Using findings to improve practice and policies

Tayside Phase 1 TCAT Project
May 2015 - May 2017

RCN April 2017
Team members

The Tayside Team
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The Edinburgh Napier Team
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Transforming Care After Treatment (TCAT)

- A five year programme funded by Macmillan Cancer Support Scotland.
- Partnership between the Scottish Government, Macmillan Cancer Support, NHS Scotland, local authorities and third sector organisations.
- Focuses on the care and support of people after treatment for cancer.
The overarching aims of TCAT are to:

- enable people affected by cancer to play a more active role in managing their own care;
- provide services which are more tailored to the needs and preferences of people affected by cancer;
- give people affected by cancer more support in dealing with the physical, emotional and financial consequences of cancer treatment;
- improve integration between different service providers and provide more care locally.
TCAT as a complex intervention

25 projects in 3 Regions

Holistic Assessment
End of Treatment Summary
Education and Support Events
Self Management
Risk Stratification
Cancer Care Review

Partnership
Integration/coordination
Patient Voice
Patient Experiences/Outcomes
Attitudes/Behaviours
Aftercare – awareness & acceptance
After Care – Skills & knowledge
ENU approach: A Realistic Appreciative Inquiry

– To answer the question why TCAT is working not just DOES IT WORK

– To acknowledge the diversity of TCAT projects in terms of context and mechanisms – informing progress

– Distils the elements of these that are more likely to support transferability/generalisability

– Ensures this doesn’t happen!!!
REALISTIC AND APPRECIATIVE:
Developing a dual model of evaluation of “Transforming Care After Treatment” in Scotland
Karen Campbell (Associate Professor), Lucy Johnston (Research Fellow), Dr. Stephen Smith (Senior Lecturer)
and Brooke Marron (Research Assistant)

The Transforming Care after Treatment programme in Scotland (TCAT) is funded by the charity Macmillan Cancer Support to establish national and regional structures to support the implementation of 25 projects, each with different approaches, but with the overall objective to improve the after care for people living with and beyond cancer. TCAT aims to:

- Improve patient experiences and outcomes
- Enhance service integration/coordination
- Increase the patient voice
- Develop attitudes and priorities to support excellence in survivorship

As evaluators we conceived the TCAT programme as a three levelled complex intervention - local, regional and national (Figure 1). Two theoretical approaches have been used in combination by the Edinburgh Napier Evaluation Team - a Realistic Evaluation framework with an appreciative inquiry approach. Fieldwork completed between May 2014 and October 2016 is an exemplar of this dual model. The mixed methods include quantitative data on demographics and reported concerns of over 2,000 people, in depth interviews with stakeholders (n=21); focus group discussions with local projects at the start and end of implementation (n=14) and an annual online survey (n=000).

Realistic evaluation focuses upon identifying and making sense of the context, the mechanisms of actions and outcomes of care after treatment [1]. Paying attention to each of these connected concepts enables a greater depth of understanding:

- Context
- Mechanisms
- Outcomes

Figure 1: TCAT as a complex intervention

Appreciative inquiry focuses on identifying what works well and taking time to understand why this is so and then adapting practices to capture more moments of success [2].

The TCAT programme in Scotland is not one model of ‘care after treatment’ set up in different locations, but 25 different interventions/projects that are linked by the programme’s overarching aims. They have one destination but many routes to success. Combining evaluation models provides a focus for fieldwork and analysis to enhance understanding regarding: context of the projects, the drivers of change and the resulting outcomes. In addition, there is a deliberate focus on what works well and understanding why and how success can be generalised and deliberately replicated and transferred to other areas. The benefits and challenges of our dual approach are shown below.

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<thead>
<tr>
<th>BENEFITS</th>
<th>CHALLENGES</th>
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<tbody>
<tr>
<td>• Merging approaches provides a consistent, applied theoretical framework to evaluating the entire TCAT programme</td>
<td>• Ensuring we are actually blending the approaches and not using them separately or sequentially</td>
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<tr>
<td>• The dual methodology facilitates a structured approach to understanding potential solutions</td>
<td>• Limited evaluator and local project capacity to develop collective reflection on CMOs and other emerging findings</td>
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<tr>
<td>• The application of positive and appreciative language blended with academic-led scrutiny of context,</td>
<td>• Consistently applying a meaningful coding framework to construct valid CMO configurations - especially over 5 years and 3 different levels</td>
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TCAT Evaluation Methods

Online Survey of Stakeholders (to be repeated every November)

Focus Group Discussions (Phase 1 and 2 (n= 14))

2nd Focus Group Discussions (on completion n = 5)

Synthesis and dissemination of learning and findings

LOCAL DATA COLLECTION AND SUPPORT

JUNE 2014 TO DECEMBER 2018
Role of ENU in Practice

- National Evaluation of the TCAT Programme
- National synthesis and dissemination of learning and findings
- Local Advice & Support
- Local Collaboration
- Local data -> national perspective
How can national evaluators enhance evidence from local transformational change to influence policy and decision making?

Lucy Johnston (Research Fellow), Karen Campbell (Associate Professor) and Brooke Marron (Research Assistant)

A multi-disciplinary team at Edinburgh Napier University are evaluating the Macmillan Cancer Support funded Transforming Care after Treatment programme in Scotland (TCAT) which established 25 local projects, each with different local approaches to improving the care of people living with and beyond cancer. A substantial component of the programme evaluation is to support individual project evaluation activity. By contributing to a programme of education and support we are increasing the capacity of local cancer nurses and professionals to conduct robust service evaluations, ensuring consistent and comparable data collection across the programme and maximising impact of evidence on policy and decisions.

National evaluator

Face to face meetings with projects and attendance at local steering group

All members of the team were responsive, optimistic, and modelled appreciative inquiry. It was really valuable to have them carrying out detailed data analysis and allowed us to think about what the data was telling us. It is beneficial that our project will add to the National evaluation to share learning.

-Project Lead, Local Project

Provision of local reporting guidance and report template

Researchers at Edinburgh Napier University are ensuring and enhancing

Provision of patient/service user feedback survey tools and analysis of returns

Collaboration to disseminate findings and learning

Facilitation of 4 evaluation practice

Health Economic analysis evaluation work with 9 local projects

National baseline and interim report presented

I have always found the world of research rather baffling, so the prospect of evaluation was quite daunting. It was invaluable when Lucy joined our TCAT steering group, and her positive focus and expert guidance kept us working towards our goals and appreciating our achievements along the way.

-GP, Local Project

Establishment of a support/advice mechanism with named point of contact within the evaluation team for each local project

By working to ensure and enhance local evidence of change and improvement, we are co-producing valuable data to inform evidence based practice, developing research awareness and skills among cancer nurses and creating and disseminating a wide knowledge base that is influencing practice. The production and dissemination of high quality practice and service evaluations is key to influencing policy and political decision making.

Summary

Contact details and acknowledgements

Dr S Smith, A McFarland and Dr S Cruickshank
Phase 1 Projects

- My Cancer Portal
- Prostate HNA & TS
- Breast HNA
- Breast & Colorectal TS, HNA, H&WB
- Lung – PROM, F/UP H&WB
- H&N, Prostate & Colorectal HNA & H&WB
- Skin F/Up & TS
- Lung Pall.Care
- Most Cancers Recovery Clinic
- All Cancers HNA, TS & H&WB
Local service evaluation within a national programme evaluation
Ninewells Hospital Dundee, Tayside,

• 3 Integrated Joint Boards Perth, Dundee and Angus

• Large Teaching Hospital, Cancer Centre

• Clinical Nurse specialists run clinics in Perth & Dundee

• Maggie’s Centre is in the grounds of the hospital (Cancer information and Support)
Tayside TCAT Project

May 2015- May 2017

Aim: to improve the aftercare of people affected by cancer across Tayside

With a focus on:

• Colorectal Cancer
• Head and Neck Cancer
• Prostate Cancer
Context of Tayside TCAT
Components of Tayside TCAT

- Health and wellbeing events
- Staff training
- Treatment summary
- Partnership working
- Holistic needs assessment and care planning
- Patient involvement

Transforming cancer care in Tayside
What we did

79 staff trained in aspects of the Recovery programme.

Links with third sector: Maggie’s, Tayside Cancer Support and Local Authority teams.

474 Holistic Needs Assessments (HNA) completed in clinic. 1,333 concerns reported.

Patient story at each Wellbeing event. Patient Panel formed.

9 events. Over 240 patients and 150 staff attended. Highly valued.

Treatment Summary template created for cancer teams to use. Limited progress to date.
Staff training

- 33 hrs of face to face training was delivered (attended by 79 staff)

- Pre and Post Test 21 members of staff
  Using a paired two sample test, the results are significant (p <0.05) and indicate that overall respondents’ knowledge and confidence increased across all areas questioned apart from*

- Additional training delivered in response to reflection after HNA e.g. sexuality/community sources of support

- Great support from CNS at wellbeing events and shared learning

“I have a greater understanding of what I can offer future patients”

### Pre-Test Self-Assessment Questionnaire
Implementing Holistic Needs Assessment (HNA) in Cancer Care

DOB

On a scale of 1-10 Please read list of topics below, indicate your knowledge and confidence by choosing a number and insert in columns below

<table>
<thead>
<tr>
<th>Very little knowledge</th>
<th>1 2 3 4 5 6 7 8 9 10 Extremely knowledgeable</th>
</tr>
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<tbody>
<tr>
<td>Not at all confident</td>
<td>1 2 3 4 5 6 7 8 9 10 Extremely confident</td>
</tr>
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<table>
<thead>
<tr>
<th>Topic</th>
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<tbody>
<tr>
<td>Undertaking a holistic assessment of patients with a diagnosis of cancer</td>
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<tr>
<td>Eliciting and responding to emotional and psychosocial distress</td>
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<tr>
<td>Helping with treatment side effects/ Symptoms</td>
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<tr>
<td>Developing and maintaining therapeutic relationships</td>
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<tr>
<td>Discussing sources of support with patients, families and carers</td>
<td></td>
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<tr>
<td>Knowledge of pathway/ resources for psychological support</td>
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<tr>
<td>Awareness of evidence for physical activity</td>
<td></td>
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<tr>
<td>Making a care plan with patient following HNA</td>
<td></td>
</tr>
<tr>
<td>Analysing my own communication style</td>
<td>*</td>
</tr>
<tr>
<td>Providing End of treatment care summaries</td>
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Improvements: Partnership Working

Initial Stakeholder Events 2015
- NHS: 70%
- Local Authority: 12%
- 3rd Sector: 18%

Health & Wellbeing Events 2016
- NHS: 46%
- Local Authority: 12%
- 3rd Sector: 42%
• 153 (46%) of patients with colorectal cancer reported no concerns

• 70% of concerns were related to physical issues

• 70% of consultations took 20-30 mins
Patient Feedback

Our aim was to improve the aftercare of people affected by cancer - 85 people who had a Holistic Needs Assessment (HNA) responded to the Napier survey...

- 72% said their needs were met *completely* when asked about managing the consequences of cancer treatment.
- 51% were very confident in managing their condition.
- 51% Had a Care Plan completed as part of the TCAT project.
I feel that carrying out the HNAs are helping us assist patients prioritise their concerns after cancer treatment.

Working with the TCAT team has enabled us to act on such concerns promptly as we become more aware of the varied help and community support available.

It has been great to be part of such an organised and focused project.

Events like this are a great way to help those who want to engage and feel they have unanswered questions.

Made to feel at ease - given reassurance at times and gently informed of the implications of other things.

Thank you for your and the team’s interest and advice. You have all been very helpful giving me the confidence to push forward.
Use the tools we have already
Make sure the person with cancer knows what support is there
Involve patients and carers every step
Train staff to know how to help
Provide resources and events for people with cancer
Learn from and listen to each other
Using what we did and what we found to improve practice...........
Key learning from findings into practice

What we did
- Staff training
- Implemented HNA
- Developed and tested wellbeing events
- Involved patients /formed patient panel
- worked with partners
- Evaluated all training and events

What we found from the process and evaluation
- Changes in knowledge and confidence after training
- From over 400 HNA, 2 out of 5 patients had no concerns
- Physical concerns were prevalent
- Great benefit from patient involvement
- Hints and tips about running wellbeing events

Changes in practice
- Draft guidelines for training and implementing HNA in progress
- 15 recommendations approved
- Developed stronger relationships with third sector
- Added to evidence for risk stratification pathways for three cancer types
- Sourcing venue to run community recovery clinics to move away from acute setting