face contact and building relationships between service users, which is beneficial for so many, has been much harder to do virtually. There has been lots of innovation to services, e.g. developing a remote counselling service, and partnerships with Macmillan and CAL to accept referrals from them. There is currently higher demand for the service, especially for counselling and Sunflowers has delivered nearly 15,000 hours of counselling over the last 8 months. Pre-Covid, the service had 3 counsellors – now they have 22. They don't have a waiting list and can get people into counselling in about 3 weeks from their 1st request because the virtual service is more flexible and able to reach many more people. They are planning to continue offering online counselling, however funding has been an issue. Competition for available grants is high, and many public fundraisers and donation drives have closed. The centre itself re-opened in May 2021, including offering exercise classes with enhanced Covid precautions. It has 3 staff and many volunteers. Sunflowers has recently received a grant from The Black Fund to improve work and outreach to Black, Asian and Minority Ethnic (BAME) communities. It's got a lot harder to have cancer since Covid – so it's a big challenge.

Q&A

Following the introductions from the panellists, we opened the meeting to questions from attendees and from people who had submitted questions prior to the event because they were unable to attend. We also included some questions based on feedback that patients have shared with us recently about local cancer services.

The following section of the report provides an overview of the questions and responses. We did not have enough time on the day to go through all these questions but, where possible, panellists kindly provided written responses to unanswered questions following the webinar, and we have included them all here.

1. For LUHFT. The recent Care Quality Commission (CQC) report says that 'surgical services performed worse than the national average for the % of cancer patients treated within 62 days'. Although Covid is doubtless a factor in this situation, what is being done to rectify it?

LUHFT: The CQC report acknowledged that delivering a high quality cancer surgical service during the pandemic has been a challenge. LUHFT is the major provider of cancer surgery within the region, and provides complex tertiary surgery in a number of highly specialised fields. Throughout the pandemic, our focus has been on delivering high quality cancer surgery in the safest way possible. We developed novel 'silver pathways' to limit the risk of patients acquiring Covid during their inpatient stay. We also addressed capacity issues by working closely with the Cheshire and Merseyside Cancer Alliance Surgical Hub, to utilise mutual aid programmes (working with other providers to deliver cancer operations).

As part of our Covid recovery plans, and in response to the increasing numbers of referrals, we are working actively to achieve more efficient diagnostic pathways. A good example is the Cancer Alliance rapid diagnostic service (RDS) pathway work across many of our tumour types, so that patients with suspected cancer are seen by our specialists at the earliest opportunity.

2. For all Trusts. What impact has the pandemic had on cancer services, the availability of medical/surgical beds and staff numbers?

LUHFT: Like all other major teaching Trusts in the UK, the pandemic has impacted on all services, including cancer. As well documented in national media, the pandemic did impact on staff numbers, however, we reviewed our services on a daily basis to provide the best possible care to all patients.

LWH: staffing has definitely been an issue and has also been impacted by losses of 'behind the scenes' staff. We have been more reactive, rather than proactive. Beds have been further spaced out as part of Covid safety measures, which reduces available bed space.

Clatterbridge Cancer Centre: CCC was able to open Clatterbridge Cancer Centre Liverpool in June 2020. Although recruitment in certain clinical professions is a national collective challenge, CCC's workforce has grown from 1,400 to 1,600 in the past 18 months. All CCC bed availability has remained accessible during this time. CCC does not have any surgical beds.

3. Healthwatch Liverpool has dealt with several cases recently where communication between different Trusts has been a problem and families have had to become 'go-betweens' between professionals at e.g. LUHFT and the Women's; not only passing verbal information on but also providing paper versions of letters and imaging. What can be done to ensure that Trusts communicate more effectively with each other, but also with patients/families/GPs?

LUHFT: The pandemic has necessitated improved communication between hospitals, a good example would be the mutual aid programme. This has also been supported by developments in digital working, which means that patient information can be more easily shared between hospitals. We acknowledge this work is ongoing and we expect to see greater integration and benefit to patients in the future.

LWH: appreciate how difficult it must be for families to feel the need be a conduit between teams and sites. The Women's and the Royal share an electronic records system so information is shared across teams, and shortly these will be shared with Aintree too. Regarding the sharing of information with primary care – improvements have been made, but more needs to be done. Lots of conversations happen between consultants behind the scenes but more could be done to communicate this information to families and patients.

Clatterbridge Cancer Centre: Across the Cheshire and Merseyside area Trusts have had to embrace the use of digital technology, new ways of working and means of communication, together with wider data sharing agreements to improve the inclusion and involvement for the right people at the right time across a patient's journey i.e. Regional Clinical Portal where all patient information will be stored to ensure all clinicians/trusts involved in the pathway of care will have access to timely information, reducing the

need for families to act as "go-betweens"; video conferencing for Multi-Disciplinary Teams; electronic letters; population health records; and e-Consent. Although a number of changes have been made there are opportunities for further improvement. The aim across organisations would be that patients are copied into all referral/hand over correspondence between professionals via their preferred route e.g. paper/electronic/text etc.

The Cheshire and Merseyside Picture Archiving Communications System (PACS) and radiology information systems are all interconnected on a global platform so patients' imaging and radiology reports are able to be shared across the region and patients should never have to act as a go-between. The Cheshire and Merseyside radiology imaging network is working closely together to make further improvements in communication pathways and improve clinical collaboration across sites.

CAL Advice on Prescription: LUHFT have set up a service to work with Link Workers in the community (as mentioned above). LUHFT and Macmillan have provided Cancer Awareness Training, 'The Patient Cancer Journey', for our Advice on Prescription Health Team. We have asked whether this training could be repeated for all the Liverpool Primary Care Network (PCN) Link Workers, and this has been agreed (date to be confirmed).

We have organised Macmillan Training on electronic Holistic Needs Assessment (eHNAs) supported by shadowing to equip more of our Advice on Prescription Link Workers to be able to offer and complete an eHNA and Care Plan if the patient wishes.

4. For CCC and LUHFT. Does it help with communication and treatment to have CCC's Liverpool building next door to The Royal? How does it work with Aintree?

Clatterbridge Cancer Centre: As a specialist Trust we work with a large number of Trusts including LUHFT. Being in geographical proximity allows us to work more closely with a number of specialist services that will improve the patient journey, also enabling direct access to urgent care e.g. Intensive Care Unit (ICU) to improve the safety of our patients. CCC already has well established links with Aintree University Hospital (AUH) with the CCC Aintree hospital site for radiotherapy and outpatients, which celebrated its tenth year earlier this year, and the established Marina Dalglish chemotherapy unit.

The main reason for moving was to have stronger links with acute trusts. Clatterbridge is not a surgical site and there is no A&E. We need additional support with cardiology. The move has not made things perfect, but communications are ever evolving and Covid has added to the challenge, but we are working on it. We have strong links to Aintree with units there and we are in the process of supporting a merger with haematology services at Aintree, as has already been done with the Royal.

Interventional radiology services have been able to start in Liverpool and were unable to open on the Wirral because the site did not have a connection with acute services – for instance, embolisation and ablations or line placements for cancer treatments. This is a rapidly developing service but will really benefit patients.

LUHFT: As stated by CCC above, there are very strong links between LUHFT and CCC. The co-location of CCC Liverpool next to the New Royal Hospital will provide significant benefits to the CCC Liverpool cancer patients who need the services of a major teaching hospital, for example emergency surgery or intensive care.



Supplementary question from LWH to Healthwatch Liverpool: When you're co-located, what is the public understanding of that? When we talk about transferring patients over to Clatterbridge from the Women's and patients will say "Oh, that's at the Royal?" What's your experience from a Healthwatch point of view?

Healthwatch Liverpool: there can be confusion from a patient point of view, especially with co-located services – we see this with Broadgreen and Liverpool Heart and Chest Hospital, for instance. The LUHFT merger probably hasn't helped – people still think of the Royal and Aintree as separate entities (and people still think of Aintree itself as Fazakerley Hospital). People don't always know who they're being treated by – it's just 'the NHS'.

Sunflowers: the public don't think about Trusts, it's all part of the NHS machine. In the voluntary sector, sometimes people think we're part of the NHS. It doesn't always matter if people are being treated, but it can be confusing when people are ill/elderly and they are being contacted by multiple services and don't really understand why.

5. For all Trusts. Families have been confused by changing rules about visiting relatives or accompanying them for appointments. Where can they find up-to-date information about this and how can they challenge it if they think circumstances warrant it due to vulnerability?

LUHFT: Unfortunately we have had to implement visiting restrictions during the pandemic in accordance with national guidance. The best place for up-to-date guidance on visiting, as well as details of additional support that is in place, is our website at www.liverpoolft.nhs.uk/get-in-touch/visiting-information/ and social media accounts.

We proactively encourage patients to bring a family member or friend with them when they attend a cancer clinic or an appointment where a diagnosis of cancer will be discussed. While there are restrictions in place to maintain the safety of patients, visitors and staff, we will try to ensure that patients may be accompanied to an appointment when appropriate. Patients can discuss their individual circumstance with their clinical team in advance of their appointment.

Clatterbridge Cancer Centre: We understand and acknowledge how challenging this particular restriction has been on our patients, families, carers and staff. The latest visiting restriction information can be found on the Trust website www.clatterbridgecc.nhs.uk/patients/general-information/information-coronavirus-patients and social media channels. If a patient is on an end of life/palliative care pathway or has other special circumstances requiring visitors at CCC this is agreed with the matron/ward manager/lead in charge of the patient setting (inpatients or outpatients), a note is placed on the Electronic Patient Record checked by staff upon arrival. Visitors are also asked to observe Covid testing requirements, wearing of PPE (Personal Protective Equipment) including a mask at all times (unless exempt) and social distancing as per hospital and Government guidance.

Clatterbridge send out information on visiting in letters and in text reminders, the website is updated but it is a challenge and processes are in place and points of contact if people need someone with them for an appointment. We can add indicators to electronic records to allow people to come with them to appointments. There is also a seepage process for inpatient wards. LUHFT have changed processes recently, which has had a knock-on effect for other trusts – it is more confusing when guidance is different for different places, or changes regularly.

6. Families can find hospice care difficult to discuss with professionals, but it can be a useful way for patients and families to access complimentary therapies and psychological support. Are there better ways to introduce the benefits of hospice care to families?

CAL Advice on Prescription: A Wellbeing referral to the patient's Link Worker might be helpful. A non-clinical, somewhat softer introduction could be made regarding the support available from the Hospice along with other available support. The CNS could then follow up the conversation on the next patient contact as the conversation will be noted in the patient care plan following the HNA. Or when the referral for an HNA is sent the CNS could request that Citizens Advice Liverpool follow this up.

Clatterbridge Cancer Centre: CCC has an award-winning End of Life/Palliative care team who run the enhanced supportive care (ESC) service, along with the AMBER care programme, which not only looks after the clinical and medical needs of a patient, but holistic support to patients and their families.

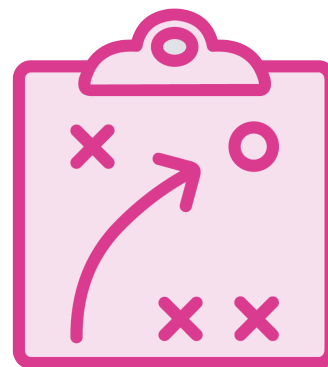
7. How easy is it for patients/families to access social welfare and wellbeing support? What signposting exists and is it the same across all hospitals and services? Patients/families often have anxiety about their financial situation.

Sunflowers is an independent charity based in Aigburth, which has, for the last almost 40 years, been providing wellbeing and psychological support services to people affected by cancer in Merseyside. Anyone living with or beyond cancer can access our services by self-referral. Currently we offer both remote and in person counselling, exercise classes, massage therapies, art and craft workshops, nutrition advice etc. As a charity we are able to offer free and highly subsidised services. We do work with a number of community partners, including the Citizens Advice Service, Cancer Nurse specialists and wellbeing workers who refer clients to us, but over the years we have struggled to engage clinicians (consultants and particularly GPs) in signposting clients to us as we are told they are too busy.

CAL Advice on Prescription Cancer Nurse Specialists and the Macmillan Information Point refer patients to the welfare benefits advisers based in the hospitals, when benefit issues are raised. Macmillan fund Welfare Benefit Advisers based in the hospitals in Liverpool, to support cancer patients.

- Clatterbridge
- Royal (Linda McCartney Unit)
- Broadgreen
- Aintree - The Macmillan Welfare Benefit Adviser has not been available since the beginning of Covid, and CAL Advice on Prescription have been supporting the patients the adviser would have seen, with any welfare benefit information, issues and applications, where they are registered with a Liverpool GP.

Across all hospital sites in Liverpool, Cancer Nurse Specialists and Macmillan Information Point also refer to Navigators/ Link Workers for a Macmillan Health Needs Assessment (HNA) and support.



Patients who are registered with a Liverpool GP are referred and supported by Citizens Advice on Prescription Liverpool's Health Programme Link Workers and if financial or other practical issues are discussed as a concern the Practical Advisers with the Health programme will provide the information advice and support to address the issues and concerns.

Citizens Advice on Prescription Liverpool's Health Programme offer is in the process of being rolled-out to hospital teams across the city and hospital teams will be able to refer patients who have been identified as being in need of financial, practical and wellbeing support

Clatterbridge Cancer Centre: CCC have information and support centres at each of the CCC hospital sites, which includes support and signposting to benefits and wellbeing queries. No appointment is required, just drop in for more information and a member of the team will be able to discuss patients' requirements. Maggie's Wirral is also another fantastic charitable organisation that offers signposting and support to help reduce patients'/families' anxiety at such a difficult time. Its services are available to Liverpool patients – and to patients from anywhere in the country. Visit www.maggies.org/our-centres/maggies-wirral/ to find out more.

8. What psychological support is available to children of cancer patients during the pandemic? Particularly when/if schools are closed.

CAL Advice on Prescription: We have in the past supported patients who had concerns about how their cancer was affecting their children/grandchildren to access Kooth. Although Kooth is not a specific cancer support service, it offers children and young people in Liverpool (aged 10-25) the availability of 24-hour access to self-help materials as well as goal-setting and mood-tracking tools. The online service hosts moderated forums, allowing for peer-to-peer support and interactive messaging with counsellors. See www.kooth.com for further details.

Clatterbridge Cancer Centre: CCC has a Family Support Practitioner employed within the end of life/palliative care team to support and link in with children of people living with cancer and their schools.

9. Can anything be done to reduce technical jargon when speaking to patients and families – or to ensure that more is done to repeat information? It's easy to shut down after hearing e.g. 'Grade 4 tumour', and then not be able to take any further information in.

Clatterbridge Cancer Centre: We work closely with patient and carer representatives to ensure that we communicate in a manner that is easy to understand. The publication of the Paterson inquiry report www.gov.uk/government/publications/paterson-inquiry-report has heralded an opportunity for all Trusts to review the way letters and written forms of communication are sent and received by patients and their GPs. This collaborative process is underway with patient/carer representatives involved to ensure both written and verbal information shared with patients and families is easy to understand.

10. There seem to be some delays with booking patient transport. Is this a particular issue at the moment and can anything be done to address it?

Clatterbridge Cancer Centre: We are currently working with North West Ambulance Service (NWAS) to address identified capacity and demand issues experienced by patients.

11. There has been some concern from patients about single rooms at CCC and the new Royal. Is anything being done to reassure patients that they are as safe in a single room as they would be on a ward where the perception is that they would be better observed by staff and also by other patients who could alert staff if necessary?

Clatterbridge Cancer Centre: Prior to opening the CCC Liverpool, patients and staff were heavily involved in the design of the building including the inpatient rooms. Having single bedded rooms allowed us to open CCC Liverpool earlier than planned during the height of the pandemic, as it meant improved infection, prevention and control compliance compared to 'Nightingale' bed bays, to keep our patients and staff safe. Patients also have named nurses to look after them, family volunteers based on the wards to be 'chatter buddies' and keep them connected with their families and carers and the family support practitioner also provides further holistic support. A majority of our inpatients at CCC have told us that they prefer the privacy, safety (regarding reduced exposure to the Covid-19 virus) and facilities available in a single bedded room, comparing it to a 5* hotel. Technology also supports improved safety and observation of patients.

LUHFT: We are completing tender processes for services to support patients in side rooms, including patient systems, which will include how patients may contact staff and also their relatives/carers. We will be recruiting more volunteers to support patients in the new hospital and our divisional management teams are currently confirming the staffing plans to ensure that staffing levels are appropriate.

12. What support is available to patients/families who require interpreters in a range of languages including BSL?

CAL Advice on Prescription: We use Language Line, when working with patients whose first language is not English. If a signer is required, we will look to organise this.

Clatterbridge Cancer Centre: Consultants and other clinical staff know from the electronic patient record where an interpreter or Language Line assistance will be required for an appointment. CCC Learning and Organisational Development team are scheduling BSL training for clinical staff to attend.

LUHFT: Arrangements will be made on all our sites for patients to have interpreters when needed, which includes patients requiring BSL. We have been part of the tender process led by Liverpool CCG to provide a unified service across hospitals in the city to improve the interpretation and translation service provided.

13. Recent feedback to Healthwatch from cancer patients/families includes concerns about e.g. lack of attention to nutrition and pressure sores, and a perception that families are being expected to take on more caring responsibilities due to delays in care packages being put in place. How do professionals feel about this?

Clatterbridge Cancer Centre: We understand that it has been a really challenging time for everyone over the last 18 months and acknowledge that delays in care packages being operational has a direct effect on carers and families as well as patients. As a Trust we have very few delayed discharges and work closely with families and social services to ensure a safe discharge can take place in a timely manner. CCC has a Social Worker who works as part of the discharge team to ensure all Health and Social care needs of the patient are addressed. CCC has also been working with carers and the wider carer community across Cheshire and

Merseyside to improve the experience of carers and will be launching the Regional Carers Passport on 25th November 2021 to support signposting to relevant agencies in the local area and reduce the need for carers to have to repeat information given to different trusts.

14. Patients have also expressed concerns about being monitored at home during the pandemic. How can they be reassured that this is effective?

Clatterbridge Cancer Centre: We know that virtual doesn't fit everyone and one size doesn't fit all. In the NHS Long Term Plan there is a push for remote monitoring and empowering people more with their own health and social care needs. Some patients prefer video/phone for routine checks from the comfort of their own home. My Medical Record is an app that some of the Cancer teams use with patients for two-way communication and there are plans in place to increase this roll-out further.



15. Feedback to Healthwatch has also shown that patients/families can feel 'dismissed' or 'abandoned' by the system. They can't make contact with consultants or GPs and PALS/PACT services can also be difficult to access – phones ring out/emails don't get answered. What should patients do to ensure their concerns are heard/responded to in a timely manner?

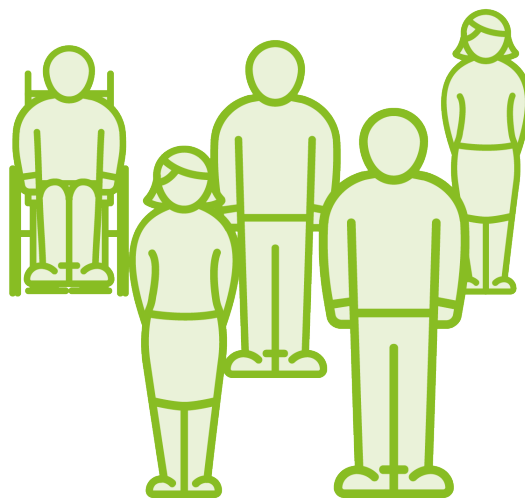
Clatterbridge Cancer Centre: CCC advertise PALS services contact information at all CCC sites and on our website www.clatterbridgecc.nhs.uk/patients/your-rights/patient-advice-and-liaison-service-pals Consultants also have medical secretaries who can be contacted with any queries for the consultant/clinical team from the patient.

LUHFT Our Patient Advice and Complaints Teams (PACT) are available to support patients and families who have any concerns regarding their care. The teams can be contacted by phone or email with contact details on the below pages:

- Royal Liverpool and Broadgreen sites www.rlbuht.nhs.uk/contact-us/patient-advice-and-complaints-team/
- Aintree site www.aintreehospital.nhs.uk/your-visit/tell-us-how-we-are-doing/patient-advice-and-complaints-team-pact/

16. What training is available for primary care clinicians?

There were no specific answers to this question, but it is something that Healthwatch Liverpool can take up with NHS Liverpool Clinical Commissioning Group in relation both to the early recognition of the signs and symptoms of common and less-common cancers, and to signposting by GPs and other primary care providers to appropriate non-clinical support.



Contact

Healthwatch Liverpool
4th Floor, LCVS Building
151 Dale Street
Liverpool
L2 2AH

Call: 0300 77 77 007
(9.00am – 5.00pm, Monday to Friday)
Calls cost the same as a local rate call – we can call you back to keep your bill down

Email:
enquiries@healthwatchliverpool.co.uk