



Dear Patient and Carer Representatives,

**Re: Lived Experience Involvement for the *Care Closer to Home* project**

We are inviting you to consider taking a meaningful role in what we believe is a very exciting project. As you know patient's care is directed and mostly delivered from Alder Hey Children's Hospital (AHCH) in Liverpool and Royal Manchester Children's Hospital (RMCH) in Manchester, as Principal Treatment Centres for our region. We have several paediatric oncology shared care units where supportive care and occasionally other aspects of care are delivered across the region.

As a wider group we have been looking at how care is organised and have embarked on an 18-month proof of concept project to explore delivering care either in the home or closer to home in a mobile cancer care unit. We are currently in the planning stages of this project. There are a number of groups identified to work on this. Members on these groups include paediatric oncologists and oncology nurses, hospital managers, senior pharmacy managers and project managers. We feel very strongly that we need representation from patients or carers to help shape this project and identify some of the priorities. Your voice is vital in co-designing the project.

There are no specific requirements for this role however having some experience of having to travel for cancer treatments and the burden that this places on a child and family would be extremely valuable. There would be an assigned member of the team available to support you in the voluntary role and assist in discussions. The groups meet at varying intervals via Microsoft Teams and wherever possible it would be helpful to have a patient or carer at these meetings. Discussions are recognised as being confidential and an understanding around the sensitivities of some of these discussions will be required.

**Project Information**

The project is known as the *Care Closer to Home* Project and is being led by the North West Children's Cancer ODN. It is a collaboration across multiple providers across the North West. For information on the project see the overview attached or visit the ODN's website: <https://www.nwchildrenscancerodn.nhs.uk/patients-family/patient-experience/current-future-work-with-patients-and-families/>

The project is intended to last for 18 months and will include delivering care in the home and via a Mobile Cancer Care Unit. There will be continuous evaluation throughout and a formal evaluation at the end of the project to assess and measure the success of the project.

If you are interested or would like to know more about the project involvement, members of the team would gladly discuss this further with you. Please contact us: [info.nwccodn@mft.nhs.uk](mailto:info.nwccodn@mft.nhs.uk)

Thank you for your time and consideration.

Yours Sincerely

**North West Children's Cancer Operational Delivery Network**

# PROJECT OVERVIEW



## Road Map

### CONTINUOUS EVALUATION ACROSS PHASES

#### PRE-PLANNING



The North West Children's Cancer Operational Delivery Network are motivated to enhance access and experience of care for children with cancer across the region.

The team submitted a bid to the regional Cancer Alliances to deliver care closer to home and the project was born. The Pre-Planning Phase encompasses the time between the bid acceptance and the formal start of the project. This time was vital in building momentum, relationships and ensuring the team had the resources in place to launch the project.

In the Pre-Planning Phase the team laid down the Foundations for the project by creating a Project Initiation Document and establishing a Communications Sub-Group.

#### PHASE ONE

Phase 1 runs across the initial 6 months from the Go Live Project date (Nov2024).



The phase will ensure adoption of a co-designed, collaborative approach. Involvement of professionals, and service users (Patients & Families) is essential throughout, and especially during the planning phase.

A methodical and structured approach to the project is required to ensure we successfully deliver on the aims and objectives. The co-leads will bring their knowledge and experience of project management, and service development, to aid direction.

Recognition of the wider team's specific clinical and operational knowledge, skills, strengths and ideas is crucial.

The planning phase will involve a breakdown of the deliverables, timescales and identification of interdependencies which will all be categorised via workstreams. The workstreams for the service development approach are:

- Project Management
- Clinical Model & Service Design
- Capacity Model
- Workforce Design, Recruitment & Training
- Data & Digital (including Research & Evaluation)
- Estates & Infrastructure
- Finance & Contracting
- Comms & Engagement



#### PHASE TWO



Phase 2 is based around the delivery of a home care team.

Phase 2 runs over a total of 12 months. There will be a cross over of 6 months whereby Phase 2 and Phase 3 run concurrently

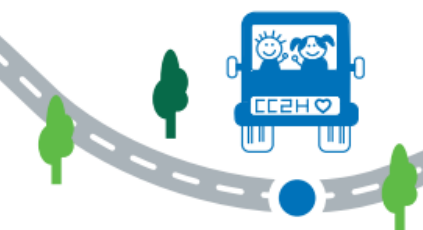
The home care team provides the opportunity for allocated patients to receive a variety of treatments at home and potentially reduce the need for hospital attendance and overnight stays.

#### PHASE THREE

Phase 3 commences towards the latter end of the overall project and will run over a 6-month timeframe.

Phase 3 introduces the use of a Mobile Cancer Care Unit for children as an innovative idea, which for a region where distance is significant, may prove hugely valuable in terms of travel impact and patient experience.

The Mobile Cancer Care Unit will be a collaborative service model with Hope For Tomorrow Charity. This option opens the scope to a mobile cancer care unit whereby we can carry out pre-treatment bloods, symptom management assessments, specific chemotherapy regimens, immunotherapy, central venous access device care and dressing changes, holistic needs assessments, collection of oral medication and late effects support.



Mobile Cancer Care Units are used within diagnostics and treatment services nationally within Adult Services for delivering care closer to homes and in local communities. The transferrable learning will influence the success of this delivery model into Paediatrics. There is an opportunity to shape the model to fit the needs of our unique population and their families.

#### EVALUATION

Service development evaluation will be an ongoing process that will help ensure the effectiveness, efficiency and sustainability. It will guide future decision making.

By evaluating from the onset, with a specific focus on the services within this project (Phase 2 and Phase 3), we can be guided in refining service delivery, optimising resource, enhancing the experience of care of patients and families, and ultimately shape the future development of the initiative to meet both the service users needs, and align with the national specifications and policy.



Methods for evaluation will consider the below:

- Qualitative Methods
- Quantitative Methods
- Benchmarking
- Cost-Benefit Analysis
- Surveys and Questionnaires on service quality, effectiveness and satisfaction

There will be a formal evaluation and write up at the end of the 18 months; which will be led by the Research & Evaluation sub-group.

This project is in collaboration with:



