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**People's Panel Report**  
**Meeting held 21<sup>st</sup> January 2016**  
**At NHS Office, Derby Road, Wesham**

**Opening and Presentation**

Christine Carty welcomed the Panel members and Dan Clough introduced Katie Rimmer, Commissioning Manager who was presenting the Strategy for Cancer 2015 – 2020 report.

Katie explained the background to the report and that the Fylde Coast Cancer Steering Group had been refreshed in May 2015. The Group were developing a five year cancer strategy and this was joint work with Fylde & Wyre CCG, Blackpool CCG and Blackpool Teaching Hospital. The Steering Group was also accountable for end to end cancer pathways for patients.

The Strategy is outlined as Prevention, Early Detection and Diagnosis; Improving Cancer Survival; Support for Living with and Beyond Cancer; Reducing Inequalities; Improving the Cancer Patient Experience; Risks to Delivering Our Plans; Governance and Delivery.

Katie advised there is already established a patient sub group who are looking at specific areas including the Strategy. Katie highlighted that the document is a draft only and a final draft version is likely to be available around end of January 2016.

Katie provided a copy of the Strategy for reference but the Panel Members had not seen this document prior to the meeting nor did they have an opportunity to thoroughly read this before making comments on the questions posed to the group.



### **Panel Members Discussion**

The Panel members stayed as one group for this meeting and started the discussions in a general way. They then gave their comments and considerations to the specific questions.

1. *Do we need to engage with any other patient groups to seek their feedback on the Strategy?*
  - The Panel thought there needed to be a broad range of consultation around the Strategy and not just with cancer patients / family members
  - With an estimated one in three people being affected by cancer in some way the Panel members felt that focussing on existing cancer patients was limiting. However even within that group there was a need to ensure a broad demographic of patient was given the opportunity to engage
  - The Panel members thought that general members of the public would be unlikely to read the Strategy as it was too formal and difficult to understand
  - The Panel members were concerned about a lot of the engagement being on line or on the CCG website as this did exclude a lot of people either due to not being able to use computers or not having access to one.
  
2. *What are your initial thoughts on the Strategy?*
  - The Panel were concerned that there had not been an opportunity to receive the document prior to the Panel meeting so were unable to make an informed recommendation / suggestion to support the Commissioner
  - It was questioned that if this is a Fylde Coast strategy – is this the same as all the others in the North West or will they operate differently
  - The comment was made ‘what does this mean?; Panel members were concerned that they did not understand what the Strategy document was telling them
  - Panel members were concerned that the Strategy document did not include any detail and so they could not see how the process would work
  - The Panel members suggested looking at a ‘what we have now’ v ‘what we will have then’ type scenario to emphasise how things might change / develop in the future
  - The Panel members queried why this was a five year strategy

3. *Do we need to consider any other element of cancer care to input into the Strategy?*

- The Panel members were concerned by the term 'holistic care' as they would like to know exactly what this entailed

### **Other Comments**

The Panel found the Strategy document very difficult to comment on as they felt they could not respond fully to the questions and not having sufficient time to read and understand it. They accept that the language in the document is formal but have concerns about its suitability for lay people to understand and this could be off putting even with a resident who may have a particular interest in this area.

It was recommended that there is an Executive Summary at the beginning on the document setting out in plain English what the document says, possibly only of a couple of pages. Those who are interested in reading further can then read the whole document.

It was recommended that there be a type of 'You Said – We Did' at the back of the document. This would set out what the changes are (possibly using scenarios) and how this will amend care from how care is currently being delivered to how it will change in the future.

It was further recommended that if an Executive Summary was produced this might be the pages that are used for consultation then include a link to the full document on the CCG website.

### **Chair's Feedback**

Christine Carty, UR Potential presented a brief overview of the feedback to Katie and agreed this would be put into a report to share with Commissioners.

Katie advised at this time that the Macmillan funded post would be funded for two years and was a brand new role to help support the changes being implemented.



She further advised that the timeframe of five years for the Strategy is decided as it allows for implementation of changes where things may not be possible to start immediately but also allows for a suitable length of time to determine how the process is going on and to evaluate its success.

### **Closing**

The Panel were thanked for their contribution and a brief discussion was held regarding dates / times of the next meetings. It was advised that the next one will be held on Thursday 18<sup>th</sup> February 2016.

