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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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;
- Sive 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.





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:



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 of the protein the protein approximation and the start and end of the protein approximation (n=14) and an annual online survey of the protein the protein approximation (n=14) and an annual online survey of the protein the protein approximation (n=14) and an annual online survey of the protein the protein approximation (n=14) and an annual online survey of the protein survey of the protein approximation (n=14) and name (n=16) approximation (n

REALISTIC EVAULATION

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:





Figure 1: TCAT as a complex intervention APPRECIATIVE INQUIRY

Appreciative enquiry 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).

WHAT ARE THE PROBLEMS? X WHAT'S WORKING? HOW CAN WE DO MORE OF IT?

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.

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

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Cooperrider, D., Whitney, D., & Stavros, J. (2008). Appreciative inquiry handbook (1st ed.). Brunswick, OH: Crown Custom Pub.
 Pawson, R. & Tilley, N. (1997). Realistic evaluation (1st ed.). London: SAGE.



TCAT Evaluation Methods

Online Su Stakeholder repeated Novem	rs (to be every	² Discussio		ns (F	Group ns (Phase 1 (n= 14)		2 nd Focus Group <i>Discussions (on</i> <i>completion n</i> = 5	
	Synthesis and dissemination of learning and findings			CC)LI	AL DATA LECTION 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.



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.

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Phase 1 Projects



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 Population 415.000









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



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Components of Tayside TCAT



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.







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 and confidence by choosing a number and insert in columns below	· · · · ·			
Very little knowledge 1 2 3 4 5 6 7 8 9 10 Extremely	/ knowledgeable			
Notatall confident 1 2 3 4 5 6 7 8 9 10 Extremely	r confident			
Topic				
Undertaking a holistic assessment of patients with a diagnosis of cancer				
Eliciting and responding to emotional and psychosocial distress				
Helping with treatment side effects/ Symptoms				
Developing and maintaining therapeutic relationships				
Discussing sources of support with patients, families and carers				
Knowledge of pathway/ resources for psychological support				
Awareness of evidence for physical activity				
Making a care plan with patient following HNA				
Analysing my own communication style				
Providing End of treatment care summaries				

- 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"







HNA: Learning

HNA Concerns	Colorectal	
	(n=333)	
Number of patients completing overall concern score	218	
Average rate of overall concern (scale1-10 where 10 is highest)	3	
Patients reporting "no concerns"	153 (46%)	
Average number of concerns	3.9	

- 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

Top 10 Phys Colorectal				
PLANNIN SOUR CAREAN SUPPORT	No of patients	% of patients reporting this concern		
Tired/ exhausted or fatigued	48	14.4%		
Diarrhoea	35	10.5%		
Dry, itchy or sore skin	31	9.3%		
Passing urine	30	9%		
Pain	30	9%		
Constipation	29	8.7%		
Getting around/ walking	29	8.7%		
Sleep problems /nightmares	27	8.1%		
Eating or appetite	26	7.8%		
Tingling in hands/feet	24	7.2%		

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







Staff & Patient feedback

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 easegiven 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.



TAYSIDE TRANSFORMING CARE PROJECT KEY MESSAGES

- 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

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

What we did

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

- 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

Changes in practice