

Chemotherapy Services

Redesign of Systemic Anti-Cancer Therapy (SACT) delivery

Chemotherapy Services Consultation Plan - October 2022

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Document history

Version	Summary of Changes	Document Status	Date published
v.01	Initial draft plan shared with Healthcare Improvement Scotland-Community Engagement (HIS-CE) to seek advice and approval of planned approach.	Draft (internal only)	15/11/2022
v.02	Draft consultation plan and timeline updated to reflect advice and feedback from Louise Wheeler (HIS-CE).	Draft (Internal only)	05/12/2022
v.03	Consultation plan updated to include with Board Paper(SL)	Draft (Internal only)	10/01/2023
v.04	Consultation Plan updated	Draft (Internal only)	12/06/2023

Consultation Overview

Plan title / topic:

Consultation on the redesign of Systemic Anti-Cancer Therapy (SACT) delivery in Ayrshire and Arran.

Plan creation date (dd/mm/yyyy):

01/09/2022

Consultation start date:

13/02/2023

Consultation completion date:

19/05/2023

Engagement lead name:

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Designation:

Engagement Manager

Department/ service:

Transformation & Sustainability

Purpose of consultation:

To explain the changes and reconfiguration that have taken place within NHS Ayrshire and Arran Systemic Anti-Cancer Therapy delivery during the COVID-19 pandemic and seek views and feedback from people on these changes and the proposal to maintain this service model, in line with the West of Scotland Cancer Network (WoSCAN) Systemic Anti-Cancer Treatment future service delivery plan. Systemic anticancer therapy (SACT) is a collective term for all anti-cancer drug treatments such as chemotherapy and immunotherapy.

- To seek views and feedback from public, communities and stakeholders on the current / proposed service model and provide an opportunity for people to raise questions, meaningfully participate in the service change proposal and inform the decision-making process.
- To ask people what they think about the proposal to make the arrangement permanent and find out the potential impact on people;
- To enable Board members to understand any wider public concerns and impact and consider how these can be addressed and what further measures may be developed with people to help mitigate adverse impacts;
- To comply with Planning with People guidance. This will help, alongside other factors, to inform the decision-making process on the most appropriate model to take forward and enable learning during the period to inform improvements/ understanding of people's experience and impacts; and
- To fulfil 'major service change' directive – following the Chemotherapy Service Review 2019/20, Healthcare Improvement Scotland (HIS-CE) advised that the proposed changes to chemotherapy services in NHS Ayrshire & Arran, developed from the emerging West of Scotland Cancer Network tiered model, met the general threshold for 'major service change' on the basis that:
 - Patients who are already vulnerable due to their illness may have to travel further for their first treatment, with a proportion also requiring to do this for further treatment appointments;
 - There was significant public and political interest in the proposed changes

Due to the onset of the pandemic no further progress or engagement activity could be taken at that time. As such we must now undertake a three month consultation, in line with current major service change guidance.

Background:

Prior to the pandemic, the West of Scotland Cancer Network (WoSCAN) reviewed the model for Systemic Anti-Cancer Therapy service delivery, to develop a future service delivery plan. The key aim was to provide safe and sustainable SACT service delivery, closer to home where possible and to meet increasing demand within the associated 4 health boards. The [WoSCAN SACT future service delivery plan](#) was endorsed by the four NHS Boards within the network, including NHS Ayrshire and Arran. Patient and carer engagement on the emerging model of care was undertaken across all four West of Scotland NHS Boards and the principals of the model widely supported.

The plan is based upon a three tiered model of care with one Tier 1 centre for the whole of WoS region, currently Beatson WoS Cancer Centre, one Tier 2 site for Ayrshire and as many Tier 3 sites as required. Therefore our local strategy is to implement this plan within Ayrshire and Arran to support safe and effective care delivery for patients, as close to home as possible, where this can be done safely.

Following the Chemotherapy Service Review in 2019 it was proposed that our single Tier 2 site should be at University Hospital Crosshouse (UHC). Additionally, it was recommended that development of further Tier 3 delivery sites should be considered. An extensive public engagement exercise was undertaken within Ayrshire and Arran from January to March 2020 to provide an opportunity for people to be involved in the Chemotherapy Service Review and provide their views and feedback on the proposals. However, any further development in the implementation of this model was paused in March 2020 due to the pandemic.

During the initial pandemic response in March 2020 it was necessary to adapt very quickly and develop a pathway of care for managing patients with COVID-19 alongside maintaining a level of service for other patients, to ensure a safe and risk free service for our patients and staff. At that time the NHS Ayrshire and Arran lead cancer team were asked to review local chemotherapy services to consider whether there were any alternative options that would ensure a high quality, risk stratified and safe service.

Subsequently a series of relocations were implemented across Oncology services to both protect the vulnerable patient group and to support wider site / divisional COVID-19 plans. As a result all inpatient activity and high risk (Tier 2) outpatient chemotherapy was relocated from University Hospital Ayr (UHA) to University Hospital Crosshouse (UHC). Within UHC outpatient chemotherapy moved from ward 3C to ward 5E. Low risk (Tier 3) outpatient chemotherapy was moved from Station 15 (UHA) to a repurposed unit within the Ailsa Hospital site, Ayr. Patients who are equidistant between Ailsa Hospital Ayr and University Hospital Crosshouse are offered the opportunity to attend Kyle Chemotherapy Unit at Ailsa Hospital.

The temporary changes made during the pandemic align with the agreed West of Scotland regional model. These changes were implemented in line with guidance circulated by Healthcare Improvement Scotland – Community Engagement in July 2020: *Engagement and participation in service change and redesign in response to COVID-19 - which was subsequently updated in [November 2021](#)*.

During the pandemic it was not possible to inform and engage with our citizens and communities in the normal ways. However engagement with patients and staff has

been undertaken throughout the period of interim changes, which enabled the collection of valuable service user and staff experience. Over 300 patient experience questionnaires were completed across the three service ward areas. The feedback gathered has been positive and supportive of the current service change proposal.

Due to the positive feedback from patients and staff, the recognised benefits of the changes and the alignment with the West of Scotland regional service model, we are now considering the current service as a longer term model for service delivery. As such and in line with current national major service change guidance, a period of formal consultation will be undertaken to ensure that these proposals and subsequent decisions are informed by patients, public, communities and staff.

Expectations from consultation:
(what do you hope to achieve)

The scope of public consultation and opportunities for people to meaningfully influence the proposal around these changes is limited due to the changes having already been implemented, as a direct consequence of the pandemic, and the already defined regional model of service delivery. Our expectations from the consultation are:

- To inform patients, people and communities about the temporary / proposed changes and provide them with opportunities to share their views and feedback;
- To appropriately describe the pre-covid and current service models in a way that is clear and easily understood, so that people are able to consider and understand the rationale, regional directive and benefits for patients;
- To articulate that patient safety and patient care are at the forefront of these changes and ongoing service development;
- To convey that our aim is to deliver a safe, sustainable, accessible and equitable chemotherapy service for the population of Ayrshire and Arran;
- To engage with patients, people and communities around the changes, ensuring their views are heard and considered throughout the consultation and decision making process and where there may be challenge over scope, we are open and prepared to revisit assumptions or decisions;
- To ensure that any aspects we believe cannot be influenced through people's involvement, for example patient safety and working practices, are clearly explained and evidenced;
- To ensure that where possible any identified negative impacts resulting from the proposed changes are considered and mitigated;
- To work towards achieving a shared understanding with people and communities about what the current position is and why; and
- To gather views and feedback to inform the decision making process and future service planning.

Existing knowledge:
(what do you already know that helps support the reason for engagement or change)

- The temporary / proposed model aligns with the agreed West of Scotland Cancer Network (WoSCAN) Systemic Anti-Cancer Therapy (SACT) future service delivery model.
- Throughout the temporary changes we have engaged with our patients and staff to gather feedback on how the interim service is working and learn from their lived experience. This feedback has on the whole been very positive and supports the proposal to make the changes permanent. Key emerging themes reflect ease of access, seamless flow of care provided by friendly, caring and professional staff, and in relation to the new Kyle Unit, an increased feeling of

safety being separate from the acute hospital and better parking. Overall there has also been a more positive perspective on travel and transport.

- NHS Ayrshire & Arran continues to provide chemotherapy treatments to patients with only the five most common types of cancer - breast, colorectal, lung, urology and haemato-oncology cancer. All other chemotherapy treatments for patients who live in Ayrshire are currently provided in Glasgow at the West of Scotland Regional Cancer Centre – the Beatson Oncology Centre.
- SACT practice has evolved significantly over the years, as such delivery of high risk chemotherapy across two sites in Ayrshire would not be considered for clinical or governance reasons if proposed today.
- Significant changes to the way we deliver our service, due to the pandemic, have provided mitigating steps in relation to key points highlighted within the previous Chemotherapy Service Review. For example, patients now receive their initial assessment in person at the site closest to their home, where this can be done safely or via Near Me. Patient pathways, including the use of Near Me, have been redesigned to minimise clinical risk - additionally helping to minimise travel, parking and access issues for patients.
- Telephone reviews have become standard practice for SACT assessment with face to face appointments for treatment discussion, consent discussion, review of treatment impact and complex cases – *we want to promote the highest safe standard of cancer care and ensure that cancer services fully meet the needs of patients.*
- Other specialities and services also utilise telephone reviews as part of standard care.
- Reviews are face to face when it is preferred by the patient or considered essential by the clinical team (patient fitness, consent to treatment, clinical examination, scan results & changes to treatment).
- For most chemotherapies, the risk of reaction is higher during the first two treatments. These treatments are therefore delivered within a dedicated ward at University Hospital Crosshouse, an acute hospital environment, with access to medical staff and emergency care. Following the second treatment, as long as the patient has not had a reaction, the treatment can be delivered as close to home as possible (Ward 5E University Hospital Crosshouse or Kyle chemotherapy unit, Ailsa Hospital Ayr). Some courses of treatment can be given out with a hospital environment from the start and with increasing experience of out-reach chemotherapy delivery, more treatments can be considered for delivery in these facilities from the start following further risk assessment by the Clinical team and approval by SACT governance.

Recognised benefits of the proposed service model for both patients and staff:

Key benefits of dedicated in-patient delivery at University Hospital Crosshouse.

- Increased expertise within multi-disciplinary team;
- Increased availability of multi-disciplinary input to care;
- Increased availability of supportive services e.g. laboratories, renal dialysis, ICU;
- Only haematology/oncology patients in ward who require SACT or specialist care; and
- Emergency care continues to be provided at local hospital with haematology/oncology input as required

Key benefits of moving tier 3 day-case SACT delivery to Kyle Unit, Ailsa Hospital

The [Christie Model](#) of SACT delivery is a tried and tested way of delivering Tier 3 Chemotherapy in a local setting that does not require acute support. It can be delivered in many settings with examples ranging from outreach community hubs, to Chemotherapy buses. The Ayrshire and Arran review team used the Christie Model principles when considering what might be possible for Tier 3 SACT delivery within Ayrshire and Arran during the pandemic.

Benefits of the new Kyle Unit

- More chairs to support increasing demand. SACT activity has continued to increase by 9% per annum between 2019 and 2022, with the majority of treatment being delivered as out-patients. Kyle Unit has helped make it possible to accommodate this increase in activity;
- Not within acute hospital environment;
- Spacious environment with appropriate space for multi-disciplinary team & third sector organisations e.g. Ayrshire Cancer Support;
- Own entrance with drop off space directly outside & close, easy parking; and
- Equidistant patients have choice to attend Kyle;

Internal constraints:

- Ongoing system and staffing pressures.
- Limitation of scope to revert the changes or explore alternative options at this point in time.

External constraints:

- West of Scotland Regional future service delivery model.
- Due to the pandemic changes had to be implemented very quickly (*in line with COVID-19 guidance*) and as such the opportunity to engage was limited – we are therefore now engaging retrospectively on changes already implemented.
- Significant public and political interest during the previous Chemotherapy Service Review presents an ongoing risk of potential adverse reaction.

Resources/support available:

- Cancer services Management Team and staff
- NHSAA Engagement and Communications Teams
- Stakeholder Reference Group
- NHSAA Equality & Diversity Advisor – EQIA guidance and support
- Healthcare Improvement Scotland – Community Engagement
- Third Sector organisations and support groups
- Health & Social Care Partnership Engagement and Communications teams

Methods of Informing / Engagement:

- Provide information on regional / substantive / current / proposed model
- Consultation summary booklet, poster and flyer
- Survey - electronic link, QR code and hard copies, as appropriate
- Background information and rationale – including how peoples feedback from the previous Chemotherapy Service Review has been taken into account
- Information on ‘new ways of working’ and benefits of revised service model
- Summary of engagement activity during and after the changes – including key themes / headlines / patient and staff quotes
- Visuals describing patient pathways and service models
- Information is clear, easy to understand, accessible in a range of public places
- Information provided in different formats to meet people’s needs
- Information is balanced and factually accurate

Version: 0.01

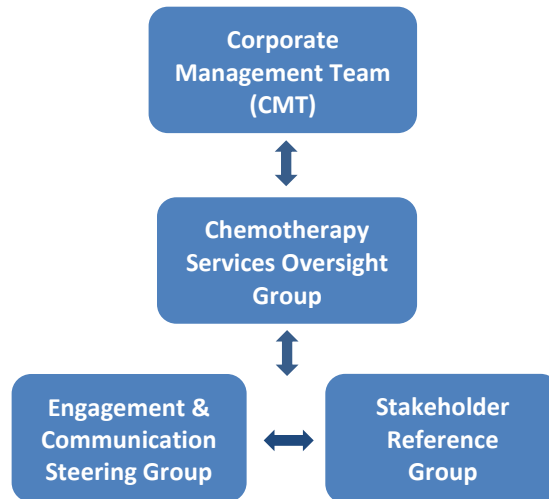
Distributed via email, in person/virtual meetings, social media, local media, local networks, formal groups, third sector, website and posters.

Summary Consultation Plan

Summarise the planned approach in terms of anticipated timescales and milestones:

Timescale	Project stage or specific activity
By 31/10/2022	Establish Stakeholder Reference Group and agree meeting schedule.
By 04/11/2022	Draft consultation outline plan to be developed to share with HIS-CE. Once the planned approach is agreed and approved in principle this will be further developed with the Stakeholder Reference Group.
15/11/2022	Meeting with HIS-CE to discuss draft Consultation Plan and approach
Ongoing	Consultation materials and consultation process EQIA to be further developed with Stakeholder Reference Group.
By 06/12/22	Develop patient engagement questionnaire to gather feedback and experience within associated ward areas.
06/12/2022	Present draft Consultation Plan to Chemotherapy Oversight Group for approval.
20/12/2022	Present draft Consultation Plan to Strategic CMT for discussion and approval.
By 05/01/2023	Review and update service change EQIA
30/01/2023	Present consultation plan to NHS Ayrshire & Arran Board for approval.
06/02/2023	Finalise consultation materials
13/02/2023	Commence consultation
20/03/2023	Midway review
19/05/2023	Close consultation
June 2023	Collate feedback / information and produce report
July 2023	Share feedback and report with HIS-CE
August 2023	Feedback loop
July 2023	Evaluate the process and identify areas of good practice and learning points
July 2023	Prepare Consultation engagement report
	Submit Consultation report to NHS Board for information
August 2023	Provide feedback to people on how their views and comments have been collated and presented to Board.
October 2023	Share the outcome of the consultation with NHS Board, including a paper on the interim proposals and the HIS-CE assessment report for decision.
October 2023	Provide feedback to people on how their views and comments have been taken into account to inform decision making.
To be confirmed	Consider any requirements for staff engagement in line with Organisational Change.

Key Consultation Delivery Groups



Engagement and Communication Steering Group

Name	Designation (if applicable)	Email
Dr Caroline Rennie	Macmillan Nurse Consultant	Caroline.Rennie@aapct.scot.nhs.uk
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Seonaid Lewis	Engagement Manager	Seonaid.Lewis@aapct.scot.nhs.uk
Fiona Pow	Engagement Officer	fiona.pow@aapct.scot.nhs.uk
Katherine MacMillan	Communications Officer	Katherine.MacMillan@aapct.scot.nhs.uk
Stacey McWee	Digital Engagement & Media Officer	Stacey.McWee@aapct.scot.nhs.uk
Nicky Batty	MacMillan Practice Development Facilitator	Nicky.Batty@aapct.scot.nhs.uk
Hazel Hainey	Clinical Nurse Manager - Surgical services	Hazel.Hainey@aapct.scot.nhs.uk
Emma Smith	Clinical Nurse Manager	Emma.Smith3@aapct.scot.nhs.uk
Judith McKee	Senior Charge Nurse	Judith.McKee@aapct.scot.nhs.uk

Detailed Consultation Plan

Title

NHS Ayrshire & Arran Chemotherapy Services Consultation

Last updated:

12/06/2023

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action	What you hope to achieve	Led by	Timeline / Completed by	Status	Comments
Involve / Engage	Establish Stakeholder Reference Group (SRG) comprising former and current cancer patients, carers and public. NHS Ayrshire & Arran will also use existing cancer related groups and contacts to invite people to take part in this steering group.	To ensure that the views of patients and public is central to all aspects of consultation planning.	Caroline Rennie / Fiona Pow	31/10/22	Complete	<ul style="list-style-type: none"> Meeting schedule established Poster put up in ward areas to seek participation Engaged with cancer related community / voluntary groups Due to vulnerability of patient group and ongoing impact of COVID we are arranging a series of smaller meetings to suit the needs of group members.
Inform / Engage/ Consult	Share draft outline plan with HIS-CE for review, discussion, approval.	To ensure our proposed consultation process and approach fulfils the recommendations outlined by HIS-CE and major service change guidelines.	Seonaid Lewis	15/11/22	Complete	A steering group was established to develop the draft consultation plan and associated materials. The draft consultation plan has been shared with HIS-CE and was endorsed in principle. The plan and associated materials were further developed with the Stakeholder Reference Group.
Involve / Engage / Consult	Undertake initial meeting with SRG to provide context on current position and upcoming consultation and	Ensure that patient and public views can inform the scope and purpose of the consultation and	Caroline Rennie / Fiona Pow	09/11/22	Complete	Information included - regional, substantive (pre-pandemic) and interim/proposed model,

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action	What you hope to achieve	Led by	Timeline / Completed by	Status	Comments
	seek their views. Share initial draft information / consultation materials.	inform/advise all associated materials and communications.				describing work undertaken to date. Initial meeting took place at the Kyle Unit on 09/11/2022.
Inform / Engage / Involve	Attend the Ayrshire Cancer Forum with offer extended to attend patient and volunteer groups. Keep the forum updated / involved throughout the consultation process.	To inform key stakeholders of upcoming consultation and ensure people have the opportunity to discuss and understand the rationale for changes/proposal. Encourage involvement from associated groups and individuals to inform consultation process.	Caroline Rennie/ Fiona Pow	26/10/22	Complete	Attended initial meeting of the Forum on 26/10/22 - this is the first forum meeting since the onset of the pandemic. Attended meeting on 24/04/23 to provide an update and extend the offer to facilitate focus groups and attend meetings.
Involve / Engage	Review the interim service changes EQIA and update / develop together with SRG to reflect current position / proposal / consultation.		Caroline Rennie / Elaine Savory	05/01/23 and ongoing	Complete	Reviewed and updated throughout the consultation process.
Involve / Engage	Undertake equality impact assessment of the proposed consultation activity, in collaboration with SRG, to identify and mitigate any barriers to engagement.	To ensure that the consultation is equitable to all and a range of methods are used tailored to the needs of individuals and groups, providing assurance that their needs have been considered.	Fiona Pow	05/01/23 and ongoing	Complete	Draft EQIA of the consultation process was developed and shared with Stakeholder Reference Group (SRG) and Oversight Group – this was reviewed and further developed, as appropriate throughout the consultation process in collaboration with SRG.

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action	What you hope to achieve	Led by	Timeline / Completed by	Status	Comments
Inform	Explore non-written, accessible methods of communicating information on the regional, substantive (pre-pandemic) and interim/proposed model, describing work undertaken to date - such as visual/audio e.g. subtitled video/animation, sound bites, infographics.	To inform stakeholders of the consultation and proposed changes through a range of mechanisms to suit all needs. To provide information in a simple and clear way (both visual and sound) to ensure information can be easily understood.	Seonaid Lewis	09/01/23	Complete	Infographics prepared and circulated widely.
Inform / Engage	Develop appropriate survey questions / recording tool to consistently and continually capture and analyse feedback.	To provide consistent and effective feedback mechanism. To monitor and evaluate feedback process to ensure it is effective and make adjustments as required throughout the consultation.	Stacey McWee	09/01/23	Complete	Questions were developed in collaboration with the SRG and Engagement Steering Group.
Inform / Engage / Involve	Finalise consultation plan, informing materials and feedback mechanisms, in collaboration with SRG.	A clear and concise plan was developed and shared with the Board and HIS-CE.	Seonaid Lewis	09/01/23	Complete	Approved by Board 30 January
Inform / Engage / Consult	Develop patient questionnaire to be used in relevant ward areas (3A XH, 5E XH, Kyle Unit) to inform	To inform patients of the consultation / service proposal and provide an opportunity for them to	Steering Group	05/01/23	Complete	Focussed on questions relating to overall experience, proposal to retain the Kyle Chemotherapy Unit, how people travel to and

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action	What you hope to achieve	Led by	Timeline / Completed by	Status	Comments
	and seek views and feedback from current patients.	feedback and share their lived experience and views to inform the consultation and decision making process.				from hospital appointments, use of telephone consultation and experience of non-medical prescribing.
Inform / Engage / Involve	Pro-active informing and engagement with directly impacted / involved staff.	To update staff on the consultation process and ensure staff are able to participate, provide feedback and facilitate engagement with current patients.	Steering Group	09/01/23	Complete	Regular communications circulated and 2 staff information sessions took place.
Inform	Publish information on NHSAA public website – including overarching summary document, FAQ, EQIA's, survey and links to more detailed information.	To inform stakeholders of the consultation and ensure people have the opportunity to understand the rationale for the changes and proposal. To provide details of feedback mechanism(s).	Stacey McWee	13/02/23	Complete	A new cancer services page was developed on the public website. Dedicated consultation online engagement hub web page established https://jointheconversation-nhsaaa.co.uk/hub-page/sact-public-consultation
Inform	Display posters and information in public areas and health and care settings to make people aware of the consultation and how to participate and provide feedback.	To inform people of the consultation and provide information on the rationale for the changes and proposal. Provide details of feedback mechanism(s) and ensure consultation is shared widely.	Fiona Pow / Kat MacMillan	13/02/23	Complete	Widely distributed in acute and community hospital sites, all GP Practices, all Community Pharmacies and all local public libraries.

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action	What you hope to achieve	Led by	Timeline / Completed by	Status	Comments
Inform / Engage / Consult	Dissemination of consultation documents to identified key stakeholders – including summary booklet and survey.	To ensure people and communities who may be directly impacted by the proposals are informed as early as possible and able to participate in sharing their views and feedback.	Fiona Pow	13/02/23	Complete	<ul style="list-style-type: none"> • Responded to any requests for meetings / engagement opportunities, as appropriate. • Discussion took place with local engagement teams to support dissemination.
Inform / Engage / Consult	Email distribution of consultation documents to wider stakeholders – e.g. community councils, locality planning partnerships, third sector interfaces and other formal groups as listed.	To ensure people are informed and able to share their views and feedback. To ensure groups have the opportunity to request further information or input.	Fiona Pow	13/02/23	Complete	<ul style="list-style-type: none"> • Informed by SRG and local contacts • Email distribution widely circulated
Inform / Engage	Disseminate consultation information to NHSAA staff and wider staff groups.		Kat MacMillan	13/02/23	Complete	Regular communications and news releases were prepared and circulated.
Inform / Engage / Involve	Engage with Elected Members to keep them informed, updated and involved throughout the consultation process, via briefings, meetings and email.	To ensure Elected Members are briefed on work undertaken to date and understand the rationale for the changes / proposal. To ensure they have appropriate information to share with their constituents.	Seonaid Lewis / CEO Office		Complete	Email sent to all Elected Members detailing the consultation with an offer to provide further information and hard copies.

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action	What you hope to achieve	Led by	Timeline / Completed by	Status	Comments
Inform / Engage / Consult	Provide hard copy of materials to patients attending NHS Ayrshire and Arran SACT clinics.	To support wide engagement with people with lived experience.	Steering Group	13/02/23 - ongoing	Complete	Distributed to all three ward areas.
Inform	Publish media releases informing general public about the consultation and directing to summary documents and feedback mechanisms (e.g. survey).	To support understanding and encourage wide engagement / reach with people across Ayrshire and Arran and encourage participation.	Kat MacMillan	13/02/23 - ongoing	Complete	Comprehensive communications and media releases widely distributed.
Inform / Engage	Prepare and circulate regular social media posts informing general public about the consultation and directing to consultation information, survey and other feedback mechanisms.	To support understanding and encourage wide engagement / reach with people across Ayrshire and Arran and encourage participation.	Stacey McWee	13/02/23 - ongoing	Complete	Comprehensive social media plan was developed and implemented.
Inform / Engage / Involve	Engage with HSCP engagement and communication leads to inform, share materials, seek feedback and seek support with dissemination of information across communities and localities.	To tap into local knowledge and identify key stakeholders and engagement opportunities, e.g. Locality Planning Groups & Partnerships, third sector groups, formal community groups.	Fiona Pow	06/02/23	Complete	HSCP engagement and communication leads disseminated information widely.

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action	What you hope to achieve	Led by	Timeline / Completed by	Status	Comments
Engage	Continually assess reach of informing materials and key messages throughout the process. If gaps identified work with stakeholders to identify other methods and approaches to help share information and encourage participation.	To ensure information reaches as many people as possible and that information is accessible for all. To ensure we engage all identified impacted / equalities related groups so they have the opportunity to participate.	Engagement / Comms Team	ongoing	Complete	Throughout the consultation, checks took place to evaluate the effectiveness of our dissemination plan and identify any gaps or changes required. A mid-way review was undertaken to support this.
Inform / Engage	Provide feedback to people on how their views and comments have been taken into account and used to inform decision making and future service planning.	Effective, timely and meaningful feedback loop.	Engagement Team	August 2023		
Inform / Involve	Evaluate the consultation process in collaboration with SRG and other identified key stakeholders.	Identify areas of good practice and learning points. Review and update EQIA to identify if further engagement or mitigations are required.	Steering Group	Aug / Sept 2023		

Consultation Key messages

Purpose:

- Explain the changes and reconfiguration that have taken place and why;
- Describe what the board believes can and cannot be influenced through people's involvement;
- To ask people what they think about the proposal to make the arrangement permanent; and
- To find out the potential impact on people and how any negative impacts might be mitigated.

General:

- Our aim is to deliver a safe, sustainable, accessible and equitable chemotherapy service for the population of Ayrshire and Arran.
- We believe the best way to do this is with the tiered regional approach – the most serious and difficult to treat cancers (Tier 1) are treated at the Beatson Oncology Centre in Glasgow. NHS Ayrshire & Arran has Tier 2 and Tier 3 capacity for patients to access appropriate treatments for more treatable cancers, closer to home.
- Wherever possible, we want to reduce the burden of travel for patients but only if it is without compromising the safety of treatment.
- As with many specialities across the health service, we had to adapt our chemotherapy services during the COVID-19 pandemic to ensure a safe and risk free service for our patients and staff. We would like to share information on these changes with you.
- Locally these changes have had a positive reception from patients and their families.
- We have been working with impacted patient groups throughout the past two years to gather feedback regarding the changes.
- Local patients have told us that the new Kyle Unit is a preferable location to receive their day-case treatments for cancer.
- We want to share details of what the changes mean for patients accessing these services and provide an opportunity for people to tell us what they think about the proposal to keep this new service delivery model.
- Having a single Ayrshire inpatient ward for cancer patients means:
 - Increased expertise within multi-disciplinary team
 - Increased availability of multi-disciplinary input to care
 - Increased availability of supportive services e.g. laboratories, renal dialysis, ICU, maternity

- Only haematology/oncology patients in ward who require SACT or specialist care.
- Emergency care continues to be provided at local hospital with haematology/oncology input as required
- The new Kyle Chemotherapy Unit has enabled us to increase the number of day-case patients we can treat in Ayrshire to support increasing demand.
- Being outwith an acute hospital the Kyle Chemotherapy Unit has its own entrance with drop off space directly outside and close, easy parking.
- We are planning a period of consultation with the public to provide an update on the changes that took place during COVID-19 and describe what we want to retain as part of the ongoing chemotherapy service in Ayrshire.
- During the pandemic it was not possible to inform and engage with our citizens and communities in the usual ways, so we are pleased to now be able to share information on these changes and welcome your feedback and views.
- As we move through this consultation phase we want to gather feedback from people to help inform and support the planning of our future Chemotherapy Services to ensure the decision making process is well informed by those who use and deliver the services.

Staff:

- We value our oncology staff team right across NHS Ayrshire & Arran.
- Nursing staff delivering chemotherapy at NHS Ayrshire & Arran are highly skilled and experienced, and patient feedback is reflective of the excellent job they do. All nurses within oncology (cancer treatment services) undergo specialist training to develop the expertise to deliver chemotherapy.
- We aim to have the right staff in the right place to deliver the specialist care Ayrshire patients require.

Dissemination plan

Audience ⇨ Methods ↓	Decision-making groups	Staff	Stakeholders / partners	Public	Cost	Comments	Timing
External comms							
Public facing news releases	✓	✓	✓	✓	no	<p>Issued to local press contacts and published on our website. Link to news release also shared via social media channels (Twitter, Facebook, LinkedIn if appropriate)</p> <p>Joanne Edwards has agreed to carry out the role of organisational spokesperson.</p> <p>Consider whether to approach key local media to inform and request interview/coverage.</p>	<p>Regular updates relating to the following:</p> <ul style="list-style-type: none"> • Board decision regarding plan & timescales • Beginning of consultation period • During consultation period • Following consultation and final decisions
Social media	✓	✓	✓	✓	no	<p>Corporate accounts on Facebook and Twitter</p> <p>Infographics will be shared with key messages for the public and directing to webpage/survey/news release with further information as appropriate.</p> <p>Liaise with local partners e.g. local authorities to request support in sharing messages.</p>	Regularly throughout the duration of the consultation and following the decision.
Website / Engagement HQ	✓	✓	✓	✓	no	<p>Updated information regarding cancer services on bespoke page.</p> <p>Links to:</p> <ul style="list-style-type: none"> • information regarding timescales and plans for consultation period and how to get involved in participation groups and provide feedback. • EQIA(s). 	To be live and up to date to coincide with board decision on timescales and plan.

						<ul style="list-style-type: none"> • additional information, e.g. patient pathway graphics and previous engagement activity • Any news releases or media statements issued in relation. 	
Posters, leaflets and consultation summary booklet	✓	✓	✓	✓	yes	<ul style="list-style-type: none"> • Disseminate posters with key messages, survey link, signposting to information, details on participation groups and how to provide feedback - to be displayed in key clinical and community settings. • QR codes leading to webpage <p>Consultation materials will be prepared and printed to ensure accessibility for those without access to website/social media. Sited in locations including: Numbers for print to be determined.</p>	To be drafted, designed and printed, ready for distribution at the beginning of the engagement period.
Internal comms							
Daily digest /eNews		✓			no	<p>Series of regular messages for staff. To include:</p> <ul style="list-style-type: none"> • Link to stop press and AthenA page • Updates on consultation • Links to any public facing materials • TeamTalk (board meeting updates for staff) 	To begin following board decision on timescales and plan.

Further information

- WOSCAN: <https://www.woscan.scot.nhs.uk/>
- <https://www.gov.scot/publications/beating-cancer-ambition-action/>

Systemic Anti-Cancer Therapy (SACT) Consultation

SACT Stakeholder Reference Group (SRG) Summary Report

Introduction

As we planned the consultation it was recognised that a Stakeholder Reference Group for this major service change would be essential to support, inform and guide the Systemic Anti-Cancer Therapy (SACT) consultation process, including participation methods and consultation materials.

How we enlisted stakeholders to participate

Individuals from the previously formed SACT patient reference group from 2020 were contacted and invited to meet with Dr Caroline Rennie and the engagement team at the Kyle Unit in Ayr in November 2022. Ten patients/former patients previously involved in the patient involvement group registered their interest in joining the SACT Stakeholder Reference Group (SRG).

In order to attract more people to join the SACT SRG, the engagement team organised two public sessions to promote the opportunity to become involved in the SACT consultation planning. Posters were designed and promoted via the NHS Ayrshire & Arran social media platforms, shared with our Local Authorities, Third Sector Interfaces, Health & Social Care Partnership (HSCP) partners in addition through the networks at Ayrshire Cancer Forum.

The opportunity to be involved was promoted via our social media channels and our ward areas. The Kyle Unit event went ahead in November and attracted 2 attendees who subsequently joined the SRG. Unfortunately, the Ayrshire Cancer Support event was cancelled due to no interest.

To ensure that all who would like to be involved or find out more had the opportunity to participate, four informing and engagement sessions were planned. These opportunities to engage were promoted via our social media channels and NHS ward areas.

- 9th November at the Tea Room within the Kyle Unit (Ailsa Hospital), Dalmellington Road, Ayr KA6 6AB
- 10th November at the Tea Room within the Kyle Unit (Ailsa Hospital), Dalmellington Road, Ayr KA6 6AB
- 18th November at Ayrshire Cancer Support Centre, 5 Dundonald Street, Kilmarnock, KA1 1EQ
- 23rd November at the Tea Room within the Kyle Unit (Ailsa Hospital), Dalmellington Road, Ayr KA6 6AB

The Kyle Unit events went ahead in November and attracted attendees who subsequently joined the SRG. Unfortunately, the Ayrshire Cancer Support event was cancelled due to no interest.

The posters below were widely circulated to encourage involvement and participation were circulated widely.



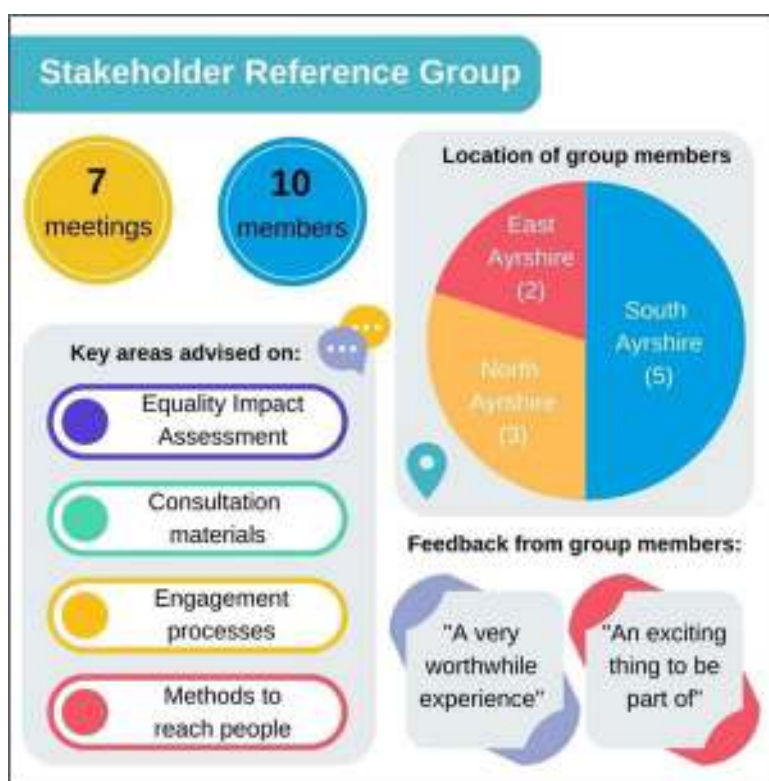
SRG Membership

The SACT SRG was made up of ten individuals who were patients, carers, members of the public or representatives from cancer related organisations all with lived experience and an interest in this area. The group had a good geographical representation from each part of Ayrshire . The SRG provided their perspectives and guidance on how we could effectively inform and engage with patients, carers and the public during this consultation both in person and remotely via email and on the telephone.

The following table provides information on the locality and the method the member interacted with the group.

Locality	In person or remote contribution
North Ayrshire	In person
East Ayrshire	In person
South Ayrshire	In person
East Ayrshire	In person
South Ayrshire	In person
South Ayrshire	In person & remote
North Ayrshire	In person & remote
South Ayrshire	Remote
North Ayrshire	Remote
South Ayrshire	Remote (based in Spain)

The infographic below provides a snapshot of key activity:



Meetings

The first meeting of the SRG was held in the Tea Room at Kyle Unit on Wednesday 9 November 2022.

The SACT SRG meetings were held at the Kyle Unit in Ayr, typically in the tea room, where refreshments and a comfortable setting was provided. Whilst there were set items to be discussed, the meetings were kept fairly informal and adaptable based on needs of the group.

At the first meeting, Dr Caroline Rennie gave a presentation, where an overview of previous engagement output and COVID changes affecting the SACT service was discussed. It was agreed, together with the SRG at this meeting that the group would meet monthly at the Kyle Unit due to its centrality for all members. However, it was made clear that future meeting venues and dates were flexible to meet the requirements of the SRG. The presentation was shared in the meeting and subsequently emailed out to attendees and remote contributors after the meeting.

The group decided the date of the next meeting and location and agreed during subsequent meetings the terms of reference for the group.

A total of seven meetings were held at the Kyle Chemotherapy Unit in Ayr: 4 meetings before the consultation, twice during, and once after the consultation closed. Those unable to attend were communicated with by the engagement team via email and/or the phone.

No.	Date of meeting
1	9 th November 2022
2	23 rd November 2022
3	14 th December 2022
4	18 th January 2023
5	22 nd February 2023
6	3 rd May 2023
7	26 th July 2023

The SRG provided their feedback on the informing materials for the SACT consultation based on their lived experienced. This individual and collective knowledge also helped shape the EQIA and dissemination list. Without this insight and advice, the SACT consultation would have been much less informed. The group were extremely responsive in-between meetings when being asked to review and comment on updated versions of consultation materials and EQIA.

Terms of Reference

As part of the SACT SRG Terms of Reference, the SRG agreed the following key aims of the group to be:

- Involved in framing the scope and purpose of the consultation;
- Involved in developing the communications and consultation plan;
- Consider how best to inform and engage with people on the proposals;
- Advise on the development of information and engagement opportunities for people;
- Involved in developing and reviewing the Equality Impact Assessment (EQIA) process, Fairer Scotland Duty assessment and stakeholder analysis;
- Involved in reviewing information to ensure it meets national standards and good practice, for example plain language, objectivity, balanced view, clear and easy to understand; and
- Bring lived perspective and community voice to this consultation and service planning.

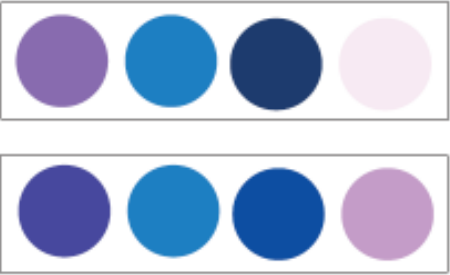
The full terms of reference is available on request.

Healthcare Improvement Scotland - Community Engagement involvement and interactions

Louise Wheeler from Healthcare Improvement Scotland – Community Engagement attended several of the SRG meetings as an observer. Louise asked if SRG members would be willing to be asked questions about their experience on the SRG in the form of an online survey, a phone call or face to face.



Involvement of the SRG members

The SRG advised on a number of areas including informing materials, survey content, EQIA and dissemination. The level of involvement and feedback received is described in the following table:-

Area	Context	SRG feedback:	How we responded to feedback
<p>SACT informing materials (e.g. summary booklet, posters) and branding</p>	<p>Branding</p> <p>The engagement team explained the use of a calming colour pallet (below) for the SACT informing materials.</p> 	<p>The SRG agreed that the use of theme colours would be helpful in terms of brand recognition.</p> <p>Prompt questions for the SRG regarding posters and informing materials were discussed:</p> <ul style="list-style-type: none"> • Are they clear • Do they make sense? • Will the public understand? • Do they demonstrate the changes and impacts • Do they explain the regional model – the tiers align with the Regional Model of 1 site for T2? 	<p>SRG members welcomed the explanation into the colour branding.</p>
<p>SACT informing materials (e.g. summary</p>	<p>Poster</p> <p>The group were presented two different poster designs. Overall, out of the two</p>	<p>The group suggested that it is made clear that phone number is clearly identified as a free phone number.</p>	<p><i>The word 'Freephone was added before the telephone number.</i></p>

Area	Context	SRG feedback:	How we responded to feedback
<p>booklet, posters) and branding</p>	<p>posters the 'people' were preferred by the majority of the group rather than the hospital image.</p>	<p>The group felt that there needed to be an explanation at the top of the poster about consultation.</p> <p>Some of the group felt that the asking for feedback sentence should be in larger font and "More info on the chemotherapy changes can be found..." should sit higher on poster under the safe, accessible and sustainable.</p> <p>Other poster reflections were made by group members and the engagement team considered these during the consultation and actioned appropriately:</p> <ul style="list-style-type: none"> • Public should be made aware of the number of people getting cancer in the future. • We need to make clear what the substantive model looks like and why we want to make it permanent. 	<p>The poster was altered based on this feedback.</p> <p>Larger font was included</p> <p>Text was moved.</p>

Area	Context	SRG feedback:	How we responded to feedback
		<ul style="list-style-type: none"> • Help shape chemotherapy services – draws people into poster. • Keep as contact Fiona as more personable. 	
<p>SACT informing materials (e.g. summary booklet, posters) and branding</p>	<p>Infographics</p> <p>The SRG’s comments and suggestion were taken on board and where appropriate, changes made.</p> <p>The following comments were made by the SRG following the presentation of the final informing material and branding:</p> <p>“I feel confident that the content should both satisfy the aims and ambitions and inform and impress members of the target audience.”</p> <p>“Easy to follow and clearly set out. Hopefully the materials catch people's eye and interest <i>and you get a great response.</i>”</p> <p>“This whole process has been an eye-opener for me - who knew that so much work went on behind-the-scenes to make life easier for us all.”</p>	<p>Infographics</p> <p>One group member liked the clean look of the hospital graphic rather than the cartoon people and how this related to the other content. This person did however see the benefit of the people on the poster and making it appear more “friendly”.</p> <p>The group felt that graphics were well explained but a member of the group felt that the information was a bit “doom and gloom” and could be “punchier” as cancer is not necessarily a killer.</p> <p>The group felt that an explanation of why the changes have happened and that there are lots of new and successful treatments available should be</p>	<p>An SRG member made a recommendation that words including; How, What and When be included in the call out infographic. This was included.</p> <p>Changes were made to the design and used in the final materials.</p> <p>Original Design</p>

Area	Context	SRG feedback:	How we responded to feedback
	<p><i>“Congratulations! It’s so clear, easy to read and understand and will encourage people to take part. Colours are lovely - I like the three colours for Tiers 1, 2 and 3. And the before and after - perfect.”</i></p>	<p>included on the infographics somewhere.</p> <p>The colours were well received and they liked the continuity throughout</p> <p>Reflections on the poster included that the people were “inclusive” as “cancer doesn’t exclude people” and were bright and welcoming.</p> <p>All of the group liked the options of email/phone/QR code and website address.</p> <p>The group felt that consultation should be more deliberate on the poster.</p>	 <p>Amended design after feedback</p> 
<p>SACT surveys</p>	<p>SRG members were asked to comment on survey questions.</p> <p>SRG comments and questions are as follows:</p>	<p>The following additional questions were asked by SRG members and responses are captured below.</p>	<p>Reduction of open text questions was carried out within the survey.</p>

Area	Context	SRG feedback:	How we responded to feedback
	<ul style="list-style-type: none"> • Will there be information to explain the changes? • Less open text questions as people may not fill these in. • Suggestion to include in overview/supplementary information: finding more cancer/curing it – due to this we are making changes to reflect the need for increased services/why we have made the changes we did. • 1st question – split into two questions. • Doesn't come across that the changes are looking at the future. • If cancer hasn't affected you or your family can you be satisfied? • Relevance of questionnaire to people in North Ayrshire – as they won't have used the Kyle Unit. • Feedback from group to be more direct with questions, however Health Improvement Scotland - Community Engagement Officer provided feedback to group that you can't ask leading questions as this may impact on results. <p>Public consultation survey will be accompanied by summary information including:</p>	<p>The Engagement Team explained that supplementary information will be included at the start of questionnaire</p> <p>Q: Will there be accessible options on the smart survey – clear tick boxes? A: Smart survey allows for this and has good accessibility options. Stacey to mock up the questions in Smart Survey for the SRG to test.</p> <p>Q: Where will the survey be completed? A: It was felt that the majority of surveys would be completed by members at public online at home. There will be various opportunities for people to complete the survey in hard copy or online via the QR code and link on the poster. Additionally, people have an email address and a free phone number to contact the team was provided.</p> <p>Q: Can the summary at the top of the survey include visuals?</p>	<p>More information was provided within an overview to explain the changes.</p>

Area	Context	SRG feedback:	How we responded to feedback
	<ul style="list-style-type: none"> • Describing the changes made to chemotherapy services during the pandemic • The proposal to make these changes a longer term model of service delivery • Impact and benefits for patients • Decision making process • There will also be links to the website consultation page with more detailed information should people want it <p>Demographic information The survey will also include a set of demographic questions to capture a range of information about the people completing the survey, e.g.:</p> <ul style="list-style-type: none"> • Age range • Gender • Geographical information • Categories, e.g. Patient / Carer / Staff / member of the public / third sector organisation etc. 	<p>A: Yes, Smart Survey allows for visuals to be included so we could look at doing that</p> <p>Q: Could question 1 to be split into two separate questions to make the ask clearer, e.g.:</p> <ol style="list-style-type: none"> 1. Does the information provided clearly describe the changes for chemotherapy services in Ayrshire & Arran 2. Does the information provided clearly describe the proposed model for chemotherapy services in Ayrshire & Arran <p>Demographic information SRG members suggested that relative or family in the choices.</p>	<p>The question was split into two questions as suggested by SRG members.</p> <p>This was amended to include relative and family in the choices.</p>

Area	Context	SRG feedback:	How we responded to feedback
EQIA	<p>The Equality Impact Assessment (EQIA) was discussed in full at a number of meetings. Comments on the EQIA from the SRG members included:-</p> <p>“I have read the Impact Assessment document and as far as I can tell it all looks ok. Not sure about the use of the word repurposed in ref to locations. Upgraded and specially outfitted or equipped might look more positive but I leave that to you guys.”</p> <p>“EQIA looks good and covers all areas”</p> <p>“<i>Comments around layout (section 2)</i>, It was explained by the Engagement Team that the document was an NHS template BUT there was flexibility to change the language to make the comment easier to <i>understand.</i>”</p> <p>“Thank you for the attachments which I have looked through and with which I find nothing but agreement. Nor do I have any comments or suggestions to make.”</p>	<p>The SRG were agreeable with EQIA for the engagement process.</p> <p>Comments around layout (section 2).</p> <p>A question from the group regarding the criminal justice system – are there prisoners with cancer and do they get treated at the NHSAA?</p> <p>Overall SRG agreeable with EQIA in the meeting, but were given the opportunity to read in own time and provide feedback to the engagement team.</p> <p>The engagement team reminded the SRG that an EQIA is not a static document and can be added to and amended at any point.</p>	<p>The Engagement Team explained that the layout was an NHS Template.</p> <p>It was explained that there were a small number of prisoners who received treatment.</p> <p>Review of the EQIA was carried out over a few meetings.</p>

Area	Context	SRG feedback:	How we responded to feedback
Dissemination of informing materials	<p>A stakeholder mapping exercise was carried out by the engagement team and the SACT Oversight group which in turn informed the draft SACT consultation dissemination list. This was shared with the SRG for their feedback and suggestions.</p>	<p>Feedback received from the SRG was incorporated in the SACT dissemination list.</p> <p>Dissemination suggestions:</p> <ul style="list-style-type: none"> • Community councils. • Craft fairs and Christmas fairs (specifically for high footfall once a month and opportunity to rent a table) 	<p>Dissemination suggestions were taken on board where appropriate by the engagement team.</p> <p>The engagement team highlighted that the dissemination list was not static and throughout the three month consultation period there would inevitably be more places and people to whom information and engagement opportunities could be shared with.</p>

SRG lived experience of participating in the SRG meetings and accessing services

The SRG were asked if they would like to provide feedback about their experience of participating in the Stakeholder Reference Group. Five members gave their personal accounts of their experience of the SRG.

Photos: SACT SRG group members at the Kyle Unit, Ayr

SRG Members 1 and 2

During Member 1's on-going treatment for cancer she volunteered to participate in a study of cancer treatment at Crosshouse Hospital which evolved into membership of the SRG set up as part of SACT. Member 1's husband, John joined the SRG at a later stage, bringing the perspective of a partner.

Both of us found the different meetings we attended very informative and productive as we gained greater understanding of the work being carried out to develop cancer care in Ayrshire. This enabled us to contribute our respective experiences to support the work of the SACT team in what we hope was a constructive and helpful way. It was particularly useful to hear of the experiences of the other 'lay' members of SRG.

All of the meetings we attended were well run and organised with everything well prepared. We found that our comments on the various draft documents were always carefully considered by the SACT Team and as appropriate incorporated into the final document, with which we are very pleased.

We found it useful to be able to raise problems not always appreciated but of great importance to the well-being experience of patients. Issues such as public transport availability, parking and physical access to wards, while not medical matters, nevertheless could have a major impact on the treatment experience of both patients and carers.

We were the only members of SRG from North Ayrshire. Thus most of our comments related to Crosshouse Hospital rather than the Kyle Unit in South Ayrshire.

We were not that familiar with the work of the Unit initially, but from what we have learned through our service on SRG we very much hope that its innovative approach to cancer identification and management can be extended to North Ayrshire. All in all a very worthwhile experience!

Member 3

This was an exciting thing to be part of, because the development of chemotherapy provision was happening as we were discussing what changes should take place. It was instructive to see the attention to meeting everyone's needs in the provision of chemotherapy treatment - families as well as patients.

The Engagement Officer was encouraging, seeming to value everyone's contribution, and was enthusiastic about any ideas which were suggested - in fact all members of her team shared that; and the health care professionals were never dismissive of our contributions.

I was amazed at the kind of work, and the amount of work, that takes place to ensure that the final decision is the right one for the community.

Member 4

As a surviving cancer patient who was successfully treated some 10 years ago, I was invited, along with several others, to join this group. The broad objective was for us to think about our journey through the chemotherapy process and to discuss any improvements or to raise any issues or concerns we might have. Nothing was off the table.

There followed a series of very constructive and wide-ranging discussion with the NHS professionals during which we were free to raise any issues and to offer suggestions about possible changes that might improve the service. Location, parking, travel access, bus routes and taxi services were among the issues discussed along with facilities, pharmacology and access to blood results were also examined so that over time, a thoroughly debated and costed programme evolved using some of our ideas and suggestions and a review of the delivery of chemotherapy in this area was developed.

There were several imperatives and several necessary compromises but I believe that what we helped to evolve will be a major step forward in the treatment of cancer. Cancer rates are growing but treatment is improving with new technology and medication being developed that offers more hope to cancer sufferers. This programme should allow these changes to be delivered as efficiently as possible to the benefit of all patients.

There is one group of people who are absolutely fundamental to the successful delivery of this programme and that is the nursing staff, professionals and doctors who deliver the life-saving treatment. We were mindful of their commitment and skill throughout this review and we sought to ensure that they had the support and facilities that they required. Without them none of this will work.

Thank you for the opportunity to contribute to this review and I wish you every success in the delivery of this exciting plan for the future.

Member 5

I was involved in the Chemotherapy Patient and Public Reference Group from May 2015 when they undertook the option appraisal process (Jul-Sep). Work then commenced on the West of Scotland Future Service Delivery model & an update was given to us as a group in Oct 2017.

I was a patient representative. Of course and was very protective of Station 15 at Ayr hospital. My hope was always that it would be there for the many people with cancer closer to Ayr than Crosshouse.

Then I was diagnosed with renal cancer and my treatment wasn't possible at Ayr and my treatment was Glasgow based! I realised then that it was never going to be possible for Ayr to be a place where cancer treatment could encompass all treatments.

Next the Chemotherapy Programme Board was established & work commenced again in April 2019 which took us through to the engagement which happened between Jan-Mar 2020.

Then something awful happened, the COVID 19 pandemic happened and with the lockdown and the now Chemotherapy Board couldn't meet.

In the lockdown interim Station 15 was closed. It clearly could not continue as it was. It was too small and intimate a space to continue to operate. But what did happen was that the Kyle Unit was revamped as a Chemotherapy delivery unit, learning that patients closer to Ayr than Crosshouse had a place to for delivery of chemotherapy and other cancer treatments.

I was invited back on to the Stakeholder Reference group which commenced in November 2022 and now are coming to the end of the process which has now established the ABC hierarchy of cancer treatment for the West of Scotland.

I am satisfied that the Kyle Unit is operational and I am also aware that I have been involved in all the iterations that ended with the Stakeholders Reference Group.

Proposals to redesign Systemic Anti-Cancer Therapy (SACT) delivery in Ayrshire and Arran



Systemic Anti-Cancer Therapy (SACT) is a collective term for all anti-cancer drug treatments such as chemotherapy and immunotherapy.



**This public consultation will run from
Monday 13 February to Friday 19 May 2023.**

Your Views Matter

We would like to share information on proposals to reshape SACT services in Ayrshire and Arran and provide an opportunity for you to share your views and feedback on these proposals.

This document provides information on our SACT service delivery in Ayrshire and Arran and describes the changes we are proposing and seeking feedback on.



“Our aim is to deliver a safe, sustainable, accessible and equitable SACT service for the population of Ayrshire and Arran”.

Materials can be provided in easy read version, and with translation services available upon request. If you require any assistance with responding to the consultation please get in touch. Contact details and how to share your views are provided on the back page of this document.

www.jointheconversation-nhsaaa.co.uk/

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Glossary of terms

Day Case - A term meaning a patient receives treatment and goes home the same day.

Equidistant - A term meaning an equal distance between or apart.

Inpatient - A term meaning a patient stays in a hospital ward overnight for treatment.

Multi-disciplinary team - Medical, nursing and pharmacy team members.

Paper lite - A term meaning the utilisation of digital approaches, such as clinical systems to record and store patient notes, prescribe medications etc.

Stakeholder Reference Group (SRG) - A group of previous/current cancer patients, carers, public and representatives from cancer-related organisations who provide guidance regarding the SACT consultation process and materials.

Systemic Anti-Cancer Therapy (SACT) - A collective term for all anti-cancer drug treatments such as chemotherapy and immunotherapy.

UHA - University Hospital Ayr.

UHC- University Hospital Crosshouse.

Introduction

As with many health and care providers, we had to adapt our services during the COVID-19 pandemic to ensure a safer service for our patients and staff. It was therefore necessary to make immediate changes to our Systemic Anti-Cancer Therapy (SACT) delivery to ensure as safe a service as possible. This involved the temporary relocation of the inpatient ward at University Hospital Ayr to University Hospital Crosshouse and the relocation of day case SACT delivery from University Hospital Ayr to a bespoke unit on the Ailsa Hospital campus, Ayr.

During the pandemic, it was not possible to inform and engage with our local citizens and communities as we would normally. However, throughout the temporary changes, we have engaged with our patients and staff to gather feedback on how the interim service is working and learn from their experience. The feedback gathered to date has on the whole been positive.

We are now in a position to review these temporary changes and consider a more permanent model for service delivery. We want to ensure that local people have an opportunity to help shape this.



Why are we undertaking a public consultation?

Previously SACT services in Ayrshire and Arran were under review, as the health board looked at how to adapt service delivery to best serve local people, aligned with the agreed regional model and meet increasing need. Public consultation on this review was underway in early 2020 however, due to the onset of the COVID-19 pandemic, work relating to the review was paused.

Now that the pandemic restrictions have lifted, we are able to commence with a public consultation to help us understand how these proposed developments might affect people. We want to take the opportunity to describe the changes that have been put in place and ask people what they think about the proposal to consider making these changes permanent. Through this public consultation, we can explore the potential impact on people and identify if there are any further considerations that may still need to be addressed.



"We want to hear from as many people as possible to ensure the proposed changes are well informed".

What parts of the service changed?

Inpatient Care

Gradually over several months, inpatient activity and high-risk day case SACT was moved from University Hospital Ayr to University Hospital Crosshouse, to concentrate expert specialist care and enhance proximity to the required medical support services within one dedicated area.

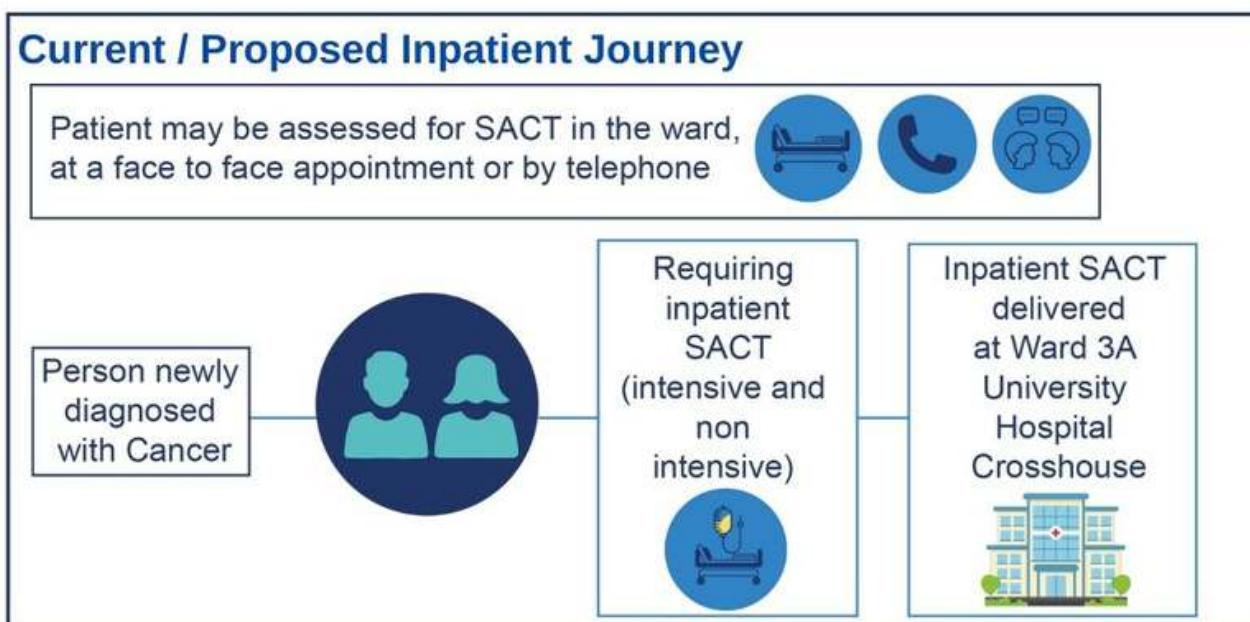
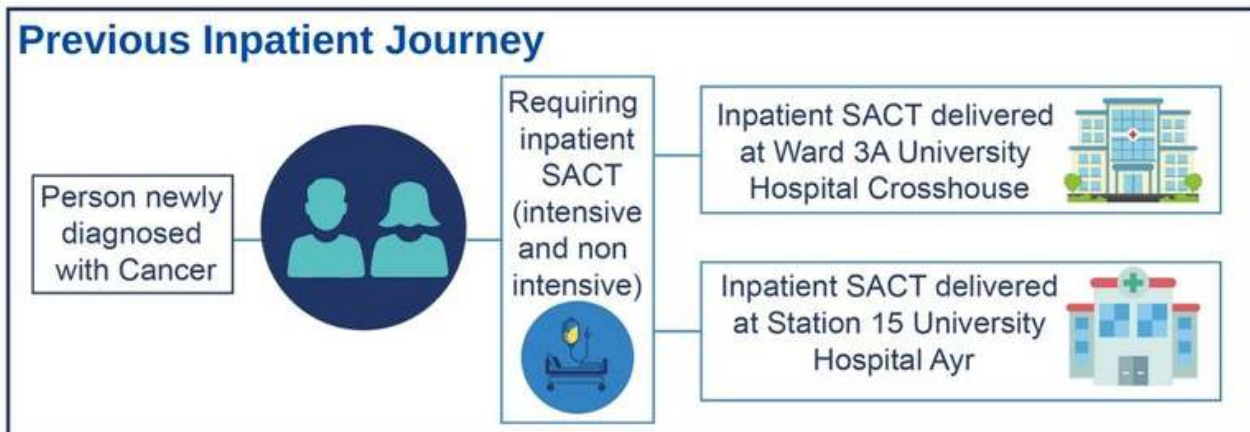
Current medical, nursing and pharmacy resource would be unable to provide the specialist support required to facilitate the return to inpatient care across two sites.

Did you know?



University Hospital Crosshouse has 24-hour laboratory and blood transfusion services on site, as well as inpatient dialysis, maternity services and a larger medical department.

Emergency care continues to be provided at the closest hospital for the patient.

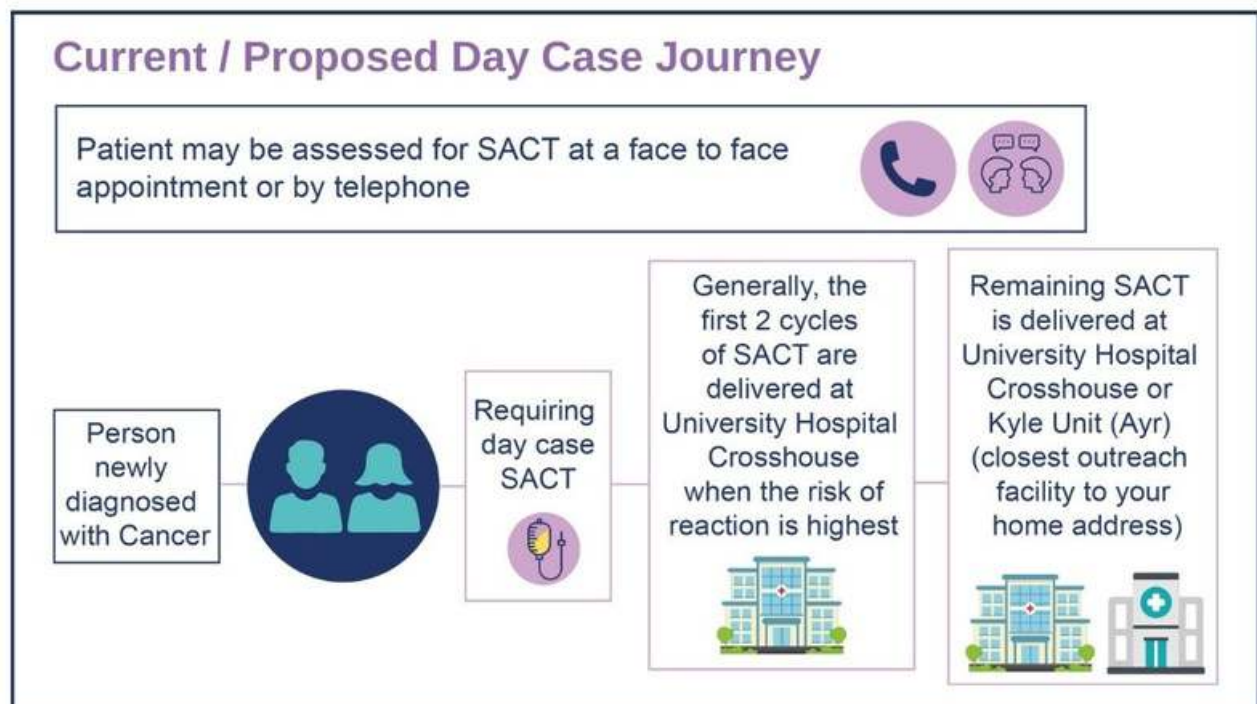
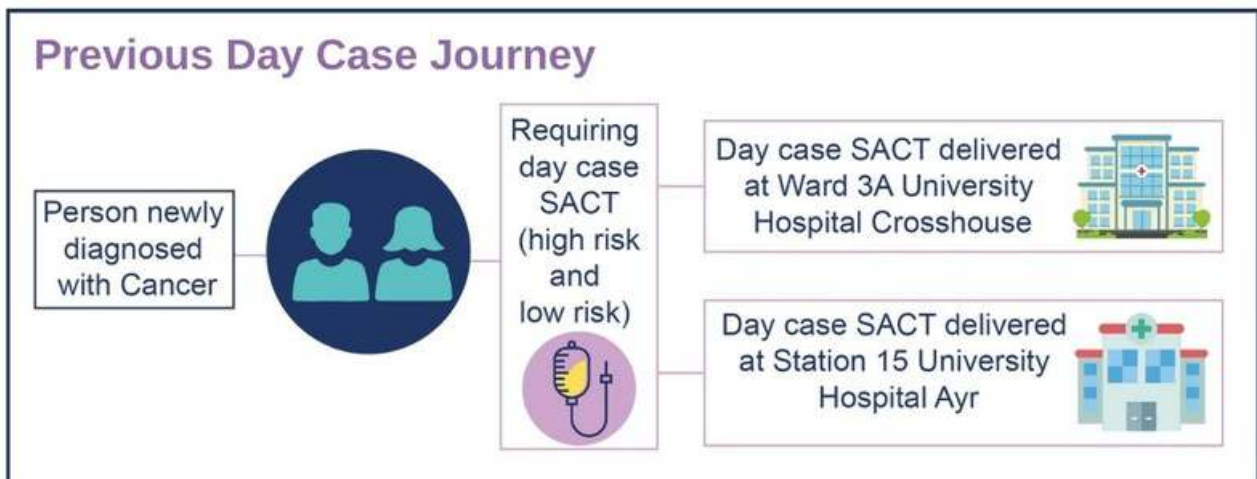


Day Case

The day case unit at University Hospital Ayr was moved out of the acute hospital setting into a refurbished unit on Ailsa Hospital campus Ayr. Being situated outwith the acute hospital was safer for patients and staff during the pandemic by not having to enter an acute hospital.

The Kyle Chemotherapy Unit has enabled us to increase the number of day case patients we can treat to support increasing demand and has resulted in a marked improvement in the clinical environment for day case clinics.

Did you know? 
SACT activity has continued to increase yearly by nine percent between 2019 and 2022, with the majority of treatment being delivered as day cases.



What is the regional delivery model?

The West of Scotland SACT Model sets out three distinct tiers of cancer treatment, which determine where and how our cancer patients are cared for in Ayrshire and Arran.

Tier 1: covers the highly specialised treatments that would be delivered in the Beatson Cancer Centre in Glasgow.

Tier 2: supports patients with a higher risk of adverse reactions. Patients would normally receive at least two cycles of treatment on an acute hospital site so that there is fast access to any medical support that could be needed.

Tier 3: supports patients needing lower-risk treatments, which can be delivered with more limited clinical support.

How does the regional model impact on our local SACT delivery?

Our aim is to deliver a safe, sustainable, accessible and equitable SACT service for the population of Ayrshire and Arran. We believe the best way to do this is with the tiered regional approach.



Tier 1 is provided at the Beatson West of Scotland Cancer Centre in Glasgow, so that would not change.

NHS Ayrshire & Arran provides **Tier 2** and **Tier 3** SACT for more common cancers, closer to home. Based on the regional model, there should be only one **Tier 2** local cancer unit (based on our local population) and at least one **Tier 3** day case outreach facility.

Did you know?

NHS Ayrshire & Arran provides SACT for breast, colorectal, lung, urology and haemato-oncology cancers. Other cancers are treated at the Beatson West of Scotland Cancer Centre in Glasgow.

Our **Tier 2** local cancer unit is currently located at UHC. We have **Tier 3** treatment facilities at both University Hospital Crosshouse and Ailsa Hospital, Ayr. This would stay the same under the new proposal.

Does this mean that patients have to travel further now?

The current local service model aims to continue to treat as many patients as possible, in the most clinically appropriate place as close to home, where this can be done safely. As with many other areas of service, where appropriate or preferred, telephone appointments are now standard practice for patients receiving SACT. This has helped to reduce travel for people.

Depending on the type of cancer and the treatment required, the place where patients have treatment may have changed. For example, typical treatment is often Tier 2 for the first two cycles at University Hospital Crosshouse, when the risk of reaction is highest. A patient can then usually be moved to Tier 3 if the first two treatments have been administered without incident at Tier 2.

Did you know?

The positive impact of the Kyle Chemotherapy Unit supports the possibility to potentially develop additional Tier 3 day case facilities in other areas across Ayrshire in the future.

This means that patients can then receive treatment closer to home at either Ward 5E University Hospital Crosshouse or Kyle Chemotherapy Unit, Ailsa Hospital Ayr. Although patients living in South Ayrshire might have to travel a bit further to UHC for their first two treatments they could then receive their remaining treatment at Kyle Chemotherapy Unit in Ayr.



Patients living in North or East Ayrshire have the choice to attend the Kyle Chemotherapy Unit if preferred.

Need to know

Wherever possible we want to reduce the burden of travel for patients but only if it is without compromising the safety of treatment.



For patients requiring SACT as an inpatient, there may be more travel, as all inpatients requiring SACT are currently treated at University Hospital Crosshouse.

Emergency care continues to be provided at the closest hospital for the patient.



New ways of working



The introduction of telephone consultations for patients undergoing SACT assessments (where appropriate) has reduced travel for patients, reduced congestion in waiting areas for patients requiring face-to-face appointments and reduced congestion for parking.



Information sharing has been improved for SACT patients with the introduction of 'paper lite' working. This has removed the need for case notes to be transported between sites, reducing potential delays. It supports communication between multi-disciplinary teams to improve treatment assessment and delivery.



Prescribing staff can perform clinics from anywhere due to remote access to clinical systems which can have increased service efficiency.



Patient pathways

Patient pathways have been redesigned to minimise clinical risk - additionally helping to minimise travel, parking and access issues. Patients now receive their initial assessment via telephone or in person at the site closest to their home, where this can be done safely.

Need to know?

These new approaches have helped to address some of the areas of concern that were identified through the previous chemotherapy service review.

NHS Ayrshire & Arran have the aim of delivering a safe and equitable SACT service to local patients. We want to promote the highest, safest standard of cancer care and ensure that cancer services fully meet the needs of patients.

With rapid developments in infusions and chemotherapy treatments, our SACT service will continue to adapt over time, as appropriate, to best serve local patients in the medium and the longer term.

These approaches and new ways of working are in line with the ambitions of Caring for Ayrshire, ensuring we deliver sustainable, person centred care, as close to home as possible.



Kyle Chemotherapy Unit

Kyle Chemotherapy Unit is on the old Ailsa Hospital site in Ayr, well away from our acute hospitals. The staff have created a really homely environment, and the patients love it.

“I like how Kyle is situated in wooded ground - it feels less clinical. Treatment areas are airy and spacious and staff are great”.



Accessibility is so much easier at the Kyle Unit. We have gathered positive feedback from patients on the difference this makes for them, and they welcome that they don't have to go upstairs or in a lift. Where someone does have to travel further, the ease of parking can help make up for the time difference.

Did you know



Kyle Chemotherapy Unit has its own entrance, with parking right outside and a drop-off area at the entrance.



“I find the Kyle ward easier. No stress and can be dropped off at the door. Big improvements”.



This model is now driving how Tier 3 chemotherapy services could be delivered across Ayrshire and Arran.

What our patients have said about the Kyle Chemotherapy Unit



Lovely surroundings.

I don't need to walk far when tired.

Wonderful Facilities.

Parking is so much easier.

What has been the overall feedback from patients on the changes?

Throughout the temporary changes we have engaged with our patients and staff to gather feedback on how the service delivery is working.

More than 300 patient experience questionnaires were completed across the three SACT service areas during and after the changes. This feedback has on the whole been very positive. Specific emerging themes reflect ease of access, seamless flow of care provided by friendly, caring and professional staff, and in relation to the new Kyle Chemotherapy Unit, improved surroundings, better parking and ease of access. Overall there has been a more positive perspective on travel, transport and environment.

Here are a few patient quotes:

Tier 2 provision at University Hospital Crosshouse

"As a result of monthly phone calls with the doctor, from given an appointment in 5E to getting my transfusion. This is more efficient than the previous system and hopefully saves doctors time as well".

Inpatient provision at University Hospital Crosshouse

**"I found the environment in Ward 3A very welcoming."
"Pleasant ward setting and side rooms are well equipped for delivery of treatment to cancer patients".**



Kyle Chemotherapy Unit, Ailsa Hospital campus Ayr

"I find the Kyle ward easier. No stress and can be dropped off at the door. Big improvements".

The views gathered through this engagement and the previous service review have had a real impact on SACT service planning and have informed and influenced decisions made by NHS Ayrshire and Arran Board on SACT delivery. The patient voice is at the heart of this process.



Information on previous engagement activity and feedback can be found on our consultation web page: www.jointheconversation-nhsaaa.co.uk/

How have stakeholders been involved in the development of proposals to reshape SACT services?

An extensive public engagement exercise was undertaken from January to March 2020 as part of the chemotherapy service review. This provided a meaningful opportunity for people to provide feedback on the proposal to locate our Tier 2 local cancer unit at University Hospital Crosshouse, given the adjacency to other essential medical services.

Need to know



The recommendation following this public engagement activity was that our Tier 2 local cancer unit should be located at University Hospital Crosshouse.

Although the feedback gathered supported this proposal, there were some areas of concern identified for further consideration, these included communication, travel, transport and parking. The current changes and new ways of working have helped to address some of these areas.

In October 2022, a Stakeholder Reference Group was established to support, inform and develop this SACT consultation process, including participation methods and consultation materials. This group is made up of patients, carers, public and representatives from cancer-related organisations with lived experience. Some members were part of the Patient Public Reference Group who were involved in the earlier chemotherapy service review. This group has been pivotal in working with us to develop this consultation process and supporting equality impact assessment (EQIA).



How will views and feedback be used?

Once the consultation has closed, we will gather all the views and feedback and a report will be made available on our public website, providing details on the feedback received. Your feedback will be used to help NHS Ayrshire and Arran Board members to understand if there are any negative impacts that would still need to be addressed and consider the impact of the changes for people. Your views matter so we encourage you to share your feedback.

Where can I find more information?

You can find more information on the changes, current proposals and how local people have been involved in developing our local SACT service on our consultation website <https://jointheconversation-nhsaaa.co.uk/>

Tell us what you think

A range of opportunities are planned for people to get involved and share their views, including in-person events, focus groups and online sessions. These opportunities will be advertised locally via media, social media, local community groups, local venues and our consultation website.



Consultation survey

The consultation survey sets out everything that we are looking to get your views on. You can complete the survey online or paper copies are available at your local public library and other local venues. You can also request a paper copy or support to complete the survey using the contact details below:

Engagement Team:

aa.engagement@aapct.scot.nhs.uk

Freephone: 0800 0304 177

Have your say and complete our short survey by scanning the QR code or via the following link:
<https://www.smartsurvey.co.uk/s/SACTSurvey/>



Making decisions

The NHS Ayrshire and Arran Board will consider responses to the consultation and give due consideration to any alternative suggestions that are put forward as a result of the consultation. A full meeting of the NHS Board will consider the proposals and make a decision. A range of information, including responses to the consultation and a report from Healthcare Improvement Scotland – Community Engagement, will help to inform the Board's decision. The outcome of the consultation will be widely available and clearly communicated.

Appendix 4 - Consultation Materials



A range of public consultation materials were prepared with input and guidance from our Stakeholder Reference Group, Healthcare Improvement Scotland-Community Engagement and clinical service team. The consultation materials can be found in this Appendix and include:-

- Poster with information on the purpose and how to get involved
- A5 Flyer
- Public survey questionnaire – online and hard copies
- Patient journey visuals – before and after the changes
- Event poster
- Frequently asked questions document



Proposals to redesign Systemic Anti-Cancer Therapy (SACT) delivery in Ayrshire and Arran



Your Views Matter Help shape SACT services in Ayrshire and Arran

We've made some changes to our SACT services that we want to share with you. This consultation provides an opportunity for you to join the conversation.

You can find information on the consultation here:



www.jointheconversation-nhsaaa.co.uk

This public consultation will run from:
Monday 13 February
to Friday 19 May 2023.



Join the conversation and complete our short survey using this link:

<https://www.smartsurvey.co.uk/s/SACTSurvey/> or by scanning the QR code.



Materials can be provided in easy read version, and with translation services available upon request. If you require any assistance with responding to the consultation please contact Fiona.



aa.engagement@aapct.scot.nhs.uk



Freephone
0800 0304 177

Help shape SACT services in Ayrshire and Arran

We've made some changes to our SACT services that we want to share with you. This consultation provides an opportunity for you to join the conversation.



Share your views
by 19 May 2023.

Find out how to share your views on the consultation on the back of this leaflet or visit:
www.jointheconversation-nhsaaa.co.uk

Materials can be provided in easy read version, and with translation services available upon request. If you require any assistance with responding to the consultation please contact Fiona.



aa.engagement@aapct.scot.nhs.uk



Freephone
0800 0304 177

This public consultation
will run from:
Monday 13 February
to Friday 19 May 2023.

Your views matter
We want your feedback
on the proposed changes
to SACT services in
Ayrshire and Arran.



Consultation survey

The consultation survey sets out everything that we are looking to get your views on. You can complete the survey online or paper copies are available at your local public library and other local venues. You can also request a paper copy, feedback form or further information or support using the contact on the front of the leaflet.

Join the conversation and
complete our short survey
using this link:

[https://www.smartsurvey.co.uk/s/SACTSurvey/or by scanning the QR code.](https://www.smartsurvey.co.uk/s/SACTSurvey/or%20by%20scanning%20the%20QR%20code)



You can find more information on the changes, current proposals and how local people have been involved in developing our local SACT service on our consultation website:
www.jointheconversation-nhsaaa.co.uk

www.jointheconversation-nhsaaa.co.uk/

**Proposals to redesign Systemic
Anti-Cancer Therapy (SACT) delivery
in Ayrshire and Arran**



Public Consultation

We would like your feedback on the proposed changes to SACT services in Ayrshire and Arran.

**Please complete a feedback form
and pop it in the box. Thank You.**



**Fullarton Connexions
Church St,
Irvine, KA12 8PE**



**Drop in on Tuesday
28 March 2023
10am - 2.30pm**

Free Tea & Coffee provided.



If you have any questions or would like more information, please contact the Engagement Team:



Email: aa.engagement@aapct.scot.nhs.uk

Tel: Freephone: 0800 0304 177




Digital Banners

Proposals to redesign
Systemic Anti-Cancer Therapy (SACT) delivery in Ayrshire and Arran



Join the Conversation




Systemic Anti-Cancer Therapy
Online Public Event for
Ayrshire and Arran




Wed, 10 May 2023 19:00 - 20:30 BST



Social Media Graphics (examples)



Your views matter
We want your feedback on
the proposed changes to
SACT services in
Ayrshire and Arran



This public consultation
will run from
Monday 13 February to
Friday 19 May 2023.



Join the
conversation and
share your
Systemic
Anti-Cancer
Therapy (SACT)
Story



Your Views Matter

Proposals to redesign Systemic
Anti-Cancer Therapy (SACT) delivery
in Ayrshire and Arran



Public Consultation

Come along to our in-person "join the conversation" drop-in to find out more about the proposed changes to Systemic Anti-Cancer Therapy (SACT) services in Ayrshire and Arran and share your views.

 **The Grain Exchange**
77- 81 High St, Ayr

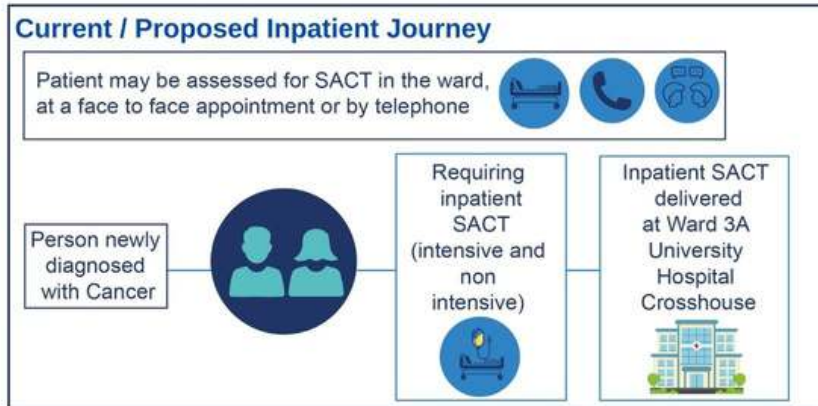
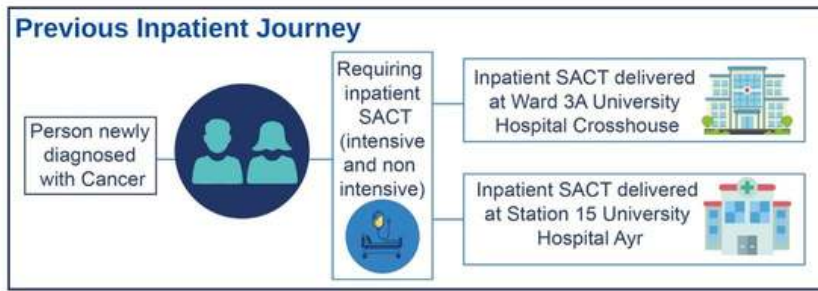
 **Drop in on Friday**
3 March 2023 10am - 2.30pm

Free Tea & Coffee provided.

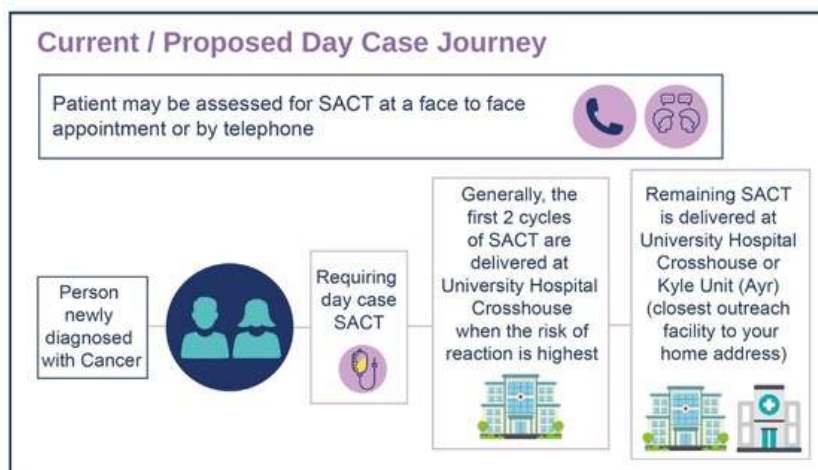
If you have any questions or would like more information, please contact the Engagement Team:
Email: aa.engagement@sact.aar.nhs.uk Tel: Freephone 0800 0204 177



Patient Pathway Visual - Inpatient Care



Patient Pathway Visual - Day case



Regional Delivery Model - Visual



www.jointheconversation-nhsaaa.co.uk/

Proposals to redesign Systemic Anti-Cancer Therapy (SACT) delivery in Ayrshire and Arran



Systemic Anti-Cancer Therapy (SACT) is a collective term for all anti-cancer drug treatments such as chemotherapy and immunotherapy.

Feedback Survey

“Our aim is to deliver a safe, sustainable, accessible and equitable SACT service for the population of Ayrshire and Arran”.

**This public consultation will run from
Monday 13 February to Friday 19 May 2023.**

Public Consultation

We would like to share information on proposals to reshape SACT services in Ayrshire & Arran and provide an opportunity for you to share your views

The consultation survey sets out everything that we are looking to get your views on. You can complete the survey using this paper copy or online using the link at the end of the survey.

If you would like support to complete this survey or have any questions, please get in touch: aa.engagement@aapct.scot.nhs.uk or call Freephone: 0800 0304 177

**Join the
conversation**

**This public consultation will be open from
Monday 13 February to Friday 19 May 2023**



關於重新設計艾爾郡和阿倫

全身性抗癌治療 (SACT) 交付的提議



您的意見很重要

幫助塑造艾爾郡和阿倫的 SACT 服務

我們對 SACT 服務做了一些改變，希望與您分享。此諮商讓您有機會加入談話。

您可以在此處找到
諮商的相關資訊：



www.jointheconversation-nhsaaa.co.uk

本次公開諮商的持續時間
為：

2023 年 2 月 13 日週一
至 5 月 19 日週五



請透過以下連結或掃描 QR 碼加入談話並完成一個簡短的調查：

<https://www.smartsurvey.co.uk/s/SACTSurvey/>



相關材料可提供易讀版本，並可應要求提供翻譯服務。若您在響應諮商時需要援助，請聯絡 Fiona。



aa.engagement@aapct.scot.nhs.uk



免費電話
0800 0304 177

Proposals to redesign Systemic Anti-Cancer Therapy (SACT) delivery in Ayrshire and Arran



Frequently Asked Questions



What is SACT?

Systemic Anti-Cancer Therapy (SACT) is a term used to describe all anti-cancer drugs such as chemotherapy and immunotherapy. Chemotherapy and immunotherapy can be given in a number of different ways, depending on the type of cancer and length of treatment. Some anti-cancer drug treatments are given by injection and some are taken orally.

Why have the changes to the SACT service already been made?

The changes happened as a direct impact of the COVID-19 pandemic. As with many health and care providers, we had to adapt our services very quickly during the pandemic to ensure a safe and risk free service for our patients and staff.

What parts of the service changed?

Inpatient activity and high-risk day case SACT delivery was moved from University Hospital Ayr to University Hospital Crosshouse, to concentrate expert specialist care and enhance proximity to essential medical support services within one dedicated area. Emergency care continues to be provided at the closest hospital for the patient.

The SACT day case unit at University Hospital Ayr was moved out of the acute hospital setting into a repurposed building on Ailsa Hospital campus Ayr, known as Kyle Chemotherapy Unit. Not having to enter the acute hospital during the pandemic was safer for patients and staff.

The majority of SACT patients are treated as day case and not in-patients. The Kyle Chemotherapy Unit has enabled us to increase the number of day case patients we can treat to support increasing demand.

Does this mean patients now receive SACT treatment in a different place?

Depending on the type of cancer patients have and the treatment they are receiving, the place where they have treatment may have changed. Our aim is to continue to treat as many patients as possible, in the most clinically appropriate place as close to home, where this can be done safely. The West of Scotland regional SACT delivery model sets out three sets of distinct tiers of cancer treatment, which determine where and how our cancer patients are cared for in Ayrshire and Arran.

Frequently Asked Questions

How does the regional SACT delivery model impact on our local service?

Our aim is to deliver a safe, sustainable, accessible and equitable SACT service for the population of Ayrshire and Arran. We believe the best way to do this is with the tiered regional approach.

Tier 1 covers the highly specialised treatments that would be delivered at the Beatson West of Scotland Cancer Centre in Glasgow, so that would not change.

Tier 2 supports patients with a higher risk of adverse reactions. Patients would normally receive at least two cycles of treatment on an acute hospital site so that there is fast access to any medical support that could be needed.

Tier 3 supports patient needing lower risk treatments, which can be delivered with more limited clinical support.

Based on the tiered regional model, there should be only one **Tier 2** local cancer unit in Ayrshire and Arran (based on our local population) and at least one **Tier 3** day case outreach facility. Our Tier 2 cancer unit is based at University Hospital Crosshouse and will remain there, due to the proximity of required medical support services. We provide Tier 3 treatment at both University Hospital Crosshouse and Ailsa Hospital campus Ayr.



Are patients having to travel further for treatment now?

Depending on the type of cancer and the treatment required, some patients may have to travel a bit further. For example, typical treatment is often Tier 2 for the first two cycles at University Hospital Crosshouse, when the risk of reaction is highest. A patient can then usually be moved to Tier 3 if the first two treatments have been administered without incident at Tier 2. This means that patients can then receive treatment closer to home at either University Hospital Crosshouse or Kyle Chemotherapy Unit, Ailsa Hospital campus Ayr. Therefore, patients living in South Ayrshire who are receiving day case SACT treatment will receive 84% of their treatment at Kyle Chemotherapy Unit, Ailsa Hospital. They might have to travel a bit further to University Hospital Crosshouse for their first two treatments. Patients living in North or East Ayrshire have the choice to attend the Kyle Chemotherapy Unit if preferred. Pre- SACT assessment was done mainly by telephone during Covid and has continued where appropriate. This significantly reduces travelling for many patients. SACT prescribing clinics have continued at both Kyle Chemotherapy Unit, Ailsa Campus and University Hospital Crosshouse instead of being centralised at University Hospital Crosshouse.

Is it safe to deliver Tier 3 SACT away from an acute hospital?

Yes, the safe delivery of SACT is our key priority. Kyle Chemotherapy Unit is located on the Ailsa Hospital Campus, a short distance from University Hospital Ayr. The Tier 3 treatments delivered there have been risk assessed by clinical teams and are generally treatments which have a lower risk of reaction. For certain treatments patients will have their first couple of treatments at the Beatson or at University Hospital Crosshouse and if they cope well with the treatment, the remainder can be delivered at the Kyle Chemotherapy Unit, if that is closest to home. For some patients it may not be suitable to have their treatment in an outreach unit - for example, if they are very unwell or the treatment has a high risk of reaction.

Could other locations be considered to have a tier 3 cancer unit?

Yes, we would like to develop further Tier 3 SACT outreach facilities, where safe and appropriate to do so. Once this public consultation concludes and the decision on proposals to retain the current service delivery model is made, we will continue to explore ways to enhance our services and plan this with local people, patients and staff.

Why does the service need to change?

SACT activity has continued to increase by nine percent per year and is expected to continue to increase. Without a new approach there would be a major impact on waiting times, patient experiences and outcomes. In addition, more SACT is being delivered orally or by sub cutaneous injection instead of, or in addition to, intravenously. This provides opportunities to treat people at or nearer to home.

How were these changes developed and were people involved in this?

Although the changes had to be implemented very quickly as a result of the pandemic, this was well informed by service review and feedback from patients. An extensive public engagement exercise was undertaken in early 2020, as part of the previous chemotherapy service review. People provided feedback on the proposal to locate inpatient and Tier 2 day case unit at University Hospital Crosshouse, given the adjacency to other essential medical services. Although the feedback gathered supported this proposal, there were some areas identified that required further consideration, these included improved communication, travel and parking. The current changes have helped address some of these concerns. Throughout these changes we have engaged with patients and staff to gather feedback. More than 360 patient experience questionnaires have been completed to date. A Stakeholder Reference Group, made up of patients, carers, public and representatives from cancer-related organisations has helped to inform and guide service review and engagement activity.

Is there support available to help people with travel to and from appointments?

Yes, patient transport is provided by local community organisations. Their volunteer drivers can take patients to and from hospital for treatment and other cancer related appointments. Hospital patient transport can also be provided by Scottish Ambulance Service. Patients are given this information before treatment. Previous feedback indicates that the majority of patients are driven by friends or family or drive themselves.

Why are you undertaking a public consultation on these changes now?

During the pandemic, it was not possible to engage with our local citizens and communities as we would normally. However throughout the temporary changes, we were able to engage with our patients and staff to gather views on the changes and the feedback gathered was on the whole very positive. We are now in a position to review these temporary changes and consider a more permanent model for service delivery. We want to ensure that patients and local people have an opportunity to help shape this. Through this public consultation, we can explore the potential impact on people and identify if there are any further considerations that may still need to be addressed.

How will the views and feedback from this public consultation be used and what difference will it make?

Once the consultation has closed, we will collate all the responses to form a consultation report, which will be used to help NHS Ayrshire and Arran Board members to understand if there are any negative impacts that would still need to be addressed and consider the impact of the changes for people. The Board will give due consideration to any alternative suggestions that are put forward. A full meeting of the NHS Board will consider the proposals and make a decision. A range of information, including responses to the consultation and a report from Healthcare Improvement Scotland – Community Engagement, will help to inform the Board's decision. The consultation report and outcome of the consultation will be made available on our consultation website and will be promoted widely via local media.

How can I find out more?

You can find more information on the changes, current proposals and how local people have been involved in developing our local SACT service on the NHS Ayrshire & Arran engagement hub. The hub has lots of information, including the consultation summary document, Equality Impact Assessments, Frequently asked questions, patient feedback, background information and ways to get involved: www.jointheconversation-nhsaaa.co.uk

Contact the Engagement Team:

aa.engagement@aapct.scot.nhs.uk

Freephone 0800 0304 177

Have your say and complete our survey:

www.smartsurvey.co.uk/s/SACTSurvey/



Systemic Anti-Cancer Therapy Consultation 2023

Communications and media report

20 June 2023

Ahead of the three month public consultation period from 13 February to 19 May 2023, a communications plan was prepared, which described how the details of the consultation would be shared with members of the public, stakeholders and staff at NHS Ayrshire & Arran. The communications plan was part of the overall Chemotherapy Services Consultation plan.

Following on from the decision to proceed with the consultation at the NHS Ayrshire and Arran board meeting on Monday January 30 2023 the following press release was prepared and issued to members of the press as well as published on our website:

- <https://www.nhsaaa.net/news/latest-news/systemic-anti-cancer-therapy-in-ayrshire-and-arran/>

As per the communications plan, a number of other messages were communicated with the public and members of the press, setting out the aims of the consultation, when it was taking place, where to access more information and how to get involved. The press releases and other materials (including posters, leaflets and social media infographics) were drafted using key messages agreed and informed by engagement colleagues, clinical staff and members of the Stakeholder Reference Group (SRG).

These press releases can be viewed by clicking the links below:

- <https://www.nhsaaa.net/news/latest-news/join-the-conversation-about-systemic-anti-cancer-therapy-services/>
- <https://www.nhsaaa.net/news/latest-news/drop-in-to-the-grain-exchange-in-ayr-to-join-the-conversation-about-systemic-anti-cancer-therapy-services/>
- <https://www.nhsaaa.net/news/latest-news/drop-in-to-fullarton-connexions-to-join-the-conversation-about-systemic-anti-cancer-therapy-services/>
- <https://www.nhsaaa.net/news/latest-news/there-s-still-time-to-join-the-conversation-about-systemic-anti-cancer-therapy-services/>
- <https://www.nhsaaa.net/news/latest-news/local-events-about-systemic-anti-cancer-therapy-services-in-ayrshire/>
- <https://www.nhsaaa.net/news/latest-news/final-days-to-take-part-in-consultation-on-systemic-anti-cancer-therapy-services-in-ayrshire/>

Stakeholder and staff communications

Messages relating to the consultation were regularly shared via NHS Ayrshire & Arran internal communications channels, as well as being shared with colleagues at local Health and Social Care Partnerships for onward dissemination. Messages centred on raising awareness of the consultation and encouraging participation in the consultation itself as well as the engagement and information events taking place in both community venues and at University Hospitals Ayr and Crosshouse.

Media coverage

Between January 30, when the board decided to approve the consultation to go ahead, and 19 May when the three month consultation concluded there were numerous stories reporting the consultation in local and regional press.

Media outlets that covered the consultation included:

- Ardrossan & Saltcoats Herald
- Arran Banner
- Ayrshire Advertiser
- Ayrshire Post
- Carrick Herald
- Cumnock Chronicle
- Daily Record
- Irvine Times
- Largs and Millport Weekly News
- Planet Radio/West FM

Published media coverage was neutral in tone. Please see **Appendix 1.0** for more details on the media coverage during the consultation.

Elected member interest

The delivery of local Systemic Anti–Cancer Therapy services has been a topic at the regular engagement events which local MPs and MSPs are invited to attend with NHS Ayrshire & Arran Chief Executive Claire Burden. Following on from these discussions, visits and further information relating to SACT delivery have been requested by a number of elected members.

In 2023, the following people have either participated in a walk-round at the Kyle Chemotherapy Unit or have a scheduled appointment to do so:

- Sharon Dowey MSP
- Siobhan Brown MSP
- Elena Whitham MSP
- Philippa Whitford MP

These visits are hosted by Medical Director Dr Crawford McGuffie, with support from senior clinical colleagues and offer the opportunity for elected members to see first-hand the way that tier 3 treatments are delivered at the Kyle Chemotherapy Unit in Ayr.

Freedom of Information

Colleagues in the Freedom of Information (FOI) team at NHS Ayrshire & Arran have confirmed that no FOI requests have been received in relation to SACT services during this period.

Appendix 1.0

Media Coverage (SACT consultation 2023)

Please note, extracts from published coverage cannot be included directly, due to UK licencing and copyright laws.

- 02.02.2023: **Three-month public consultation to begin over the future of cancer treatment therapies in Ayrshire**, Daily Record (online)
- 08.02.2023: **Views on treatments wanted**, Ayrshire Post (front page and page 2)
- 08.02.2023: **Anti-cancer therapy**, Cumnock Chronical (page 6)
- 15.02.2023: **NHS Ayrshire and Arran launch consultation on cancer service changes**, Irvine Times (online)
- 18.02.2023: **Join the conversation about the future of Ayrshire's Sytemic Anti-Cancer Therapy Services**, InYourArea News (online)
- 22.02.2023: **Have your say on cancer treatments**, Ayrshire Post (page 2)
- 22.02.2023: **Cancer service to change**, Ardrossan & Saltcoats Herald (page 5)
- 28.02.23: Ayrshire – **NHS consultation on anti-cancer therapy services**, Largs and Millport Weekly News (online)
- 28.02.2023: **Hospital move: MSPs urge residents to get involved in cancer service consultations**, Ayr Advertiser (page 15)
- 01.03.2023, **Anti-cancer therapy**, Ardrossan & Saltcoats Herald (page 8)
- 07.03.2023: **Anti-cancer therapy**, Ayr Advertiser, Carrick Herald (page 2)
- 16.03.2023: **NHS Ayrshire to hold consultation on changes to cancer services**, Irvine Times (online)

- 22.03.2023: **Consultation on cancer service changes**, Ardrossan & Saltcoats Herald (page 11)
 - 19.04.2023: **Public to have say on delivery of cancer treatments in Ayrshire**, Planet Radio (online)
 - 23.04.2023: **Public urged to share their views over Ayrshire's Systemic Anti-Cancer Therapy service proposals**, Daily Record (online)
 - 26.04.2023: **Have your say on cancer shake up**, Ayrshire Post (page 5)
 - 28.04.2023: **Cancer treatment delivery survey**, Arran Banner (online, paywall)
 - 10.05.2023: **Consult on cancer care**, Cumnock Chronical (page 6)
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Systemic Anti-Cancer Therapy (SACT) Consultation Dissemination List

The engagement team, in collaboration with the Stakeholder Reference group and members of the Chemotherapy Oversight Group undertook a stakeholder analysis / mapping. This process ensured that a comprehensive cohort of voluntary / community groups, health and care partners and individuals were informed about the consultation information and could identify stakeholders who may require more accessible information. The list below has had several iterations to ensure that the distribution is robust and identifies where information can be displayed and key contacts who can assist with sharing of information or facilitating targeted engagement opportunities, such as focus groups or meeting attendance.

Organisations / Groups / Contacts	Purpose	Method
All Elected Members	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
East Ayrshire Community Councils (30)	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
North Ayrshire Community Councils (11)	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
South Ayrshire Community Councils (18)	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
Ayrshire Cancer Support (member of the of Ayrshire Cancer Forum)	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email and hard copy materials
Headway Ayrshire (member of the of Ayrshire Cancer Forum)	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials

Ayrshire and Arran Oesophageal Support Group (member of the of Ayrshire Cancer Forum)	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
Irvine and Troon Cancer Care (member of the of Ayrshire Cancer Forum)	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
Cancer Information and Support Service (member of the of Ayrshire Cancer Forum)	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
Arran Cancer Support Trust (ARCAS) (member of the of Ayrshire Cancer Forum)	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
Bosom Buddies (member of the of Ayrshire Cancer Forum)	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
North Ayrshire Cancer Care (member of the of Ayrshire Cancer Forum)	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
Community Action Network (CAN) (member of the of Ayrshire Cancer Forum)	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
The Ayrshire Hospice (member of the of Ayrshire Cancer Forum)	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
Cancer Information and Support Service (member of the of Ayrshire Cancer Forum)	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
Macmillan Strategic Partnership Manager	Inform and engage: request made to circulate the consultation materials	Email materials
East Ayrshire Carers Centre	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials

North Ayrshire Carers Centre	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
South Ayrshire Carers Centre	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
Take a Bow Opportunity Centre	Request made to display the consultation materials	Email materials
KA Leisure	Request made to display the consultation materials	Email materials
All GP Practices (53)	Request made to display the consultation materials	Email and hard copy materials provided
All Community Pharmacies (99)	Request made to display the consultation materials	Email and hard copy materials provided
All libraries within Ayrshire and Arran (38)	Request made to display the consultation materials	Email and hard copy materials provided
North Ayrshire Community Engagement Network (CEN) / Community Planning List	Inform and engage: request made to circulate the consultation materials and consider engagement opportunities – wide reaching distribution	Email materials
Health & Social Care Partnership (HSCP) Partnership Engagement Officer (East Ayrshire Integrated Joint Board (IJB) Stakeholder Forum)	Inform and engage: request made to circulate the consultation materials and consider engagement opportunity – wide reaching distribution	Email materials
HSCP Partnership Engagement Officer (East Ayrshire HSCP newsletter and Locality Planning Groups x 3)	Inform and engage: request made to circulate the consultation materials and consider engagement opportunities – wide reaching distribution	Email materials
HSCP Partnership Engagement Officers (South Ayrshire HSCP newsletter and Locality Planning Groups x 6)	Inform and engage: request made to circulate the consultation materials and consider engagement opportunities – wide reaching distribution	Email materials

HSCP Partnership Engagement Officers (North Ayrshire HSCP newsletter and Locality Planning Groups x 11)	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunities – wide reaching distribution	Email materials
Voluntary Action South Ayrshire (VASA) (onward circulation to over 1,000 groups and individuals on their distribution list)	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
East Ayrshire Community Voluntary Organisations (CVO) (for onward circulation to groups and individuals on their distribution list)	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
The Ayrshire Community Trust (TACT), North Ayrshire (onward circulation to over 1,000 groups and individuals on their distribution list)	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
Pan Ayrshire Equalities Group	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
Gypsy/Traveller Integration & Engagement Officer	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
South Ayrshire Community Planning Lead Officer	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
South Ayrshire HSCP Communications Team	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
East Ayrshire HSCP Communications Team	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials

North Ayrshire HSCP Communications Team	Inform and engage: request made to circulate the consultation materials and consider an engagement opportunity	Email materials
Brooksby Medical & Resource Centre	Request made to display the consultation materials	Hard copy materials sent to location
Saltcoats Town Hall	Request made to display the consultation materials	Hard copy materials sent to location
East Ayrshire Council	Request made to display the consultation materials	Hard copy materials sent to location
East Ayrshire Council Registration Office	Request made to display the consultation materials	Hard copy materials sent to location
Ayr Town Hall	Request made to display the consultation materials	Hard copy materials sent to location
Rozelle House, Ayr	Request made to display the consultation materials	Hard copy materials sent to location
Carrick Centre, Maybole	Request made to display the consultation materials	Poster hand delivered
Grain Exchange, Ayr	Request made to display the consultation materials	Hard copy materials sent to location
Cutty Sark, Ayr	Request made to display the consultation materials	Hard copy materials sent to location
McKechnie Institute, Girvan	Request made to display the consultation materials	Hard copy materials sent to location
North Ayrshire Council Housing (Tenants Newsletter)	Inform and engage: request made to circulate the consultation materials	Email materials
North Ayrshire Community Facilities	Request made to display the consultation materials	Email materials

<p>Ayrshire Central Hospital</p>	<p>Inform via display of posters at the following locations:</p> <ul style="list-style-type: none"> • Woodland View - Shop • Outpatients • Beehive • Library • Honeycomb • Day Hospital • Rainbow House • The Gatehouse • Douglas Grant Rehab Centre • X-ray department 	<p>Hard copy materials displayed</p>
<p>University Hospital Crosshouse</p>	<p>Inform via display of posters at the following locations:</p> <ul style="list-style-type: none"> • Welcome desk • Emergency department • Physiotherapy • outpatients • Day Surgery Unit • Hospital volunteers (shop and tea bar) • Catering (Dining room and Brambles) • Education Centre • Discharge Lounge • X-ray department • Library • Combined Assessment Unit • Occupational Therapy • Renal Day unit • Cochlear Implant Department • Chaplain • Ayrshire Maternity Unit 	<p>Hard copy materials displayed</p>

University Hospital Ayr	Inform via display of posters at the following locations: <ul style="list-style-type: none"> • Welcome desk, • Emergency department, • Day Surgery Unit • Volunteers cafe and shop • Catering/Dining hall • Education Centre • Ballochmyle Suite • Audiology • Discharge Lounge • Library • X-ray department • Combined Assessment Unit 	Hard copy materials displayed
Biggart Hospital, Prestwick, South Ayrshire	Inform via display of posters at the following locations: <ul style="list-style-type: none"> • Reception • shop • cafe • main reception • back entrance 	Hard copy materials displayed
East Ayrshire Community Hospital, East Ayrshire	Inform via display of posters at the following locations: <ul style="list-style-type: none"> • Reception • cafe • main reception x 2 	Hard copy materials displayed
Girvan Community Hospital, South Ayrshire	Inform via display of posters at the following location: Reception	Hard copy materials displayed
Kyle Chemotherapy Unit, Ailsa Hospital campus Ayr	Inform via display of posters at the following locations: <ul style="list-style-type: none"> • Reception • waiting room 	Hard copy materials displayed

Summary Report

14 February 2023 - 07 June 2023

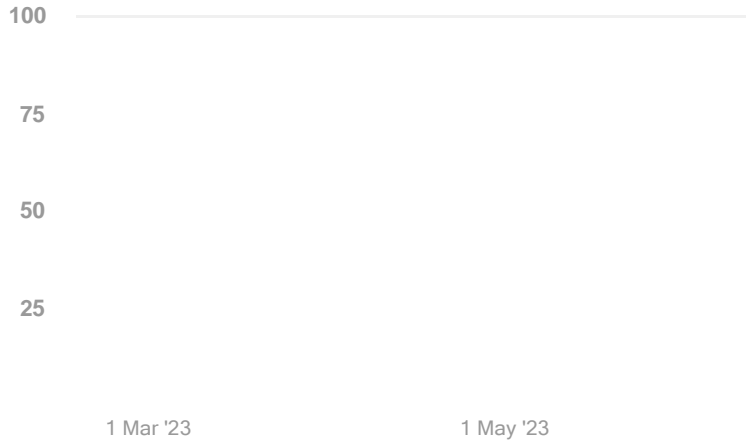
Join the Conversation NHSAAA

SACT Public Consultation

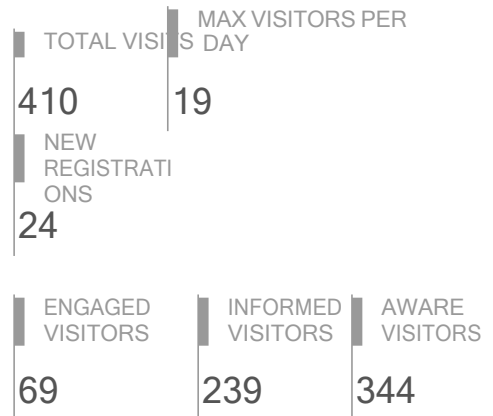
FULL LIST AT THE END OF THE REPORT



Visitors Summary



Highlights

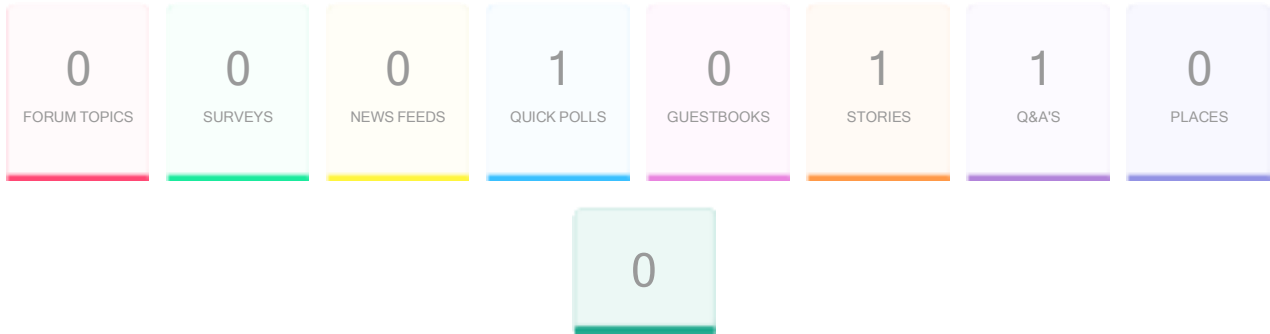


— Page views — Visitors

PARTICIPANT SUMMARY

ENGAGED	69 ENGAGED PARTICIPANTS			(%)
		Registered	Unverified	Anonymous
INFORMED	Contributed on Forums	0	0	0
	Participated in Surveys	0	0	0
	Contributed to Newsfeeds	0	0	0
	Participated in Quick Polls	15	0	51
AWARE	Posted on Guestbooks	0	0	0
	Contributed to Stories	1	0	0
	Asked Questions	1	1	0
	Placed Pins on Places	0	0	0
	Contributed to Ideas	0	0	0
	* A single engaged participant can perform multiple actions			* Calculated as a percentage of total visits to the Project
ENGAGED	239 INFORMED PARTICIPANTS			(%)
		Participants		
INFORMED	Viewed a video	0		
	Viewed a photo	0		
	Downloaded a document	173		
	Visited the Key Dates page	5		
AWARE	Visited an FAQ list Page	0		
	Visited Instagram Page	0		
	Visited Multiple Project Pages	58		
	Contributed to a tool (engaged)	69		
	* A single informed participant can perform multiple actions			* Calculated as a percentage of total visits to the Project
ENGAGED	344 AWARE PARTICIPANTS			
		Participants		
INFORMED	Visited at least one Page	344		
AWARE				
		* Aware user could have also performed an Informed or Engaged Action		
				* Total list of unique visitors to the project
				SACT Public Consultation 69 (20.1%)
				SACT Public Consultation 237 (68.9%)
				SACT Public Consultation 344

ENGAGEMENT TOOLS SUMMARY



QUICK POLLS SUMMARY	
1	Quick Polls
66	Contributors
66	Responses

TOP 3 QUICK POLLS BASED ON CONTRIBUTORS
<p>66</p> <p>Contributors to</p> <p>How did you find out about the SACT consultation?</p>

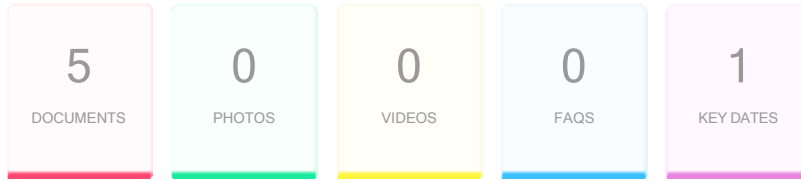
STORIES SUMMARY	
1	Stories
1	Contributors
1	Submissions

TOP 3 STORIES BASED ON CONTRIBUTORS
<p>1</p> <p>Authors to</p> <p>Share your Systemic Anti-Cancer Therapy (SACT) Experience</p>

Q & A SUMMARY	
1	Q&As
2	Contributors
2	Questions

TOP 3 Q & A BASED ON CONTRIBUTORS
<p>2</p> <p>Contributors to</p> <p>Do you have any questions in relation to the consultation?</p>

INFORMATION WIDGET SUMMARY



DOCUMENTS	
5	Documents
173	Visitors
199	Downloads

TOP 3 DOCUMENTS BASED ON DOWNLOADS		
189 Downloads	6 Downloads	2 Downloads
SACT Summary Document	SACT Feedback Survey (Paper Copy)	EQIA - NHSAA Redesign of Systemic Anti-Cancer Therapy (SACT) Delivery

KEY DATES	
1	Key Dates
5	Visitors
7	Views


TOP 3 KEY DATES BASED ON VIEWS
7 Views
SACT Public Consultation


TRAFFIC SOURCES OVERVIEW

REFERRER URL	Visits
m.facebook.com	55
lm.facebook.com	45
t.co	15
l.facebook.com	11
lnks.gd	11
www.smartsurvey.co.uk	11
www.nhsaaa.net	9
www.dailyrecord.co.uk	7
www.bing.com	6
www.irvinetimes.com	6
android-app	4
jointheconversation-nhsaaa.co.uk	4
www.ayradvertiser.com	4
statics.teams.cdn.office.net	3
www.google.co.uk	3


SELECTED PROJECTS - FULL LIST

PROJECT TITLE	AWARE	INFORMED	ENGAGED
SACT Public Consultation	344	239	69


What	When	Where	Graphic	Accompanying Text
Announce Consultation Launch with links to website page / E HQ and survey	Schedule for 7am 13 Feb 2023	Caring for Ayrshire Facebook /Twitter NHS A&A Facebook/ Twitter	 <p>Your views matter We want your feedback on the proposed changes to SACT services in Ayrshire and Arran</p> <p>This public consultation will run from Monday 13 February to Friday 19 May 2023.</p>	Systemic Anti-Cancer Therapy (SACT) is a collective term for all anti-cancer drug treatments such as chemotherapy and immunotherapy. We want you to join the conversation and provide us with your feedback on the proposed changes to the SACT service in Ayrshire & Arran. The consultation is open and will run until Friday 19 May and it is easy to take part. Visit our website to read the summary document and complete our survey. Your views matter. https://jointheconversation-nhsaaa.co.uk

<p>Find out about the proposed changes to SACT services in NHS Ayrshire & Arran</p>	<p>15 Feb 2023 Time TBC 3 April 2023 Time TBC</p>	<p>Caring for Ayrshire Facebook /Twitter NHS A&A Facebook/ Twitter</p>	 <p>Find out about the proposed changes to SACT services in NHS Ayrshire & Arran.</p>	<p>Facebook: During the Covid-19 pandemic, our Systemic Anti-Cancer Therapy (SACT) services changed temporarily to ensure a safer service for our staff and patients. Having received positive feedback on these changes, we are now in a position to consider making these changes more permanent. For more information on the proposed changes and to join the conversation, visit our website at: https://jointheconversation-nhsaaa.co.uk</p> <p>Twitter: During the pandemic we made some temporary changes to our Systemic Anti-Cancer Therapy (SACT) services. We are now considering making these changes more permanent. Find out more and join the conversation at:</p>
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				https://jointheconversation-nhsaaa.co.uk
What cancers are treated in A&A?	17 Feb 2023 Time TBC 5 April 2023 Time TBC	Caring for Ayrshire Facebook /Twitter NHS A&A Facebook/ Twitter	  What cancers are treated in Ayrshire & Arran?	NHS Ayrshire and Arran provides SACT for breast, colorectal, lung, urology and haemato-oncology cancers. Other cancers are treated at the Beatson West of Scotland Cancer Centre in Glasgow. Join the conversation and share your views on the SACT services within Ayrshire and Arran.

<p>What has changed? Day Case / Inpatients Include link to infographics/summary booklet</p>	<p>20 Feb 2023 Time TBC 27 March 2023 Time TBC 7 April 2023 Time TBC</p>	<p>Caring for Ayrshire Facebook /Twitter NHS A&A Facebook/ Twitter</p>	 <p>The infographic is titled "What has changed?" and features the NHS Ayrshire & Arran logo at the top. It is divided into four main sections: "Previous Inpatient Journey", "Current / Proposed Inpatient Journey", "Previous Day Case Journey", and "Current / Proposed Day Case Journey". Each section uses icons and text to describe the patient's path through the healthcare system, including where SACT (Specialised Airway Care Treatment) is delivered. The "Current / Proposed" sections indicate a shift in SACT delivery to University Hospital Crosshouse for both inpatient and day case patients.</p>	<p>Inpatient and high risk day case SACT is provided at University Hospital Crosshouse to concentrate expert care</p>
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<p>What is a...?</p> <p>Discuss regional, local and outreach facilities. Include link to summary booklet and survey</p>	<p>22 Feb 2023 Time TBC</p> <p>10 April 2023 Time TBC</p>	<p>Caring for Ayrshire Facebook /Twitter</p> <p>NHS A&A Facebook/ Twitter</p>	  	
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<p>Tiers – explain each tier on a social media post</p> <p>Emergency care continues to be provided at the closest hospital for the patient.</p>	<p>24 Feb 2023 Time TBC</p> <p>29 March 2023</p> <p>12 April 2023 Time TBC</p>	<p>Caring for Ayrshire Facebook /Twitter</p> <p>NHS A&A Facebook/ Twitter</p>	 <p>The diagram shows three tiers of care, each with a colored circle containing a number and the text 'Tier' above it. The NHS Ayrshire & Arran logo is positioned to the right of each tier label.</p> <ul style="list-style-type: none"> Tier 1: Represented by a teal circle with the number 1. Tier 2: Represented by a blue circle with the number 2. Tier 3: Represented by a purple circle with the number 3. 	<p>Tier 1 covers the highly specialised treatments that are delivered in the Beatson Cancer Centre in Glasgow.</p> <p>Tier 2 supports patients with a higher risk of adverse reactions. Patients would normally receive at least two cycles of treatment on an acute hospital site so that there is fast access to any medical support that could be needed.</p> <p>Tier 3 supports patients needing lower-risk treatments, which can be delivered with more limited clinical support.</p>
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NHS
Ayúdame
a Ayudar



Emergency care continues to be provided at the closest hospital for the patient.



<p>New ways of working – include graphics around telephone consultations, paper lite working ?mention prescribing</p>	<p>27 Feb 2023 Time TBC 29 March 2023 Time TBC 14 April 2023 Time TBC</p>	<p>Caring for Ayrshire Facebook /Twitter NHS A&A Facebook/ Twitter</p>	  <p>New ways of working</p>   <p>Telephone appointments</p>	
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Paper lite working



Prescribing



<p>Our aim is to deliver a safe, sustainable, accessible and equitable SACT service for the population of Ayrshire and Arran.</p>	<p>1 March 2023 Time TBC 17 April 2023 Time TBC</p>	<p>Caring for Ayrshire Facebook /Twitter NHS A&A Facebook/ Twitter</p>		
<p>Where can I find more information? (short animated clip – online / summary booklet etc)</p>	<p>3 March 2023 Time TBC 19 April 2023 Time TBC</p>	<p>Caring for Ayrshire Facebook /Twitter NHS A&A Facebook/ Twitter</p>		

<p>Travel - Wherever possible we want to reduce the burden of travel for patients but only if it is without compromising the safety of treatment.</p>	<p>6 March 2023 Time TBC 21 April 2023 Time TBC</p>	<p>Caring for Ayrshire Facebook /Twitter NHS A&A Facebook/ Twitter</p>		
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<p>Kyle Unit – about – own entrance etc.</p>	<p>8 March 2023 Time TBC 24 April 2023 Time TBC</p>	<p>Caring for Ayrshire Facebook /Twitter NHS A&A Facebook/ Twitter</p>		
<p>Patient Feedback - Kyle</p>	<p>10 March 2023 Time TBC 26 April 2023 Time TBC</p>	<p>Caring for Ayrshire Facebook /Twitter NHS A&A Facebook/ Twitter</p>	 <p>"I find the Kyle ward easier. No stress and can be dropped off at the door. Big improvements".</p> <p>"I like how Kyle is situated in wooded ground - it feels less clinical. Treatment areas are airy and spacious and staff are great".</p>	
<p>Your views matter – share your views and feedback (link to</p>	<p>13 March 2023 Time TBC</p>	<p>Caring for Ayrshire Facebook /Twitter</p>	<p>Animated video</p>	

<p>survey) – paper copy (short animated video?)</p>	<p>22 March 2023 Time TBC 28 April 2023 Time TBC 8 May 2023 Time TBC</p>	<p>NHS A&A Facebook/ Twitter</p>		
<p>How will views and feedback be used?</p>	<p>15 March 2023 Time TBC 24 March 2023 Time TBC 1 May 2023 Time TBC 10 May 2023 Time TBC</p>	<p>Caring for Ayrshire Facebook /Twitter NHS A&A Facebook/ Twitter</p>	 <p>How will views and feedback be used?</p>	<p>Your feedback will be used to help NHS Ayrshire and Arran Board members to understand if there are any negative impacts that would still need to be addressed and consider the impact of the changes for people. Your views matter so we encourage you to share your feedback.</p>
<p>Crosshouse inpatient- about inpatient unit</p>	<p>17 March 2023 Time TBC</p>	<p>Caring for Ayrshire Facebook /Twitter NHS A&A Facebook/ Twitter</p>	<p>Crosshouse graphic / picture</p>	

	3 May 2023 Time TBC			
Patient Feedback – 3A	20 March 2023 Time TBC 5 May 2023 Time TBC	Caring for Ayrshire Facebook /Twitter NHS A&A Facebook/ Twitter	As per Kyle graphic – blue speech bubbles with 3A feedback	
Consultation closing	19 May 2023 Time TBC ? 11.59 pm closes? 19:30 post	Caring for Ayrshire Facebook /Twitter NHS A&A Facebook/ Twitter		Don't forget our public consultation closes on 19 May 2023. There's still time to join the conversation and share your views. You can do this online, by filling in a paper survey or by attending one of our in person dates.

<p>Thank you</p>	<p>20 May 2023 Time TBC</p>	<p>Caring for Ayrshire Facebook /Twitter (Stacey) NHS A&A Facebook /Twitter (Robyn)</p>	 	<p>Thank you to everyone who has taken the time to get involved in our SACT consultation. Your views matter to us. Keep an eye on our consultation website for details on the next steps.</p>
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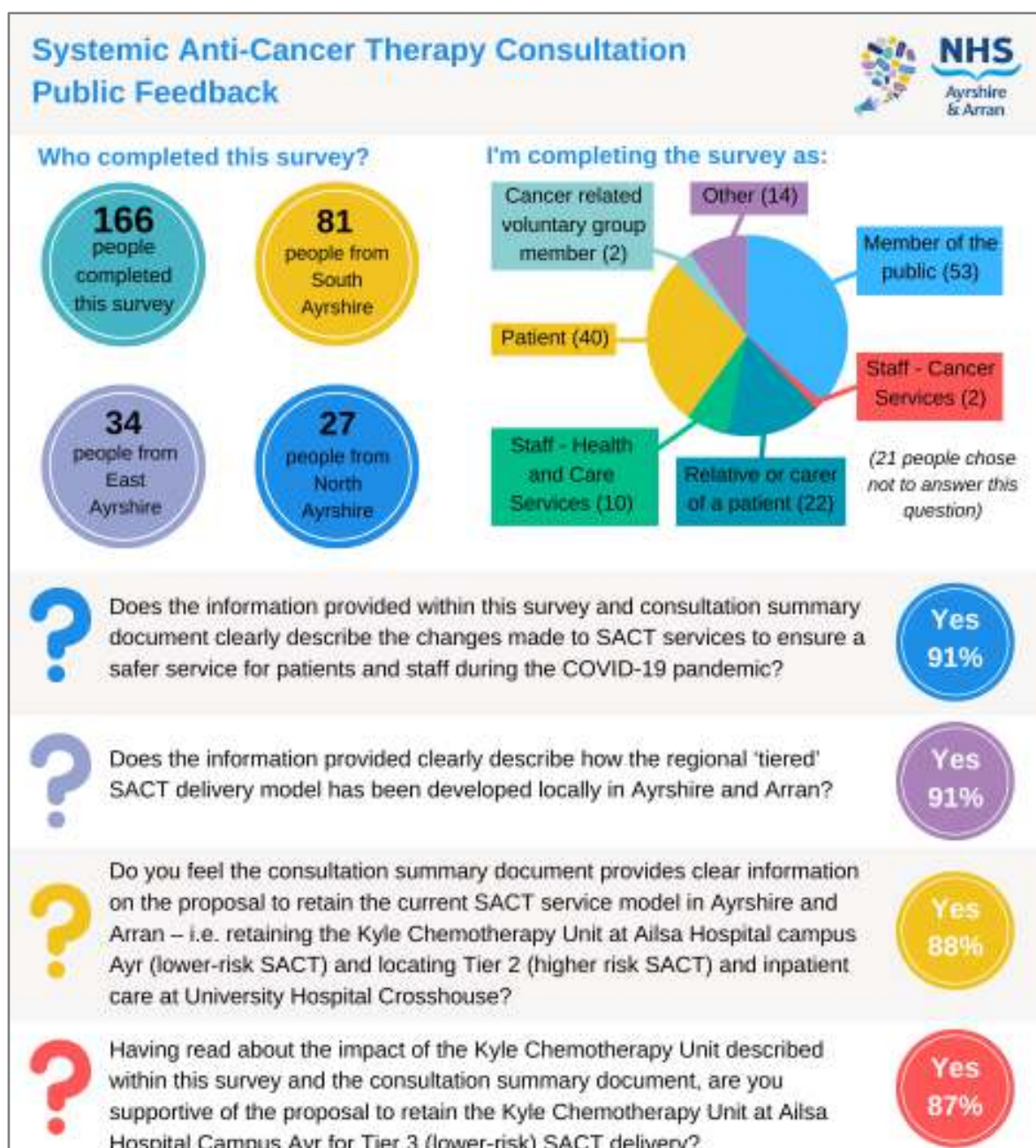
Systemic Anti-Cancer Therapy (SACT) Consultation

13 February - 19 May 2023

(Systemic Anti-Cancer Therapy (SACT) is a collective term for all anti-cancer drug treatments such as chemotherapy and immunotherapy).

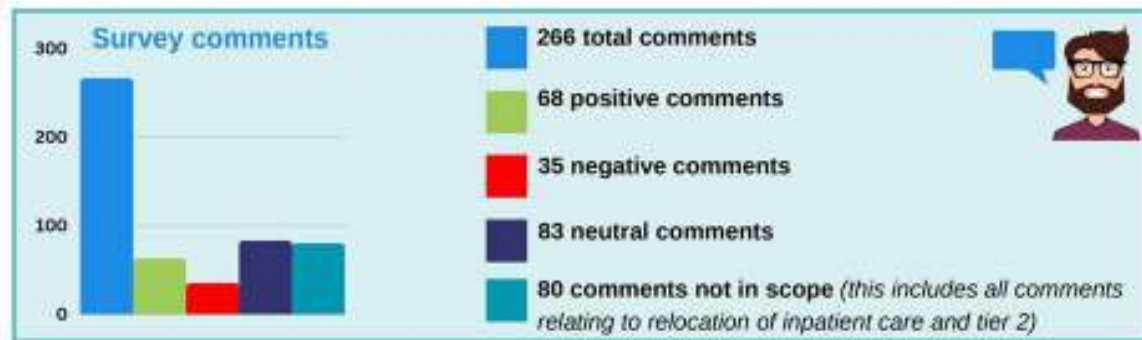
Public survey analysis and comments

The public consultation survey was developed in collaboration with the Stakeholder Reference Group and SACT Engagement Steering Group. Questions asked about the effectiveness of the consultation materials provided, retaining the Kyle Chemotherapy Unit and feedback on aspects people felt we may not have considered or should be given further consideration. All feedback, comments and concerns within the survey responses were captured and collated. Analysis of the public survey was undertaken by NHS Ayrshire and Arran's SACT Engagement Steering Group.



Qualitative analysis

266 individual comments were provided from members of the public, patients and other stakeholders within the 166 completed survey questionnaires – these were collated and categorised as positive, negative, neutral and not in scope (comments relating to the centralisation of inpatient care and tier 2 SACT delivery, which could not be influenced as part of this consultation). The breakdown is illustrated below:



Key themes include

- Supportive of Kyle - environment, less clinical, easy access, care closer to home, parking
- Negative impact of travel to University Hospital Crosshouse for South Ayrshire patients and other more rural communities
- Negative impact of University Hospital Crosshouse parking and further to travel
- Consultation materials clear and easy to understand

Those not in scope

- Negative - decision already been made / pandemic used as an excuse
- Most of the more negative and 'misinformed' comments are out of consultation scope

Below is a breakdown of all comments received. Comments that were not within the scope of the consultation, i.e. relating to the relocation of inpatient care and Tier 2 (higher risk) SACT have not been included here, although they are available on request by emailing aa.engagement@aapct.scot.nhs.uk

POSITIVE COMMENTS

The positive comments captured reflected that people were happy with the general proposal and that they found the consultation material clear.

	General
1.	Happy with this proposal
2.	I'm happy to attend Crosshouse for my treatment.
3.	This seems reasonable.
4.	I don't have any feed back- I agree with the proposition as explained currently to remain as it is.
5.	Adheres to national guidelines.
6.	Seems to make sense.
7.	Fine.
8.	As a resident of N Ayrshire, the fact that Crosshouse is nearer is of benefit.
9.	Agree. Makes sense to be in that setting should there be any medical needs.
10.	Based on the information you have provided I guess this would be the safest option.
11.	Ensures co-ordinated delivery allowing the most efficient and effective model of care. Spreading over a number of locations could potentially dilute level of care and service.
12.	I think this worked better during the pandemic and I'm glad this is the way forward. Personally it suits me geographically. I would hope some support would be a consideration around transport for those further away?
13.	I think it worked well during the pandemic and made more sense to me than before. Geographically this is harder for me but medically much more sensible, which is the most important thing.
14.	Care provided at Crosshouse is fantastic and agree with reasons to keep SACT inpatient ward and Tier 2 outpatient at Crosshouse.
15.	I think it is totally appropriate for the Health Board to make the proposed changes to the service for the continued safe delivery of services for both patients and staff.
16.	I think it makes sense as long as it is easy enough for transport links for the patients. Also as long as it does not take beds away from the already full hospital.
17.	I think it would be helpful for people to realise that it means better specialist care not just for them a potentially longer journey.
18.	It is great.
	Consultation Material
19.	Clearly separates out the differing levels of service and where they would be provided in future and how this would impact different geographical areas in Ayrshire.
20.	Explanation given in a clear, precise and understandable way.
21.	Presentation on the TEAMS call and input by the speakers was very clear.
22.	The information is very clear and helpful to understand the development in Ayrshire & Arran.
23.	Detailed information on the tiered treatment explained, although Kyle unit would be preferred for two and three tier.
24.	Diagram was easy to understand.
25.	Clear explanation of how each tier operates.
26.	It is a straightforward explanation of how SACT works to benefit cancer patients.
27.	Graphics provide clear information of current and proposed treatment plans.
28.	Diagram was easy to understand.
29.	I didn't actually understand before how it worked. I do now

30.	logically laid out on paper
31.	Clearly illustrated and described

We asked people if they were supportive of the proposal to retain the Kyle Chemotherapy Unit at Ailsa Hospital Campus, Ayr. All comments received were positive.

	Kyle Chemotherapy Unit
32.	I think it is important that this option is available rather than having everything at Crosshouse.
33.	It makes sense for cancer patients in active treatment to be separated from the wider clinical setting to reduce the risk of infection. I would choose Kyle Campus for treatment rather than Crosshouse where you have to go through the main hospital building to get to Ward 3a.
34.	Kyle unit as described is bright non clinical feel, to keep this is key for patients.
35.	The location at Kyle Chemotherapy Unit is ideal for the safety of patients from any virus or other health issues which may be paramount at the time when necessary. The Tier 2 and inpatient care at UHC is accessible and central for patients from the south west and north west locations to reduce travel issues.
36.	I have been a patient for about nearly 5 years, so have used the service when in the Ayr hospital and now Kyle unit. The Kyle unit is a lot better, I always felt the area in the Hospital was not adequate. I prefer my appointment at the Kyle unit.
37.	The Kyle Chemo unit is an absolutely great facility.
38.	From reading the information it means people can be treated nearer to home in a friendly welcoming environment. It also seems to help with parking, stress, accessibility.
39.	Understand the risks involved and delivery of SACT but patients may be happier having their treatment nearer home. As long as risks are explained to patients of why SACT needs to be delivered over two sites they will have the knowledge to understand why. Ailsa campus is a much more pleasant site than Crosshouse with the woodland walks and green areas around.
40.	I find the Kyle unit more relaxing to attend. It doesn't feel like you're attending a hospital setting (like a large building is obviously a hospital) it's more informal.
41.	Definitely. Although living in North Ayrshire I find the Kyle Chemotherapy Unit a pleasant place with very attentive professional staff, in a less acute clinical environment. For Tier 3 treatment it is perfect.
42.	Haven't had experience of the Kyle Unit, but have used station 15 before covid. A dedicated unit for cancer care can only be a good thing.
43.	I have been using both Crosshouse and the Kyle unit for 2 years now and even though I stay in North Ayrshire I much prefer the Kyle unit for treatment. I feel safer and more relaxed in the dedicated unit away from a main hospital.
44.	Seems like a better environment for patients.
45.	Again, not having to go through a large main hospital with the higher risk of infection.
46.	It has a nice environment and makes patients feel brighter and less hospital focused.
47.	Excellent location, compatible environment, conducive to patient care and a staff culture which is efficient and caring.
48.	Parking/drop off area specific to cancer patients and a ward which seems less like a hospital.
49.	Fantastic unit and service provision with a person-centred focus.
50.	I go to Kyle Ward for treatment and find it excellent in every respect.

51.	The unit appears to be operating well but I would like to see inpatient treatment available here also for Tier 2 inpatients
52.	I think this is a good thing and reassures patients they are in the best place should anything go wrong in what is a very vulnerable stage of treatment.
53.	I am still receiving bone treatment every 6 months, I do not drive. Getting treatment at the Kyle Ward gives me the option of getting there by bus when my husband has work commitments and can't take me by car. Getting to Crosshouse would be really awkward and difficult journey for me.
54.	Much easier to access for disabled patients, more focused staff on why the patient is there.
55.	Seems far less stressful and a more comfortable experience. Less travel for local patients and better parking.
56.	I live in Ayr and am glad that this unit has been established initially during covid times. The atmosphere created sounds positive.
57.	I support the retention of Kyle Chemotherapy Unit at Kyle because I am one of the patients who is presently receiving treatment from the unit and have been since September 2021. The dedication of oncologists, nurses and ancillary staff is to be applauded. The unit is convenient for me to travel from Barassie with easy access and good stress-free parking. It is a friendly and relaxing environment at a time of personal difficulty.
58.	I have been a patient within the cancer ward at Crosshouse and attend The Kyle Unit. Travelling to Crosshouse was problematic, whereas The Kyle is easier.
59.	Very supportive. Having attended the Kyle Unit for nearly a year, I can endorse the positive comments given to you by the participants of the call. It is so much easier to park and the staff are efficient and friendly. I travel from Largs and find the advantages of the Unit outweigh any negative feelings about the distance.
60.	Very supportive as was articulated by a number of attendees on Wednesday evening.
61.	It is my opinion that the service provision is best steered by safe service delivery considerations for both patients and staff.
62.	I would hope that by centralising Tier 2 treatment at Crosshouse, that this would lead to a more efficient use of time and facilities and, as a consequence, be less stressful for patients and their families.
63.	I agree that these changes will be beneficial to SACT provision in Ayrshire and Arran, however patients travelling from further afield where Ayr is closer may encounter difficulties accessing services. Maybe having access to a short stay ward in Ayr could benefit those who would have to travel a long distance to access SACT services.
64.	I think it is still important for a unit to be available in South Ayrshire for, at least part of, a local patient's treatment.
65.	Taking my dad to appointments at Crosshouse has meant me taking time off work. Kyle has been much more manageable as my mum is happy to do this drive.
66.	Transport is easier for me from my home to Ayr Hospital.
67.	I have visited the Kyle ward and was very impressed with everything.
68.	If this allows better use of the available space on the Ayr/Ailsa campuses it would be logical, but it doesn't seem to explain what the space freed up in the Ayr campus will actually be used for.

NEGATIVE COMMENTS

People provided comments on travel, parking and access. The comments received around University Hospital Crosshouse mentioned the inadequate parking. The majority of comments received relating to Kyle Chemotherapy Unit stated that waiting times could be improved on.

	Travel / Parking / Access
1.	There does not seem to be proper consideration of the inadequate PARKING facilities at Crosshouse. Ayr car park is busy - but it is always possible to drop patients at the door and find a space, usually easily. At Crosshouse it is sometimes impossible to drop DISABLED patients off near the door, and usually difficult to find a parking space. It makes no sense to concentrate even more services at Crosshouse unless parking can be improved FIRST.
2.	Parking at Crosshouse inadequate. Journey long for many patients.
3.	My husband has recently been getting treatment at crosshouse for cancer and I can see how it would have benefitted us in north Ayrshire to go to a more localised unit for further treatment as his chemo has progressed without issue and I personally feel crosshouse is a bit far away to travel and the parking is oversubscribed.
4.	Ward 5 is a considerable distance from the hospital entrance. 1 Added stress for patients unfamiliar with the hospital finding their way. 2 The distance from the entrance from the front door to ward can be challenging for patients.
5.	As stated previously the travel arrangements to get people to Crosshouse Hospital from outlying areas I don't feel has been taken into full consideration and also so parking at Crosshouse Hospital is a nightmare as you will know.
6.	I think it's vitally important to provide a local service for patients undergoing cancer treatment. These patients are often unwell, easily tired and obviously anxious. Having to travel long distances is exhausting and stressful at a very difficult time in their lives. Many people have to travel from out with Ayr making the journey to Crosshouse a lengthy endeavour. Not everyone has a car!
7.	No bus service from my area to crosshouse hospital and no train service.
8.	As far parking is often an issue at Crosshouse the provision of guaranteed parking slots would be advantageous.
9.	In my own experience. My wife had chemotherapy for breast cancer in Ayr. Travelling from Girvan to Ayr was horrible for her. Travelling from Girvan to Crosshouse I'm afraid she wouldn't be with us today. Outlying areas such as Balantrae, Barr and outlying villages suffer badly in in these proposals.
10.	As previously stated - it is difficult to access Crosshouse for appointments when you live in south Ayrshire and are not well enough to drive.
11.	TRAVEL of patients further away from hospitals. AND their relatives for helping.
12.	The travelling from the farthest points in Ayrshire and arran to receive treatment
13.	Parking at Crosshouse is unbelievably difficult. A separate car park and entrance would be advantageous
14.	Cost implications and travel issues from rural areas
15.	People living south or Ayr who require to get to crosshouse have not been considered.
16.	Transport problems for the sick and elderly without family support available
17.	Transport and parking difficulties.
18.	The distances involved from hospital for patients from South Carrick has not been taken into consideration at all. Barrhill is 35 miles from Ayr, which is bad enough, but Crosshouse further at 50 miles— round trips of 70 and 100. For those using public transport there are great difficulties with journeys taking extremely long.

19.	I've only ever been to Crosshouse on a few occasions but have found parking there very difficult. Extra parking will surely be necessary to accommodate the extra patients / carers
20.	How people access the services when they are a distance away and the 8pm act on the families
21.	More parking spaces. If more goes to Crosshouse, is the building big enough to cope?
22.	Information clear enough but impact on parking and on patients from south of Ayr not allowed for.
23.	Length of time for people to travel to Crosshouse instead of Ayr. Parking issues at Crosshouse.
24.	Sick people and their relatives visitors should not have to travel so far from home.
25.	It's difficult enough for people with an illness to get to Ayr from the area south of Ayr. Public transport to Crosshouse is nearly impossible.
26.	Living in Girvan with cancer getting to Crosshouse is horrendous especially for people without a car.
	Kyle Chemotherapy Unit
27.	Have had several hour long waits for appointments at the Kyle. Needs to be managed better
28.	I attend Kyle ward. The outpatients department is very busy. I've on more than one occasion had to wait 2 hours to be seen.
29.	This is far too long when you are feeling unwell. So is transferring Crosshouse to Kyle Ward going to make the waiting times unbearable.
30.	Cutting down 2 hour waiting times at Kyle Ward outpatients.
31.	Comes over as confusing.
32.	However Alisa hospital is not easy to access for people using public transport. This could mean people may require to use 2-3 buses which will make the journey & the day long!
	OTHER
33.	Lack of staff
34.	Facilities need to be in place to support patients and their families access treatment facilities.
35.	Listening to people. This decision is not based on patient care. How can it be. This is not asking people but telling people what you are going to do no matter what. Ayr hospital should expand its cancer care not reduce it.

NEUTRAL COMMENTS

We received 83 neutral comments, these are comments that were received where respondents may have had neither positive nor negative response or in some cases both – or less conclusive.)

Comments included positive and negative opinions on level of staffing, views on travel and transport, pharmacy provision, opportunities for more Tier 3 sites, consultation process and decisions already being made.

1.	Most definitely, getting to the BEatson is a nightmare that at the time of diagnosis is not helpful - just adds additional stress to such an already stressful situation.
2.	Tier 2 cases should be dealt with in sites with appropriate support services and expertise.
3.	I believe the wider support services are essential. Adequate staffing of health care professionals is essential. Specialist cancer nurses in adequate numbers are vital.
4.	Although I appreciate the reasoning, I question whether there is the capacity to cover the whole of Ayrshire in the one hospital - I remember the ward being full when there was both hospitals running. Getting treatment as quick as possible is vital so enough capacity for all patients requiring this must be retained.
5.	Use Ayrshire central as a hub for cancer treatment and go with tier 2 for Crosshouse
6.	Extend the day case provision at Crosshouse to avoid having to use overspill areas.
7.	There is no data on the period during covid where the arrangements were changed, either with regard to the patient experience or the support/visitor experience.
8.	Feedback I have is that staff need to be clear on the system. Until this document I have had new and older staff tell me different things which I had assumed was personal reasons however I fully understand now and believe it is the way forward for out much needed service. I would still add that transport and communication remain confusing and would be less stressful on patients and their loved ones if everyone knows the system and how to navigate it.
9.	Involve people in this changes to Health services as someone who uses services I want to know and be involved in the planning stages.
10.	More pleasant surroundings for patients and families....can be quite a clinical feeling in the treatment areas.
11.	Whilst I understand about the reasons for this we MUST retain a fully functional hospital at the Ayr site. Gradually services are being moved away which will result in Ayr hospital being a white elephant. Yes move services but develop Ayr for others....
12.	It would appear that the consultation has considered many aspects relating to patient care and treatment relating to the services at UHC and other hospitals neighbouring hospitals and although many concerns can be raised and discussed the accommodation, staffing and medical equipment requirements can only be provided as decided by Government financial proposals, unfortunately.
13.	I think it makes sense to centralize services, however the local transport networks - especially buses need to improve to support patients attending.
14.	General point but travel up is very difficult for those of us south of Ayr. Public transport issues for both Crosshouse and Kyle Unit. Things are not linked up very well. Would be impossible without transport / lifts from friends / Ayrshire cancer support help. Really impactful for patients when already knackered and stressed. Crosshouse team are great but every experience there included long delays (2-3hrs) waiting for pharmacy to issue post chemo prescriptions. Again not ideal after chemo when feeling poorly and needing to then travel. Kyle Ward is excellent, pharmacy

	always ready to go. Think improvement of pharmacy efficiency would really really improve things at Crosshouse.
15.	Having read the information provided I can see the benefits of relocating SACT in patient ward and Tier 2 SACT patients to Crosshouse. The reservation I have as a resident staying a considerable distance from Crosshouse would be travel costs, parking availability and distance from family/friends during treatment. Hopefully the availability of patient transport provided by the nhs or local patient transport charities could help with my concerns.
16.	Capacity planning. Is the move being properly supported with appropriate staffing levels for the increase in patients at UHC site? Nurses/auxiliaries/pharmacy staff
17.	What is the response time for anaphylaxis reaction in the Kyle ward? Is there a risk?
18.	Requested feedback must be used to influence these services. Quite often decisions are made by those who have no patient/relative experience and completely out of touch with various obstacles faced by people undergoing treatment.
19.	As a resident who lives very near Crosshouse University Hospital - this is completely understandable to ensure a safe environment but as I said in the previous question if you live out with this area - travelling or patient transport makes things more difficult to attend. Lack of transport and having to rely on uncertain bus timetables to be taken into consideration.
20.	Ensure patient communication is two way and that there are transport options.
21.	As long it treats patients with cancer.
22.	Potential for SACT delivery at home.
23.	Adequate numbers of specialist cancer nurses.
24.	Adequate Oncology doctors.
25.	Before covid I always had my treatment at Ayr for me going to Crosshouse for my initial treatment was fine, and then back to Kyle but there was very many people in the clinic who travelled from further down West coast and that must have been quite a journey especially when you are not feeling well. Also the parking at Crosshouse is terrible
26.	Adequate staffing of all health care professionals and ancillary staff. High standard of oncology care for all patients. First grade infection control and hygiene standards. Meet the transport needs of cancer patients and their families. Support for both staff and patients.
27.	Outpatient appointments - still being done by phone. I don't see how a consultant/doctor can make decisions this way. As someone who has never had "systems" being asked over the phone if everything is ok is not helpful.
28.	Safe, effective and efficient treatment are most important to me as a patient. However It is very important to me that I feel that there is personal support and contact. That as a patient you are not just being processed. This is difficult when you may have seen different doctors and nurses on each hospital visit or telephone appointment. Will consideration be given to how asking patients to travel to different hospitals will increase stress and feelings of lack of emotional support?
29.	Make use of more localised services such as Ayrshire Central for people on NAC who are having cancer treatment and who are low risk. It can be difficult for example to get to Crosshouse and Ayr hospital without your own transport.
30.	Current day case provision in Ward 5E dates from the covid re-arrangements and are not necessarily designed for oncology use. Perhaps this, and the proximity to the in-patient provision could be reviewed to improve efficiency and staff deployment/flexibility.
31.	Could Ayrshire Central in Irvine be considered as a second site for tier 3?

32.	Transport is always missing. I believe a lot of late and missed apps are due to communication and Transport links. If the distance is much further for some patients then It needs to be considered when making slots. Planning is just as important as delivery but often gets missed
33.	Re Beatson. I understand that this will not change but last August I travelled 1700 miles, 110 hours and £250 to get 20 radiotherapy sessions. Think that some of this should be done in Ayrshire.
34.	Yes, please explain the need to change. This would help with public consideration.
35.	Patients travelling from Girvan. Less continuity of care if different staff administering initial treatment. A large advantage of cancer care to the patient is the staff building a rapport with the patients.
36.	Patients having problems with travel when the A77 is having closures like it is now Feb to March.
37.	The patients, consider them!
38.	The travel challenges need to be addressed - for example there should be a regular and reliable bus service from Kilmarnock to Ayr hospital directly and vice versa
39.	Yes, not in scope here but I've found treatment generally really difficult to access in a rural setting as someone without a car. Some additional things like filgastrim were hard to self administer at first and I needed help. It would've been great to have the option to pop in to local nurse practitioner. Final point is that the Kyle Ward really is great. Anything the Crosshouse chemo ward can do to mimic the Kyle Ward would be a big improvement (facility wise) e.g. calm, quiet place signposted to wait (cancer is emotional!), less pharmacy delays, etc.
40.	The use of video consultation to save travel and attendance at any unit if not required.
41.	Existing patients survey.
42.	Sometimes delay in receiving medication delivery from Crosshouse to Kyle Suite.
43.	If there are any further Surveys or consultations around SACT in Ayrshire the first people to be contacted or informed of it should be the Patients. I only found out about this by reading an article in the Ayr Advertiser on line (now the 17th March).. I therefore missed the March 3 date at the Grain exchange Ayr. Information on this initiative should have been sent to all Cancer Patients prior to the launch date. An information leaflet in their next appointment letter etc.
44.	Clearly set out. I disagree with having only one tier 2, but the information is clear.
45.	It clearly explains how and why the Tier structure was developed as a temporary solution during the pandemic to protect patients and staff. Now the relocation of Tier 2 has been made permanent because of a lack of skilled resources to maintain two points of care closest to patient location. It seems the plan tackles the wrong issue which is probably driven by availability of funds. More skilled resources and smaller more personable centres of excellence closer to patient community.
46.	As Crosshouse is a site that is already struggling, adding to the pressure does not help staff nor patients. Further publication of your risk assessments in full maybe more helpful.
47.	As stated earlier as Ayr Hospital continues to be downgraded it is the safer option for patients to have the initial two treatments deliver deed a a Tier2 unit .Thankfully however some services are being retained at a local level which is hugely important for patients many of whom are unwell and travelling a distance is difficult.
48.	Ensure patients are aware of Volunteer driver services to get them to and from hospital.
49.	I disagree with having only one tier 2, but the information is clearly set out.
50.	Information itself is clear. Don't agree with XH relocation.

51.	Ensuring adequate staffing.
52.	I travelled from Ayr to Crosshouse for treatment..... both operation & chemo. Some days following chemo the journey home was not good for me. Journeys always cause problems.
53.	Without a car public transport to crosshouse is long and I wonder if transport would be provided for cancer patients.
54.	More central for all of ayrshire.
55.	I do not have a view about this.
56.	Ayr is easier access for patients from Stranraer.
57.	No improvements required.
58.	Could help with transport from Ayr to Crosshouse be provided.
59.	This is not specific to SACT however more general in relation to A&A and the elderly/vulnerable. The use of virtual contact whether by telephone or attend anywhere/zoom consultations although useful & preferable for many can cause anxiety & stress to some. As a 'carer' for elderly parents and recent telephone consultations to discuss a new health issue/diagnosis & further investigations (primarily but not exclusively by GP) these contacts have been adhoc (from first thing in the morning when parents hearing aids not in, to late in the day & sometimes hours after they were told they would be phoned). This makes it extremely difficult for those (myself included) who work full time to be present for such consultations, to retain information, ask appropriate questions & make arrangements.
60.	When survey completed provide via all media outcomes to communities.
61.	Do not have a comment regarding this.
62.	Ayr is easier access for patients from Stranraer.
63.	Where would patients who are acutely unwell go when attending kyle day case?
64.	However too detailed for a survey.
65.	Day case treatment clear. Inpatient beds appear to have been reduced.
66.	It appears a better option for patients however consideration needs to be made on access and parking as these are a challenge within this setting.
67.	Provide numbers of patients treated under each tier.
68.	It doesn't provide any of the negative feedback received from patients and families. It doesn't provide a picture of patient experience.
69.	I think it is easy for those familiar with the terms to understand but it might be easier for others if it was reviewed by non-experts to make it clearer.
70.	Although it does not state how it was developed and if this was in partnership with people.
71.	The information describes what was done, but not what analysis was done before implementation.
72.	Parking is all well and good, but patients need to be able to get there. Is there the clinical back up for drug reactions? How often will patients need to be transferred between sites?
73.	I would also like a hub near north Ayrshire for local treatment as ayr and crosshouse are a distance to travel esp when we have Ayrshire central in Kilwinning which would be another centralised option.
74.	The proposal is clear, but there is no supporting data, just a description of the arrangements.
75.	Provide financial gain and patient numbers.
76.	Because it states this in the document, unless as with a lot of service delivery models it is not operationally funded to provide the service stated.
77.	Again, it only highlights the benefits. I'm order for people to make a better, informed decision, you must also highlight the issues this will have caused.

78.	The changes were done during pandemic. It does not mean status quo now is best choice for patients throughout Ayrshire.
79.	It explains the reasoning behind the decisions but it feels the centralisation of Tier 2 at Crosshouse is driven by funding rather than patient best interests.
80.	For convenience, geographical reasons & the impact on those having treatment being able to access treatment closer to home.
81.	Transport is always the issue. This assumes everyone will be transported by car. Due to nature of treatment, this is perhaps not unreasonable to assume that.
82.	It makes sense to have all staff and resources in one place to ensure that the service can continue without disruption, e.g. when staff are on holiday or sick and cover cannot be arranged that then impacts patient care, being centralized this issue should be alleviated.
83.	Having everything in one place makes perfect sense. Especially when it is for patient safety.

Systemic Anti-Cancer Therapy (SACT) Consultation

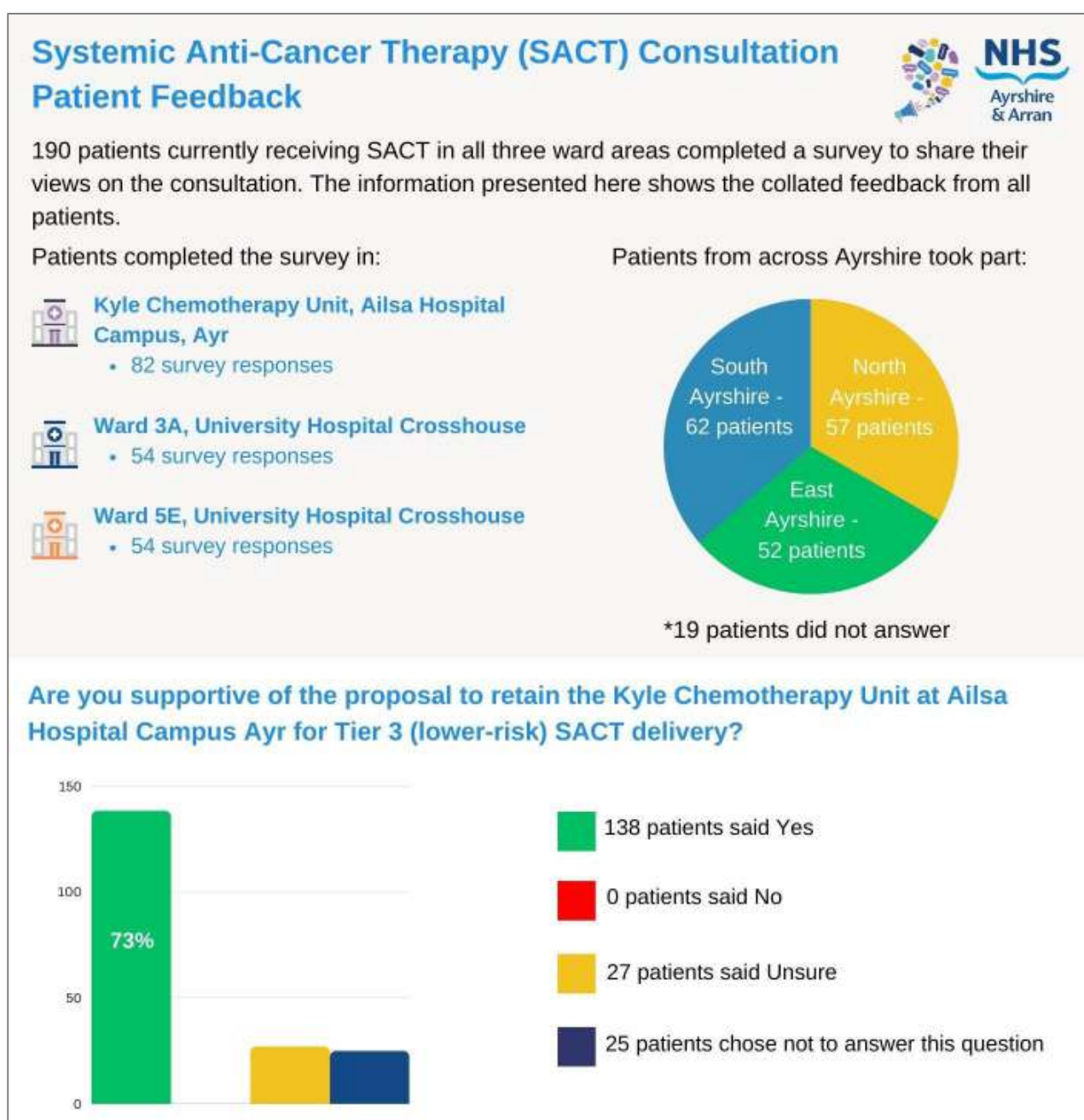
13 February - 19 May 2023

(Systemic Anti-Cancer Therapy (SACT) is a collective term for all anti-cancer drug treatments such as chemotherapy and immunotherapy).

Patient feedback questionnaire analysis

We developed a bespoke patient feedback questionnaire to enable current patients to share their views and experiences of SACT services. The questionnaire focussed on questions relating to overall experience, proposal to retain the Kyle Chemotherapy Unit, how people travel to and from hospital appointments, use of telephone consultation and experience of non-medical prescribing.

A summary of the key information is illustrated below:



Kyle Chemotherapy Unit

During the consultation period, we received 158 patient comments on their experience and views of Kyle Chemotherapy Unit. All comments received were positive and mentioned the efficient service, easy parking, fantastic staff and comfortable and pleasant surroundings.

The table below includes all comments received.

1.	Very good service from staff, only reason for putting good instead of very good is occasional delay for appointment time on arrival
2.	I was very nervous and the staff put me at ease
3.	Very prompt and good attention to detail
4.	Knowledgeable and friendly staff, positive atmosphere and good communication
5.	The staff are very helpful and understanding
6.	All the above very good. Clean, plenty of room between the chairs and it's easy to park.
7.	Everyone very attentive and informative
8.	Because you can come straight in and on to bloody transfusion and daughter can park outside door. Girls are really nice.
9.	Very efficient and great accessibility. The facility is excellent.
10.	The unit have wonderful staff that provide excellent service. They are also very friendly and provide a comforting environment when at times it is anything but. The infrastructure is also geared towards providing calm and tranquillity being surrounded by nature.
11.	Have had excellent care from the staff at Kyle - nothing is too much trouble for them
12.	Local, friendly, easy parking, separate from the main hospital
13.	Staff, parking good, convenient for me
14.	The staff have been fantastic - couldn't do enough for you
15.	Long established unit and staff who know their patients well. Crosshouse is 1 hour from my home and has no parking spaces. Kyle has a first class unit far better than Crosshouse.
16.	Comfortable and pleasant surroundings. Easy to park (compared to Crosshouse!). Added facility of the waiting room.
17.	Staff make you feel very welcome. Cannulation and starting treatment efficient. Staff ensure you are comfortable - offered tea, coffee, toast, biscuits etc. patient chairs and equipment are cleaned between patients.
18.	I always find the staff very warm and friendly and Kyle ward is also local to me
19.	I am well looked after and things are explained to me so I know what is happening
20.	Staff are caring and friendly
21.	It is a caring environment and feels more personalised
22.	This facility is well located for residents of Carrick being able to park right outside the building - it makes a huge difference
23.	The staff, nurses, admin and all are very helpful and all the services they provide are done professionally to a high standard
24.	It is now well established and functioning well.
25.	Absolutely! I have been an outpatient at both Crosshouse and Kyle for over 14 months and although further to go for me it is my preferred place for treatment.
26.	Easy access for people from my area
27.	This is an excellent unit which is easily accessible by public transport, has easy parking. The fact that it is separate from the main hospital makes the environment less stressful and more personal during stressful times.

28.	Staff, parking and convenience
29.	Easy parking
30.	Unit all on one level
31.	Easy access
32.	Kyle facilities are so much better than Crosshouse. The staff know the patients which is so important. We are not just a number but are recognised and they can see if a patient is unwell. With minimal contact with doctors this is so important.
33.	Lovely facility and pleasant to be in
34.	Not in a built up area, easy access by car, plenty parking. Good bus service.
35.	Kyle ward looks to be an ideal building for chemotherapy and always appears to be clean and bright
36.	Good facility, accessible
37.	Unit is built for purpose and should remain in use
38.	Because it is an excellent unit with easy parking, the staff make a difficult day easier. I feel this unit is invaluable to residents of south Ayrshire in particular those from south of Ayr.
39.	More confident using Kyle ward as safety is a priority and I believe this is what is offered there
40.	Nice place to come for chemo and sensible to be removed from busier hospital re infection risk
41.	Location is very good for myself and people around Ayr
42.	Convenience and smaller scale of site
43.	It is a local life line for local people rather than having to travel
44.	I'm sure it's a good environment for the staff
45.	Travelling and attentive local staff
46.	Need this facility for a town the size of Ayr and surrounding areas
47.	Because it is far handier for me as I couldn't walk from Crosshouse hospital car park to unit
48.	From patients view point, Ayr works well so don't change it
49.	Kyle unit is local to my needs and is fit for purpose
50.	The Kyle unit is nearer my home and I find it easier to park
51.	I've had no problem getting to the Kyle unit and getting parked whatever time of day.
52.	Local travel to Kyle ward is ideal as travelling any distance is quite painful
53.	Ayrshire Cancer Support provided drivers to and from the Beatson - made an enormous difference to me and also my husband
54.	My supply of medication for chemo over the past 6 months at Ayr has been first class, couldn't ask for better
55.	The treatment room is spacious with a nice outlook over the gardens. The treatment chairs are large and comfortable. The room and equipment is spotlessly clean. Toilet is adjacent. Staff ensure chairs are clean. The environment is ideal!
56.	The Kyle unit should remain as it is a well run oncology service which the local people rely on.
57.	I would be greatly inconvenienced if not attending the Kyle unit, my morale would suffer.
58.	I am very happy to come to Kyle and do not want it to change
59.	I would like to thank and praise staff at SACT Ayr unit and certainly hope it remains there
60.	Staff very helpful
61.	Facilities at Kyle unit are excellent, the parking is excellent
62.	Staff are brilliant and very helpful
63.	Good environment on ground floor and easy access from car park

64.	Good infrastructure and personal approach
65.	The team at Kyle are excellent
66.	Staff friendly
67.	Staff explain everything in great detail
68.	Support and staff very good
69.	Excellent, caring staff
70.	Lovely, bright, spacious unit with excellent facilities and easy access to parking
71.	I cannot rate the staff, environment and treatment highly enough
72.	All staff at Kyle are lovely, caring and professional even when it's a difficult day - it's like a home from home
73.	Kyle unit is very calm which helps
74.	Good unit great staff
75.	It feels very personal and the patient matters
76.	Very accessible with helpful staff
77.	It's the best, I'm totally happy with service and treatment
78.	Everyone is so supportive
79.	Staff always helpful and caring
80.	Relaxed unit and staff are friendly
81.	Access to unit is easy
82.	A lovely team and environment - the staff always remember who I am
83.	Staff are pleasant and efficient
84.	Every experience I have had has been a positive one
85.	Always had good service at Kyle
86.	Helpful and correct in all they do
87.	I appreciate the team spirit
88.	Safety is first class at Kyle
89.	Always well looked after
90.	Staff are friendly and always know who you are
91.	Good location, parking not problematic, pleasant environment
92.	Journey to Kyle convenient
93.	It is a pleasant unit with excellent staff
94.	I feel that it's important to have more than one area to receive treatment
95.	Access and parking very easy
96.	It's a great unit
97.	Closest to home for me
98.	It is a supportive efficient resource
99.	It enables us to come to an excellent facility for treatment
100.	Kyle easy to travel to, parking good, much better than Crosshouse
101.	Central for all
102.	Local and easy to get to
103.	Yes, very much so - safe clean environment and staff are wonderful
104.	Location, staff, environment all great
105.	Always felt this way about Kyle but it's much nicer and easier to get to than Crosshouse
106.	Nicer environment than hospital
107.	Always efficient
108.	Kyle is ideal
109.	I am passionate about the Kyle unit's future
110.	I have been coming here since the start
111.	Kyle is local to me and I couldn't praise the staff highly enough

112.	Kyle is handier for people in South Ayrshire
113.	Local hospital for outlying towns
114.	Local treatment for me at Kyle, level of patient satisfaction at Kyle is higher than Crosshouse for me
115.	Kyle performs well
116.	The team are doing a very worthwhile job
117.	Where else would I find a team of nurses who are dedicated to their work which is very homely and friendly
118.	A nice separate unit
119.	Nursing staff are well trained and answer all my questions
120.	I firmly believe Kyle should be kept
121.	I love Kyle ward and I would like this to stay at Kyle as it is a wonderful unit with excellent staff
122.	Would like Kyle to be permanent
123.	Please keep the unit at Kyle - it makes a difficult time more tolerable
124.	The Kyle unit is a brilliant facility and the staff are excellent
125.	So happy with all the staff
126.	Things work very well as they are
127.	Keep Kyle the way it is and don't change a thing
128.	It would be a great loss if the Kyle unit was to close or move
129.	Fantastic service needs to stay put
130.	I would love to stay at Kyle
131.	Very nice unit, comfy chairs, nice china mugs (it makes a difference!) and great staff
132.	Staff at Kyle suite are very friendly and keep you relaxed and informed every step of your treatment. Always taken on time for appointments.
133.	Very kind nurses
134.	Staff very friendly and make me feel comfortable
135.	The Kyle unit is a home from home
136.	Staff at Kyle are very friendly and always take you on time for appointments
137.	Very nice unit
138.	Quiet, relaxing, made me feel very comfortable
139.	Good proposal
140.	I found this to be a really nice setting
141.	Difference between Kyle and 5E. Coffee and toast on arrival at Kyle, choice of 3 course lunch. Ward 5E busy staff, no same lunch choice.
142.	Kyle has to be kept as it is a fantastic facility, i find it easy to get to and parking is good unlike Crosshouse
143.	The Kyle unit is my normal port of call. It is very easy for me to get to and the staff are very friendly and positive
144.	It's very relaxed and although attending for serious illness it puts you at ease as with the surroundings and staff
145.	My experience there is of extremely high quality care and treatment. Relaxed offsite setting (non-hospital!). Closer proximity to home.
146.	Accommodation suitable for all patients. Travel is an issue coming from North Ayrshire. Apart from travel I rate the Kyle unit and experience.
147.	Nice old hospital
148.	Easier access for some patients
149.	Services very busy
150.	Important for people who stay in Ayr
151.	It gives patients a choice of two sites
152.	Parking good

153.	We need the Kyle unit - it's central and we need it for people who stay in Ayr and surrounding areas. We have top doctors at Kyle
154.	On a personal level, it's closer to home for me
155.	It is a fantastic facility that we patients appreciate and couldn't do without
156.	Kyle is smaller and has a more personalised approach to patient care
157.	Kyle is a great place to go
158.	Staff are excellent

Ward 5E University Hospital Crosshouse

34 patients commented on their experiences within Ward 5E, University Hospital Crosshouse. All comments received were positive. Patients described the efficient service, relaxing environment, professional staff and excellent care.

The table below includes all comments received.

1.	The service has always been efficient, and the staff helpful and friendly. The ward area seems perfectly adequate.
2.	Staff are lovely and they explain everything to you
3.	Positive experience only
4.	I get the best treatment possible
5.	Always found nurses and admin staff very kind and helpful
6.	Staff are kind, friendly, professional and efficient
7.	Always had excellent care and compassion
8.	First visit today
9.	Ward very relaxing, Nurse are exceptional, great cups of tea. I had to wear an extra layer of clothing as strong draught from windows makes the ward cold.
10.	Excellent, friendly, supportive staff. Excellent treatment at all chemo sessions.
11.	Everyone always so nice and good at explaining what they are doing
12.	An open, bright and spacious environment with just the right number of chairs
13.	I felt very safe and relaxed in this ward. The nurses were very caring and helpful. The treatment was given to me with care. I was treated with respect from the staff.
14.	Staff are always very polite and make sure you are informed about all aspects of treatment
15.	Staff were absolutely lovely
16.	Staff very professional
17.	All the staff are really friendly and helpful
18.	Staff are professional and friendly
19.	Very kind, professional nurses
20.	Excellent staff who are friendly, professional and ensure that patients receive the best care
21.	Staff very efficient and friendly
22.	Staff all very welcoming and kind answering any questions I have
23.	All staff are excellent, always greeted with a smile
24.	Staff explained in detail all aspects of treatment
25.	Fantastic, friendly, professional staff
26.	Fantastic, friendly, professional staff
27.	Staff are very patient orientated
28.	Staff are excellent
29.	Staff are all very welcoming and kind
30.	Staff very efficient and friendly
31.	Excellent staff

32.	Very kind nurses
33.	5E has comfy reclining chairs and I enjoyed the drinks, soup, sandwiches offered
34.	5E as outpatient is easily accessible, clean and staff are welcoming

Ward 3A University Hospital Crosshouse

31 patients commented on their experiences within Ward 3A, University Hospital Crosshouse. The vast majority of comments received were positive. Patients described the helpful staff, feeling safe and welcoming and attentive staff.

Two areas noted for improvement were captured, namely ensure appointment times are accurate when issued to avoid confusion and a patient commented that the ward was a long distance from the main entrance.

The table below includes all comments received.

1.	Sometimes there is confusion over times. Messaged different times to that is given. It is a long way from the main entrance when you are shattered and want to avoid people as immunity compromised
2.	Staff very helpful and friendly. Ward is clean and a very pleasant atmosphere
3.	Wonderful attention from highly professional staff
4.	All doctors and staff were excellent in both manner and knowledge
5.	Feels safe and welcoming. Supportive cheery staff. Professional and very competent staff.
6.	Excellent. All staff go above and beyond, making treatment pleasurable. Clean environment.
7.	Staff informative and pleasant
8.	I have only been in 3A as a day patient. The environment was very comfortable and relaxing.
9.	Good communications and consideration of patients.
10.	I have always been treated very well from all staff involved in my treatment
11.	Staff are so nice and helpful
12.	Attentive, caring
13.	Friendly staff
14.	Lovely unit, staff are excellent, can't thank them enough
15.	Very friendly, puts the patient at ease, can't do enough for you to feel safe and well looked after
16.	The staff are excellent
17.	Staff are very nice and don't have to wait too long
18.	Considerate and attentive
19.	Staff are excellent in their care and knowledge
20.	Nurses are very attentive to all patients
21.	A good medic / patient relationship underwritten by a solid logical system
22.	Hard working skilled staff who do all possible to help
23.	Excellent communication, care and felt very secure
24.	All staff were helpful
25.	From the first day I got sent to 3A the staff have been amazing, all staff have gone above and beyond for me and my wife.
26.	Close to all facilities it requires
27.	Very pleasant staff, good treatment
28.	Staff are great, environment is good. My only complaint is the windows let in so much cold and the noise in a couple of the side rooms from the water pumps

29.	Staff very friendly and caring
30.	Very attentive nurses put you at ease
31.	The care given is first class, food is very good

Travel and Transport

We asked patients how they travelled to hospital. The chart below shows that the majority of patients travel by car either driven by themselves or a relative/friend.



We also asked patients to provide any additional comments on the impact of transport and travel.

We received 78 comments overall on travel and transport. The Kyle Unit comments were all positive and mentioned ease of parking, convenience and the nearness to home. The comments made regarding parking at University Hospital Crosshouse described the difficulty in finding a space and the stress that this caused when attending an appointment.

Patients also acknowledged the support provided by volunteer drivers.

The table below includes all comments received.

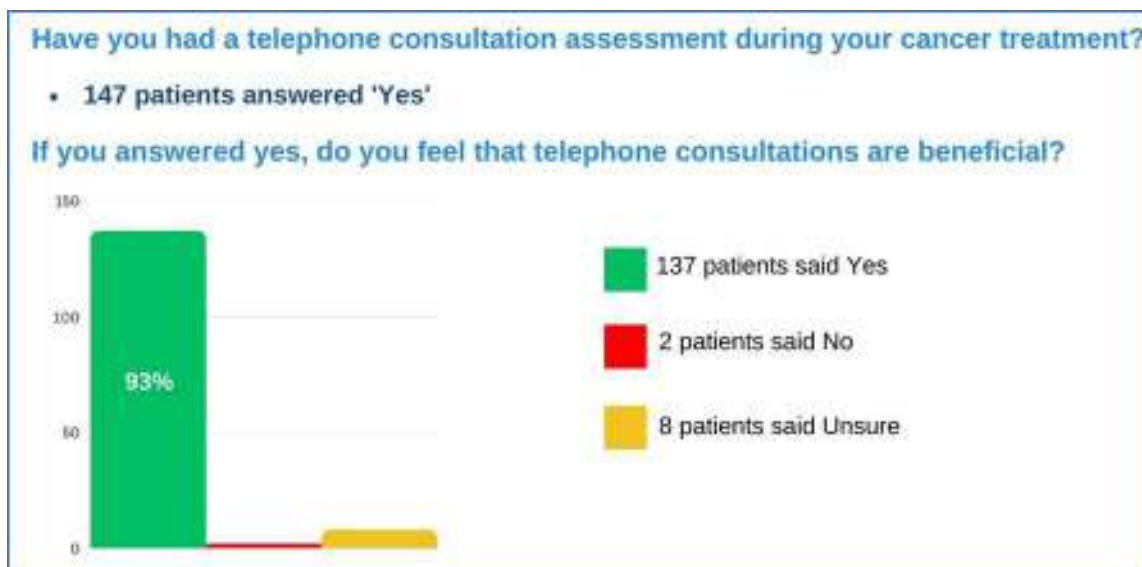
Kyle Unit patients feedback on travel and transport	
1.	At Kyle I have no issues with parking which means less stress. Crosshouse definitely has parking issues which can and does cause extra stress.
2.	It is a lot harder to get to Crosshouse and parking is a nightmare. It would also cost a lot more for fuel - double the cost as it is an extra 20 miles away.
3.	Being able to park easily is very important when attending hospital for appointments.
4.	Parking not good at Crosshouse. Too far to walk when you are unwell.
5.	As I drive to appointments I find it very difficult to get parked at Crosshouse
6.	Petrol costs to Crosshouse would be doubled for me - 1 hours' drive after chemo is not ideal
7.	The Kyle unit is nearer my home and I find it easier to park
8.	I've had no problem getting to the Kyle unit and getting parked whatever time of day.
9.	Local travel to Kyle ward is ideal as travelling any distance is quite painful
10.	Coming from Girvan it takes around 1 hour to reach Crosshouse and then it can take an age to find a parking space. This leads to frustration and stress which patients could do without. This is difficult to understand when we pass a perfectly good facility at Ayr hospital which would reduce travel time significantly.

11.	I stay locally so it suits me to have it close
12.	I can't drive
13	Ayrshire Cancer Support provided drivers to and from the Beatson - made an enormous difference to me and also my husband
14.	It's quite a long drive for me but the road is usually clear of traffic and I can come to appointments without any trouble
15.	Occasional bus travel is convenient. Waiting and travel time is excellent.
16.	Car us convenient as Kyle is near my home
17.	Kyle is closer and daughter works in Ayr hospital and can drive me in morning
18.	The parking situation at Crosshouse would make it impossible for me to be confident in travelling independently
19.	Parking was difficult at Crosshouse but fine at Kyle
20.	Wouldn't be able to rely on friend to take me to Crosshouse
21	Simple parking at Kyle - Crosshouse a nightmare
Ward 5E (Tier 2 and 3) Crosshouse patient feedback on travel and transport	
PARKING	
1.	Parking can be a nightmare at Crosshouse
2.	No real impact as I have a great support network of family and friends
3.	Parking is an issue at Crosshouse so my relative drops me off at the hospital. Would prefer to drive myself but lack of parking increases stress before treatment.
4.	Parking is difficult
5.	Parking is always an issue at Crosshouse
6.	Parking is difficult but glad it is free
7.	Driving provides me with a greater deal of independence. Parking is an issue at Crosshouse but I'm unsure how this could be improved.
8.	Parking at Crosshouse could be improved
9.	Parking at hospital is almost impossible
10.	Issue finding parking
11.	Parking at Crosshouse is difficult and stressful
12.	Parking at Crosshouse is difficult, stressful and time consuming
13.	Only issue is parking
14.	When my partner brings me, the car park is crazy and takes 15 minutes to find a space
OTHER	
15.	No issues
16.	I am happy to drive to Crosshouse but not sure how I would feel about driving to Ayr. I will need to go to the Beatson and will be contacting cancer care to be driven there.
17.	I require time to arrange transport - being given the ok for treatment the day before is too short notice, however I am aware that this is not always possible
18.	No issues with transport
19.	I am very satisfied with Ayrshire Cancer Support, the drivers are always on time and treat me with respect. They also help me in wheelchair in and out of the hospital.
20.	Easy for me to drive to
21.	family members take me
Ward 3A (Inpatient care) Crosshouse patient feedback	
PARKING	
1.	Parking is a nightmare at the hospital. If you are visiting so much and struggling can you not get temporary Disabled pass if appropriate
2.	I have used the volunteer driver service before and I think this is a great service. I think this should be better advertised. Parking is always a nightmare.
3.	Poor parking

4.	Finding a parking space can be very difficult
5.	Parking can sometimes be an issue even for blue badge holders
6.	Parking difficult at Crosshouse hospital
7.	Car parking often a problem
8.	It takes a lot of time because cannot get parked in car park and have to go into Crosshouse and walk to hospital, which gets me uptight before treatment
9.	Sometimes difficult to find parking space
10.	I was driven by family for my chemo administration but would drive myself to clinic appts. My only complaint is lack of parking and the significant stress this causes. For this reason I would leave the house at 8am on day of appointment to ensure I got a space.
11.	Parking at Crosshouse is very stressful and allowing extra time doesn't always help
12.	Parking difficult at Kilmarnock
OTHER	
13.	No stress
14.	I'm fortunate to have family who take me to hospital for my treatment
15.	no problems at all
16.	Ayr is more convenient for me but having to drive an extra 30 mins to Crosshouse is ok when necessary for treatment reasons
17.	It's ten minutes from my house which is handy
18.	Normally family take me but if not I get a taxi
19.	I don't have any issues with transport
20.	I travel myself if outpatient and my mother drops me off if I'm staying in - it doesn't impact my treatment / experience
21.	I have used Irvine and Troon Cancer Care for the past 3 years, and they've been so helpful in getting me to and from appointments without any stress
22.	Close proximity to Crosshouse helps to make the whole experience less stressful
23.	There's no impact as if you need treatment you need to get there any way you can
24.	Because of Calmac ferry service being underfunded for many years

Telephone Consultations

We asked patients about their experience of a telephone consultation. The chart below shows that the majority of patients felt that telephone consultations were beneficial.



Q. If you have had a telephone consultation / assessment, do you feel that telephone consultations are beneficial

In addition to the yes/no poll above, we captured comments from patients on whether they felt the telephone consultations were beneficial. 66 patients reported positive experiences with telephone consultations and 18 patients stated that they preferred face to face appointments.

The table below includes all comments received.

Positive comments

1.	I find them very useful. They always keep me informed as to my treatment and how everything is going. They always answer any questions that I have.
2.	I prefer telephone consultations as I personally don't like clinic / hospital environments but I understand some people would prefer face to face appointments
3.	In some circumstances telephone consults are beneficial e.g. blood results.
4.	Telephone conversations are excellent, so relaxed and all details discussed in full under no pressure whatsoever. I think it's a great step forward for both patients and consultants
5.	Felt relaxed in my own home
6.	Saves travelling to hospital
7.	Saves on transport, answers all questions, appointments run to time
8.	I feel it is less time consuming for both parties
9.	Saves a trip to hospital every week as I get all the information required over the phone
10.	I've had lots of telephone consultations and doctors have always been helpful and answered questions but nothing beats a face to face
11.	It's good not to have to wait in the waiting area as long as the telephone appointment is on time
12.	Mix of both types of appointment probably best - good to have face to face appointments also
13.	positive is cheaper than driving / fuel costs
14.	Face to face preferable but phone is ok. Cheaper option for me than travelling
15.	More convenient but would be good to have face to face every so often
16.	It's helpful not to have to come to hospital for every appointment
17.	They provide me with an opportunity to discuss my treatment and ask any questions I have
18.	These consultations help to alleviate any added stress of constantly attending hospital
19.	Saves coming to hospital for feedback
20.	When well, telephone consultations are adequate to confirm that I am well enough for treatment
21.	They keep me up to date on my illness and always keep me aware of what is happening
22.	Adequate to confirm I am well enough for treatment
23.	Less travel when a straightforward consultation
24.	Blood and marrow results plus the way forward with my treatment
25.	Telephone consultations when appropriate are convenient - staff skilled - never feel rushed
26.	Appreciate telephone consultations due to work commitments. Saves waiting time at hospital and frees up consultations to deal with more urgent patients.
27.	All good

28.	It's nice if you feel something is wrong to get a second opinion
29.	Useful for feedback re condition, treatments and to voice any concerns
30.	Anything that involves less travel, expense and time is good in the current climate
31.	They are good when treatment is going smoothly but it is good to have face to face visits every so often so the Dr can see any physical signs of a change
32.	I find them good and it saves me a journey
33.	It lets me know my bloods are okay and I'm able to get my treatment the next day
34.	In some cases I prefer face to face consultations but I understand the general principle of telephone particularly in days of Covid presenting problems
35.	Only just started chemotherapy - satisfactory
36.	These have been fine
37.	It's fine if you speak to the same doctor
38.	Beneficial to be updated on bloods taken
39.	Very good, never had any complaints, you get all the answers you want
40.	I think this saves everyone time and is easier than the alternative of travelling in and out of hospital for 5 minutes
41.	Very positive - better being at home than a waiting room
42.	Less travel when a straightforward consultation
43.	Blood and marrow results plus the way forward with my treatment
44.	Telephone consultations when appropriate are convenient - staff skilled - never feel rushed
45.	Appreciate telephone consultations due to work commitments. Saves waiting time at hospital and frees up consultations to deal with more urgent patients.
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56.	It's fine if you speak to the same doctor
57.	Beneficial to be updated on bloods taken
58.	Very good, never had any complaints, you get all the answers you want
59.	I think this saves everyone time and is easier than the alternative of travelling in and out of hospital for 5 minutes
60.	Very positive - better being at home than a waiting room
61.	Less travel when a straightforward consultation
62.	Blood and marrow results plus the way forward with my treatment
63.	Telephone consultations when appropriate are convenient - staff skilled - never feel rushed
64.	I work full time and appreciate being able to talk to the oncologist over the phone
65.	Saves travelling although at times it is also beneficial to see someone face to face
66.	Informative. Received blood results by phone.

Telephone Consultations

Negative comments

1.	Never the same doctor each time. They seem overworked and calls are always 1.5 - 2 hours later than advised and this means staying in for a call and takes up most of the day. (about telephone consultations)
2.	Telephone consults are no replacement for face to face
3.	problematic if you are working that day and can't give work a specific time for the call
4.	Telephone consults are helpful but not as good as face to face because one doesn't always feel able to ask all the questions one needs to
5.	I don't think telephone consultations are beneficial for some people, face to face is better, In terms of consultants time at least there are no wasted appointments
6.	Cannot compete with face to face
7.	Would prefer face to face
8.	Would like to see doctor occasionally
9.	Whilst I know doctors are so busy the older system of a couple of minutes contact per visit was much better than a phone call each week.
10.	During Covid it provided consultant contact, but obviously does not make the development of conversation as easy as it is face to face.
11.	I get a letter to tell me I'm going to get a telephone consultation and I think it's a waste of resources (the letter)
12.	Sometimes a face to face may be helpful
13.	Telephone consultations are robotic. I have too many questions to ask. The caller does not have time for discussion. I feel that ward staff are more informative and able to reassure me. Ward nurse Ainsley is particularly good at this and her input enhances my chemo treatment.
14.	Prefer to speak to my own oncologist as was always the case until a different team started making the calls
15.	Please give at least one face to face appointment for explanation of treatment. Cancer can affect mental health too!
16.	I do not find it helpful when calls are made by staff that do not know patients and at times do not appear to be up to date with their situation.
17.	prefer face to face consultation
18.	I feel telephone consultations are less effective than face to face. I think things are missed e.g. symptoms etc. and factors of ongoing care may not be identified. I have had experience of this which I feel was detrimental to my overall care management.

Systemic Anti-Cancer Therapy (SACT) Consultation Public engagement events and meetings summary

From the outset we wanted to ensure an inclusive process that would encourage involvement and stimulate discussion. We wanted to demonstrate that NHS Ayrshire and Arran listens, is supportive and genuinely takes account of views and suggestions. To do this we took the approach to plan fewer public meetings but offer to take our consultation to people and groups instead.

As well as the 3 planned public information drop-in sessions and online event, we promoted widely the offer for the consultation team to attend local groups or meetings on request. We recognised the need for a balanced and wide-ranging consultation, using a range of approaches.

Three public information sessions were run in each of the three Ayrshire's. The following venues were used to host the events:

South Ayrshire: Grain Exchange, Ayr on 03/03/2023

North Ayrshire: Fullarton Connexions, Irvine 28/03/2023

East Ayrshire: Ayrshire Cancer Support, Kilmarnock 17/05/2023

The events were informal, drop-in format opportunities for the public to come along and ask questions and pick up hard copies of the consultation summary document and survey, should they wish. The consultation summary document was enlarged, laminated and displayed for easy reading.

Promotion of the events was via NHS Ayrshire and Arran social media channels, emails to partners on the consultation dissemination list including Community Engagement Networks, Locality Planning Partnerships, HSCP engagement teams, Third Sector Interfaces and the Ayrshire Cancer Forum. Posters were also designed to promote the events.



www.jointheconversation-nhsaaa.co.uk/

Proposals to redesign Systemic Anti-Cancer Therapy (SACT) delivery in Ayrshire and Arran

Public Consultation

Come along to our in-person "join the conversation" drop-in to find out more about the proposed changes to Systemic Anti-Cancer Therapy (SACT) services in Ayrshire and Arran. This is an opportunity to ask questions and share your views.

Ayrshire Cancer Support
5 Dundonald Road
Kilmarnock
KA1 1 EQ

Drop in on Wednesday
17 May 2023
11am - 2pm

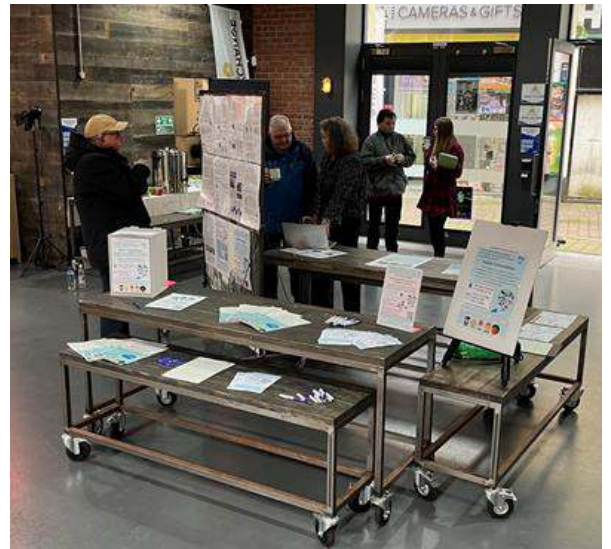
Free Tea & Coffee provided.

If you are unable to make the event but would still like to join the conversation, you can complete our survey by scanning the QR code or visiting:
<https://www.smartsurvey.co.uk/s/SACTsurvey/>

If you have any questions or would like more information, please contact the Engagement Team:
Email: aa.engagement@nhs.uk Tel: Freephone: 0800 034 177

The public event in South Ayrshire was held at the Grain Exchange which is located in the town centre's high street, with easy pedestrian, car and public transport access. The event ran for four and a half hours. Forty seven people dropped into venue during this time to see what was going on. Of those, 36 engaged with the consultation team present to find out more about the consultation.

Hard copies of the survey and flyers with the QR codes were given out and surveys were completed on the day. These were manually entered in to Smart Survey by the Engagement team.



Unfortunately, despite wide promotion, the public events in Irvine and Kilmarnock were poorly attended, with no attendees in North Ayrshire and two in East Ayrshire. The two attendees in East Ayrshire were very interested and had the opportunity to ask questions and find out more about the consultation.

Other local public meetings

As well as the planned public information sessions, we promoted widely the option for the consultation team to attend local groups or meetings.

Prior to the start of the consultation period, email communications were sent out to Ayrshire Cancer Forum members, third sector organisations, Community Planning Partnerships and engagement colleagues in the Health & Social Care Partnerships (see appendix 1 for full details) to explore different ways to best link in with those with lived experience and their relatives or carers. Partners were also asked to offer suggestions on where, who and how best to engage with those with experience of SACT in Ayrshire and Arran. A request was made of partners to send information about any meetings or events taking place over the three months consultation period that the engagement team could join to discuss the consultation information and promote the SACT public survey. Additionally, the engagement team offered to host a number of focus groups and/or information sessions throughout Ayrshire and Arran.

Only two groups took up this offer, Girvan and South Carrick Villages Locality Planning Partnership and Troon and Villages Locality Planning Partnership, both in South Ayrshire. The Locality Planning Partnership meetings include members of the public, councillors, professionals, GP's and Health & Social Care Partnership staff. Two representatives from the Consultation team attended these meetings to provide information about the consultation, gather feedback and answer any questions. Although there was low attendance at the meetings there was some useful discussion and questions were captured.

Following feedback via the online engagement hub from a member of public with a sensory impairment, the consultation team met with the Sensory Impairment Operational Group to discuss the best ways of engaging to meet the needs of those with sensory impairments. It was suggested to get in touch with the Ayrshire Society of the Deaf to share the consultation information face to face with their members, as many older people with hearing impairments may be semi or full illiterate and therefore not able to read the SACT summary consultation document.

A focus session was arranged with the Deaf Club of the Ayrshire Society of the Deaf in Kilmarnock, with an additional BSL interpreter to attend the meeting so the information conveyed to the group could be accurately communicated. There were 16 members of the Society present. When asked if the information shared helped with their knowledge of the SACT consultation and changes, the general feeling was that the information shared was understood. Questions and comments focused mainly around the accessibility of the SACT services provided.

Several comments were made about the loneliness and boring nature of waiting and being treated in hospital. There was a strong feeling amongst the group that staff training for deaf awareness within NHS setting could be improved and that healthcare professionals should have minimum knowledge of British Sign Language. Even being able to sign 'your interpreter is on the way' would be good.

Online Consultation Event

On Wednesday 10th May 2023, the Systemic Anti-Cancer online event took place on Microsoft Teams from 7pm to 8.30pm. The public online engagement event offered attendees the opportunity to hear about the proposals to reshape SACT services in Ayrshire and Arran and provided an opportunity for people to share their views and feedback on the proposals and current service provision outwith the working day and from the comfort of their homes.



Promotion of the online event was through various channels including NHS Ayrshire and Arran's Twitter and Facebook accounts, public website, dedicated SACT consultation online hub, press release, targeted email distribution to local community groups, third sector partners, Health & Social Care Partnership colleagues and local Authority key contacts for onward circulation.

Booking for the event was made available via Eventbrite. This free booking platform enables people to easily sign up for events and for organisers to collect their email addresses so subsequent communication can be made. All those signed up for the event were emailed prior to the meeting with the MS Teams joining instructions and a summary of what would be discussed at the online event. On the day of the event, there were 19 people signed up to attend. Apologies were received from four people just before the start of the meeting. There were 8 members of the public and 6 NHS Ayrshire & Arran staff in attendance.

The meeting was opened by an engagement officer who explained the purpose of the online event and talked through the housekeeping for the meeting, including the format and timings, how to ask questions, use chat facility and the 'hands-up' function. Dr Caroline Rennie then presented, via PowerPoint, the SACT Service journey and proposed changes. Dr Rennie then gave opportunity for attendees to ask questions, feedback and give thoughts on what they had seen and heard.

In addition to Dr Caroline Rennie, Macmillan Nurse Consultant, Peter Maclean, Consultant Haematologist and Cameron Sharkey, General Manager, Surgical Services were available to take questions during the online event and listen to the feedback.

The next steps were explained to online participants; once the consultation has closed, the engagement team will collate all the responses to form a consultation report, which will be used to help NHS Ayrshire and Arran Board members to understand if there are any negative impacts that would still need to be addressed and consider the impact of the changes for people. The Board will give consideration to any alternative suggestions that are put forward. A full meeting of the NHS Board will consider the proposals and make a decision. A range of information, including responses to the consultation and a report from Healthcare Improvement Scotland – Community Engagement, will help to inform the Board's decision. The consultation report and outcome of the consultation will be made available on the consultation website and will be promoted widely via local media.

Attendees were asked, once it appeared all questions had been asked, if everyone felt they had had an opportunity to feedback and ask questions. Attendees were thanked for sharing their views and urged to feedback subsequent questions or comments after the meeting, via the Engagement Team mailbox, (the email address was added into the chat box) prior to the consultation close on 19th May 2023. Three evaluation surveys were completed. See below for feedback captured in the survey.

In addition to completing a post event evaluation survey, which was sent out via email following the meeting, attendees were also asked to participate in Healthcare Improvement Scotland – Community Engagement survey to capture people's awareness, views and experiences of the Systemic Anti-Cancer Therapy (SACT) consultation process. Additionally, details were shared about the final in person drop in event being held in Kilmarnock at Ayrshire Cancer Support Wednesday 17th May 2023 from 11-2pm.

The meeting was closed with thanks to participants for their valuable feedback and given assurance that a copy of the slides presented at the meeting were to be emailed to attendees. This was undertaken the following day.

A brief summary of the discussions from the online event:

Themes	Context
Positive feedback about NHS Ayrshire and Arran SACT services	<ul style="list-style-type: none"> • Participant attends Biggart every month for bloods then consultation and infusion the next day at the Kyle unit. Cannot suggest any improvement, very professional, very efficiently run, parking good, no waiting and treatment is very efficient. Medication is given before leaving. Very well organised and run. • Another participant commented on their personal experience of the Kyle unit. The co-ordination that the staff took (coming over from Arran) of all the tests, MRI (Magnetic Resonance Imaging) x-rays etc. were arranged for the same day. Previously not had the same service and great it's happening now.
Accessibility issues	<ul style="list-style-type: none"> • An acknowledgment was made on the parking difficulties patients and their relatives/carers face getting in and out of University Hospital Crosshouse (UHC). • Staff agreed that a Tier 3 service somewhere else in Kilmarnock would be an advantage to tackling the parking issues at UCH. • Most patients travel in their own cars or with relatives, or use patient transport rather than public transport.
Impacts of the change made so far	<ul style="list-style-type: none"> • When proposed changes were being discussed, there were some anxieties about what that would look like, people fearing the worst. We are fortunate that we have made a change, people have lived through it and we understand now that it works well. Some people have never had to go further than the Kyle Chemotherapy Unit (Ayr) and a few who have had initial treatments at UCH but then returned back to the Kyle unit.

	<ul style="list-style-type: none"> • During the changes, patient and staff opinions were gathered. There is more support now than before COVID because of acceptance of new ways of working e.g. telephone appointments. This helped change people's perceptions and they didn't want to come into hospital and wanted to save travel and money. • People from South Ayrshire get 84% of their Tier 3 treatment at the Kyle Unit, which we feel is positive, we risk assess the treatments and are trying to move more to outreach. Priority is always safety first and we want to deliver treatment as close to home as possible.
Future development of the service	<ul style="list-style-type: none"> • Opportunity for Tier 3 in other places in Ayrshire in the future e.g. Irvine 3 Towns area, Ayrshire Central Hospital would make sense for Tier 3 but no fixed plan. • The service is modelled on Manchester. A critical volume of activity is needed to justify a service in a particular area. We have a duty to deliver this efficiently and safely with the staff we have to we have to focus on larger population areas • Potentially looking at repatriation for people who are being assessed at the Beatson and then receiving treatment locally. Safety has to be a primary focus to take into account the effectiveness and closer to home treatment for the whole population of Ayrshire.

Feedback from participants regarding the online session:

- Plenty of time and encouragement to make a contribution to the conversation
- When I first heard about this proposal I was a bit apprehensive but seeing what is happening and possibly in the future what's going to happen. I myself would promote a service
- Definitely got the opportunity to express my views and to ask questions and was taken seriously and with respect.