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1. National Cancer Quality Programme

Better Cancer Care\(^1\) states that a wide ranging approach to quality improvement is required to ensure that services improve performance across all dimensions of quality. The NHS Scotland Healthcare Quality Strategy\(^2\) (launched in May 2010) further expands upon this by articulating 3 quality ambitions:

- Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.

- No avoidable injury or harm from the healthcare they receive, and that they are cared for in an appropriate, clean and safe environment at all times.

- The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, with no wasteful or harmful variation.

The quality strategy aims to put quality at the very heart of the NHS, building upon the excellent foundations already in place. A quality measurement framework is being developed which sets out measures and targets which will be used to monitor, challenge, manage and report progress towards the 3 quality ambitions. This framework also allows for supplementary national indicators that will underpin progress towards the quality ambitions.

Under the auspices of the Scottish Cancer Taskforce, National Cancer Quality Performance Indicators (QPIs) are being developed to drive continuous quality improvement in cancer care across NHS Scotland. Small sets of cancer specific outcome focussed, evidence based, indicators will be developed. These are underpinned by patient experience. This will ensure that activity is focussed on those areas that are most important in terms of improving survival and patient experience whilst reducing variance and ensuring the most effective and efficient delivery of care.

A QPI is defined as a proxy measure of quality care. QPIs will be kept under regular review and be responsive to changes in clinical practice and emerging evidence.

1.1 Quality Assurance and Continuous Quality Improvement

The ultimate aim of the programme is to develop a framework and foster a culture of continuous quality improvement, whereby real time data is reviewed regularly at an individual Multi Disciplinary Team/Unit level and findings actioned to deliver continual improvements in the quality of cancer care. This will be underpinned and supported by a programme of regional and national comparative reporting and review (see figure 1).

The methodology for assessing performance against patient experience QPIs will focus on a rolling calendar of quality improvement driven forward at a local level, with improvement activity monitored at a regional and national level. This will allow for identification of common themes and best practice for improvement in patient experience. It is not the intention that fulfilment of the QPIs would achieve national comparative patient experience data, rather that evidence should be demonstrative of improvement in patient experience. Whereas the tumour-specific QPIs produce nationally comparable data derived from all patients, the patient experience QPIs are meant to generate data for local improvement derived from a small sample of patients. Quality assurance of the patient experience QPIs is based on an examination of whether the data are being used locally for improvement activities, not on national comparison of the data collected. This is a key difference between the patient experience and tumour-specific QPIs and promotes a balance between assurance and improvement activities.

Alongside each of the QPIs measurement tools have been developed to assist Boards in assessing patient experience. Boards should refer to and apply the Participation Standard and guidance when using the tools, including developing accessible versions and methods to support...
inclusion of a representative proportion of the population which they serve. Improvement resources are available for Boards via the Healthcare Improvement Scotland website and the NHSScotland Quality Improvement Hub (http://www.qihub.scot.nhs.uk).

NHS Boards are required to:

- Submit evidence that all patient experience QPIs have been assessed and resulting actions have been progressed, using the reporting template set out in appendix 1. This will be aligned to the national reporting schedule.
- Demonstrate that patient experience has been measured and improved at a range of key stages along the patient pathway including outpatient and inpatient settings where applicable, for example:
  - after diagnosis;
  - following discussion of treatment plan;
  - during treatment; and
  - post treatment/ follow up.
- Demonstrate that patient experience has been measured and improved at a variety of NHS Board sites where patients are seen, for example:
  - cancer centre;
  - outpatient and inpatient hospital settings; and
  - primary care settings.
- Complete a reporting template every three years which references the improvement plans and demonstrates that the requirements under specifications above have been met (see appendix 1).
- Publicise patient experience work on their website so that it is accessible to both NHS colleagues, patients affected by cancer and the general public.

1.2 Tumour Specific QPIs

NHS Boards will be required to report against tumour specific QPIs as part of a mandatory, publicly reported, programme at a national level (as illustrated in figure 1). A rolling programme of reporting is planned, with 3 national tumour specific reports published annually. National reports will include comparative reporting of performance against QPIs at Board/Multi Disciplinary Team level across NHSScotland, trend analysis and survival. This approach will help overcome existing issues relating to the reporting of small volumes in any one year.

In the intervening years tumour specific QPIs will be monitored on an annual basis through established Regional Cancer Network and local governance processes, with analysed data submitted to Information Services Division (ISD) for inclusion in subsequent national reports. This approach will ensure that timely action is taken in response to any issues that may be identified through comparative reporting and systematic review.
2. Quality Performance Indicator (QPI) Development Process

The QPI development process was designed to ensure that indicators are developed in an open, transparent and timely way. Figure 2 illustrates the development process for the cancer patient experience QPIs.

Figure 1: Overview of the Cancer Quality Framework

Figure 2: QPI Development Process
The Cancer Patient Experience QPI Development Group was convened in January 2012, chaired by Vicky Crichton (Senior Public Affairs Manager, Cancer Research UK). Membership of this group included clinical and patient engagement representatives drawn from the three Regional Cancer Networks, Cancer Coalition, Healthcare Improvement Scotland, ISD, NHS24 and patient/carer representatives (appendix 2). A measurement sub group was also convened to review existing patient experience measures (appendix 3).

2.1 Preparatory Work and Scoping

The preparatory work involved the development of a structured briefing paper by Healthcare Improvement Scotland. This paper took account of existing, high quality, clinical guidance and provided a basis for the development of QPIs.

The scope for development of the patient experience QPIs was defined to include patient-provider communication, information provision, patient education, and decision support. A literature search was conducted for guidelines on these subjects published between 2004 and August 2011 on the following websites using the keywords communication, decision making, decision support, patient information, and patient education:

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Topics</strong> <em>(population/patient):</em> Adult cancer patients</td>
<td>Documents that are not clinical guidelines</td>
</tr>
<tr>
<td><strong>Topics</strong> <em>(intervention):</em> Communication, patient information, patient education, decision support.</td>
<td>Documents that exclude cancer or are not relevant to cancer patients.</td>
</tr>
<tr>
<td><strong>Date:</strong> 2004 to present day</td>
<td>Documents specific to children</td>
</tr>
<tr>
<td><strong>Language:</strong> English only</td>
<td>Documents in languages other than English</td>
</tr>
</tbody>
</table>

Because of the anticipated large recall from citation databases, the low yield (number and percentage of relevant results) associated with these sources from previous QPI work, and the availability of a high-quality comprehensive NICE guideline on the topic, citation databases were not searched for this topic. SIGN cancer guidelines were hand-searched to determine relevance to the specified patient issues.

From these websites, 1099 documents of potential relevance were identified. Sifting against these criteria removed 99% of the results, leaving sixteen documents of which three were duplicates. Five documents were SIGN guidelines which were accepted for use without formal appraisal as SIGN methodology is established as meeting AGREE II criteria for the purposes of QPI development. Eight documents were appraised for quality using the AGREE II instrument (appendix 4). This instrument assesses the methodological rigour used when developing a guideline. Of these eight, four were accepted for use and four were rejected, primarily because they did not contain any recommendations that could be used to develop QPIs.

The indicator development phase of the project allowed the development group to create evidence based measurable indicators with a clear focus on what could actually make a real difference to quality of care. On review of the evidence the group agreed to focus on three QPIs covering communication, information and shared decision making.

2.2 Early Engagement

To ratify the selection of the three patient experience topics, the QPI Development Group agreed to engage patients and public across Scotland in focus groups and telephone interviews with the assistance of the Scottish Health Council. The patient and public engagement process was completed throughout November 2012 and a report developed (appendix 5). The feedback revealed that participants agreed with the topic areas selected and were able to prioritise particular components of each topic, e.g. for communication, listening came through as an important factor.
In addition, several suggestions were put forward by participants including interprofessional communication and recognition of symptoms within primary care. These aspects were discussed at the development group and questions relating to interprofessional communication have been included within the measures for communication and information. It was felt that primary care referral pathways were being considered elsewhere, e.g. national Detect Cancer Early Programme and work progressing through the Regional Cancer Networks and therefore was not included within the measures.

2.3 Development of Indicators and Measurement Tools

Using the evidence base, together with the priorities outlined by participants during the engagement process, a set of questions were drawn from the Better Together Inpatient Survey, the National Cancer Patient Experience Survey and a decisions based assessment tool. The development group agreed a standardised format and four options answer scale and the selected questions were aligned to this to form three measurement tools.

2.4 Field Testing of Measurement Tools

The draft question sets, a user guide and a reporting template were then tested to ensure that:

1. Patients can easily understand and respond to the question sets.
2. Health care professionals can use the question sets in day to day practice.
3. The question sets are applicable to a variety of cancer service settings and at different stages of the cancer pathway.
4. The responses to questions can be used to drive improvements in patient experience.
5. The reporting template for improvement is easy to use for health care professionals and clinical teams and fit for the purposes of the QPI governance process.

Feedback from the test sites revealed:

1. Required amendment to communication question set to ensure it fits onto one page.
2. Include N/A as an answer option as some patients felt an item was not applicable.

The final measurement tools have been amended to include these changes.

The testing phase also demonstrated that:

1. Measurement tools are easily understood and workable in everyday clinical practice.
2. Locally relevant issues can be revealed in order to drive improvement (different test sites had different results).
3. Actions for improvement are tangible and manageable in practice.
4. A variety of methods can be applied with the same tools, e.g. some test sites used volunteers to hand out surveys whilst others used health care professionals.

2.5 Format of the Quality Performance Indicators

QPIs are designed to be clear and measurable, based on sound evidence whilst also taking into account other recognised standards and guidelines.

- Each QPI has a short title which will be utilised in reports as well as a fuller description which explains exactly what the indicator is measuring.
- Each QPI sets out the rationale for development of the indicator and the accompanying measurement tool sets out the question sets to be applied.

NHS Boards can choose the method or way of distributing and administering the question sets in practice, for example:

1. Using volunteers of patient panel members to give out the questionnaires or complete questionnaires at clinics.
2. Use of questions as part of a focus group
3. Completion of survey verbally
4. Telephone questionnaires.
5. Postal returns when handed out in clinic.
6. Returns box at reception area for clinic users.

The measurement tools are designed to be standalone and it is not envisaged that all three questionnaires would be given to any one patient at the same time.

Boards should provide accessible information to patients describing the process of sharing their experience, what will happen and how results and improvements will be shared with participants.

The focus of the QPIs is to drive real time improvements, rather than collating national comparative reports of performance. Areas targeted will differ across sites and services, taking account of locally identified priorities.

Boards are responsible for aligning appropriate resource to support this activity. A similar approach has been taken in Board level work linked to the patient experience inpatient survey.
3. Quality Performance Indicators for Cancer Patient Experience

QPI 1 – Communication

<table>
<thead>
<tr>
<th>QPI Title:</th>
<th>Patients should experience excellent communication from health care professionals throughout their cancer care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description:</td>
<td>Cancer services can demonstrate through the application of the QPI measurement tool that their patients have experienced excellent communication as defined by the following indicators:</td>
</tr>
</tbody>
</table>

   The Health care professional(s):
   - Introduced themselves to the patient.
   - Helped the patient understand their condition and treatment.
   - Gave them consistent information about their condition.
   - From the hospital and the patients GP had a common understanding of the patient’s condition and treatment plans so that the patient has no need to repeat themselves.
   - Were open and honest.
   - Discussed information in a sensitive manner.

   The patient(s):
   - Felt comfortable to talk about things that mattered to them e.g. money or work concerns, emotional things.
   - Was/were told everything they wanted to know about their condition and treatment.
   - Worries and fears or concerns were listened to.
   - Was given advice on ways to manage and live with their condition at home.
   - Had questions answered in a way in which they could understand.
   - Had enough time with the health care professional.
   - Knew who to contact if they had further questions.
   - Family member, carer or friends were involved in the discussions with the health care professional as much as the patient wanted them to be.

<table>
<thead>
<tr>
<th>Rationale and Evidence:</th>
<th>Healthcare professionals should be given training to overcome the specific challenges around communication with people with cancer, their carers and other professionals. (^3) Healthcare professionals in cancer should be trained in communication skills.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Practitioners behave in a way that demonstrates person centred care, seeing “the patient as an individual, and developing an understanding of how the condition affects the person, and the person’s circumstances and experiences affect their condition and treatment.” (^5)</td>
</tr>
<tr>
<td></td>
<td>Patients are “treated with respect, kindness, dignity, compassion, understanding and honesty.” (^5)</td>
</tr>
</tbody>
</table>

(Continued overleaf)
## Rationale and Evidence:

Practitioners ensure the patient has heard and retained information they have given “by reviewing the patient's knowledge, understanding and concerns about their condition and treatments, and their view of their need for treatment, at intervals agreed with them, because these may change over time. Offer repeat and review information to the patient, especially when treating a long-term condition.” 5 (p24)

Practitioners ensure that “discussions are held using a style that allows the patient to express their personal needs and preferences for care, treatment and management” 5 (p24)

“Practitioners give the patient opportunities to give feedback about their care, using different formats, and respond to any feedback given”. 5 (p25)

“All members of the healthcare team should have a demonstrated competency in relevant communication skills”. 5 (p26)

“Patients appreciate good communication in terms of having time for discussions and to raise questions as well as having those questions answered”. 6
<table>
<thead>
<tr>
<th>QPI 1 – Communication Measurement Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please read the statements below and</td>
</tr>
<tr>
<td>select the answer which you feel best</td>
</tr>
<tr>
<td>describes how you feel about the care</td>
</tr>
<tr>
<td>you received today…</td>
</tr>
<tr>
<td>Strongly Agree</td>
</tr>
<tr>
<td>1  The health care professional</td>
</tr>
<tr>
<td>introduced themselves to me</td>
</tr>
<tr>
<td>2  I was able to hear the words being</td>
</tr>
<tr>
<td>used by the health care professional</td>
</tr>
<tr>
<td>3  I was told all I wanted to know</td>
</tr>
<tr>
<td>about my condition</td>
</tr>
<tr>
<td>4  I was told all I wanted to know</td>
</tr>
<tr>
<td>about my treatment</td>
</tr>
<tr>
<td>5  The health care professional</td>
</tr>
<tr>
<td>helped me understand my condition and</td>
</tr>
<tr>
<td>treatment</td>
</tr>
<tr>
<td>6  My worries and fears or concerns</td>
</tr>
<tr>
<td>were listened to today</td>
</tr>
<tr>
<td>7  The health care professional</td>
</tr>
<tr>
<td>involved me in discussions about my</td>
</tr>
<tr>
<td>care</td>
</tr>
<tr>
<td>8  I was given advice on ways to</td>
</tr>
<tr>
<td>manage my condition at home</td>
</tr>
<tr>
<td>9  My questions were answered in a</td>
</tr>
<tr>
<td>way I could easily understand</td>
</tr>
<tr>
<td>10 I had enough time with the health</td>
</tr>
<tr>
<td>care professional</td>
</tr>
<tr>
<td>11 I know who to contact if I have any</td>
</tr>
<tr>
<td>further questions</td>
</tr>
<tr>
<td>12 Health care professionals gave</td>
</tr>
<tr>
<td>me consistent information about my</td>
</tr>
<tr>
<td>condition</td>
</tr>
<tr>
<td>13 Health care professionals from the</td>
</tr>
<tr>
<td>hospital and my GP had a common</td>
</tr>
<tr>
<td>understanding of my condition and</td>
</tr>
<tr>
<td>treatment plans so that I did not have</td>
</tr>
<tr>
<td>to repeat myself</td>
</tr>
<tr>
<td>14 My family member, carer or friend</td>
</tr>
<tr>
<td>were involved in discussions with</td>
</tr>
<tr>
<td>health care professionals as much as</td>
</tr>
<tr>
<td>I wanted them to be</td>
</tr>
<tr>
<td>15 Health care professionals were</td>
</tr>
<tr>
<td>open and honest</td>
</tr>
<tr>
<td>16 I feel any information discussed</td>
</tr>
<tr>
<td>was done in a sensitive manner</td>
</tr>
<tr>
<td>17 I felt comfortable to talk about</td>
</tr>
<tr>
<td>things that mattered to me, e.g.</td>
</tr>
<tr>
<td>money or work concerns, my emotions</td>
</tr>
<tr>
<td>18 I had enough privacy to discuss</td>
</tr>
<tr>
<td>my health care with the health care</td>
</tr>
<tr>
<td>professional</td>
</tr>
</tbody>
</table>
### QPI 2 – Information Provision

<table>
<thead>
<tr>
<th><strong>QPI Title:</strong></th>
<th>Patients should experience excellent information provision from healthcare professionals throughout their cancer care.</th>
</tr>
</thead>
</table>
| **Description:** | Cancer services can demonstrate through the application of the QPI measurement tool that their patients have received excellent information throughout their cancer care as follows:  

The healthcare professional(s):  
- Explained fully everything the patient wanted to know about their condition, treatment and care in a timely manner.  

The patient(s):  
- Received information to help them understand what would happen at their appointment  
- Was/were given enough information about their condition and treatment.  
- Was/were given information in a way that was easy to understand.  
- Was offered information in a way that suited them, e.g. large print, Braille, etc.  
- Was/were offered information on how to access other support services, e.g. financial advice or support groups.  
- Felt able to ask about the results of any tests or ongoing treatment.  
- Knew who to contact out of hours if they were worried about their condition.  
- Knew who to contact if they needed more information about their condition or treatment.  
- Was given details of other approved sources of information. |
| **Rationale and Evidence:** | Appropriate information should be made available to patients and their carers to promote maximum understanding and to assist coping mechanisms. Access to written materials, computerised information and a named nurse should be readily available at all stages of disease management.  

“Inform the patient about:  
- who is responsible for their care and treatment;  
- the roles and responsibilities of the different members of the healthcare team; and  
- The communication that takes place between members of the healthcare team”. 5 (p26)  

“Ensure that the patient is given regular, accurate information about any delays during episodes of care...and mechanisms are in place to provide information about appointments to patients who require information in non-standard formats”. 5 (p24)  

Explore the patient’s preferences about the level and type of information they want. Based on this, give the patient (and their family members and/or carers if appropriate) clear, consistent, evidence-based, contextualised, and tailored information throughout all stages of their care. Include information about:  
- their condition, proposed care and any treatment options  
- where they will be seen  
- who will undertake their care  
- expected waiting times for consultations, investigations and treatments. 5 (p26) |
### QPI 2 – Information Measurement Tool

<table>
<thead>
<tr>
<th>Please read the statements below and select the answer which you feel best describes how you feel about the care you received today…</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Please note any additional comments below or state if not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 I received information to help me understand what would happen at today’s appointment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>2 I was given enough information about my condition</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>3 I was given enough information and supporting materials on my treatment, including information about possible side effects</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>4 The information I was given today was easy to understand</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>5 I was offered information in a format that suited me, e.g. large print, Braille, another language etc.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>6 The health care professional explained fully everything I wanted to know about my condition, treatment and care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>7 I was offered information on how to access other support services, e.g. financial advice or support groups</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>8 I felt able to ask about the results of any tests or ongoing treatment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>9 I know who to contact out-of-hours if I’m worried about my condition</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>10 I know who to contact if I need more information about my condition or treatment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>11 I have been given details of other approved sources of information</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td></td>
</tr>
<tr>
<td>QPI Title:</td>
<td>Patients are empowered by healthcare professionals to share decisions about their care and treatment.</td>
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<td>---------</td>
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<tr>
<td>Description:</td>
<td>Cancer services can demonstrate through the application of the QPI measurement tools that their patients have been enabled by health care professionals to share decisions about their care and treatment as follows:</td>
<td></td>
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<tr>
<td></td>
<td>The patient(s):</td>
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</tr>
<tr>
<td></td>
<td>• Has been included in discussions about their treatment and care.</td>
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<tr>
<td></td>
<td>• Has been given enough information to help them make an informed choice.</td>
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<td></td>
<td>• Views were taken into account by the health care professional.</td>
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<td></td>
<td>• Had enough time to make a decision.</td>
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</tr>
<tr>
<td></td>
<td>• Was/were involved in decisions as much as they wanted to be.</td>
<td></td>
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<tr>
<td></td>
<td>• Was/were told about the possible side effects and how to manage them.</td>
<td></td>
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<tr>
<td></td>
<td>• Felt the health care professional they saw knew enough information about their care to provide good clinical care.</td>
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<tr>
<td></td>
<td>• Felt their personal circumstances were taken into consideration.</td>
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<tr>
<td>The Health care professional(s):</td>
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</tr>
<tr>
<td></td>
<td>• Have explained the risks and benefits of treatment in a way that the patient understands.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Have provided appropriate information or signposting to inform/assist the patient.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationale and Evidence:</td>
<td>Both the patient and the healthcare professional(s) have responsibility in ensuring that decisions regarding care and management of a patient have been reached mutually.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>“The healthcare professional should clarify with the patient at the outset whether and how they would like their partner, family members and/or carers to be involved in key decisions about the management of their condition”. (^5) (p55)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>“Patients should be given information about relevant and available treatment options, even if these are not provided locally(^5) (p55) and “provided with clear information relating to the potential risks and benefits of treatment”. (^8)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>“Healthcare professionals should be aware of the value and availability of patient decision-making aids. If suitable high quality decision-making aids are available, most appropriate one should be offered to the patient”. (^5) (p106)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>“A pathway of care should be agreed, and shared with the patient and any family members or carers, as well as the patient’s GP (^8), even if the patient’s decision is not to have a treatment, or if the patient holds different views from the healthcare professional regarding the risk/benefit balance of any treatment”. (^5) (p24).</td>
<td></td>
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</tr>
</tbody>
</table>
### QPI 3 – Measurement Tool

Please read the statements below and select the answer which you feel best describes how you feel about the care you received today...

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Please note any additional comments below or state if not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 I felt included in discussions about my treatment and care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>2 The health care professional explained the risks and benefits of treatment(s) in an understandable way</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>3 I was given enough information to help me make an informed choice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>4 My views were taken into account by the health care professional</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>5 I had enough time to reach my decision</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>6 I was involved in decisions as much as I wanted to be</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>7 I was told about possible side effects and how to manage them</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>8 I felt that the health care professional I saw today knew enough about my case to provide good clinical care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>9 I feel my personal circumstances where taken into consideration</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>10 My family member, carer or friend were involved in decisions with health care professionals as much as I wanted them to be</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>
4. Governance and Scrutiny

A national and regional governance framework to assure the quality of cancer services in NHSScotland has been developed; key roles and responsibilities within this are set out below. The importance of ensuring robust local governance processes are in place is recognised and it is essential that NHS Boards ensure that cancer patient experience is fully embedded within established processes.

4.1 National

- **Scottish Cancer Taskforce**
  - Accountable for overall national cancer quality programme and overseeing the quality of cancer care across NHS Scotland.
  - Advising Scottish Government Health and Social Care Directorate (SGHSCD) if escalation required.

- **Healthcare Improvement Scotland**
  - Proportionate scrutiny of performance.
  - Support performance improvement.
  - Quality assurance: ensure robust action plans are in place and being progressed via regions/Boards to address any issues identified.
  - Provide a web-based resource for Boards to share case studies, learning and improvement approaches used with the cancer patient experience QPIs.

- **Information Services Division (ISD)**
  - Publish national comparative report on tumour specific QPIs and survival for 3 tumour types per annum and specified generic QPIs as part of the rolling programme of reporting.

4.2 Regional – Regional Cancer Networks

- Annual regional comparative analysis and reporting against tumour specific QPIs.
- Support national comparative reporting of specified generic QPIs.
- Identify and share good practice.
- In conjunction with constituent NHS Boards identify regional and local actions required to develop an action plan to address regional issues identified.
- Review and monitoring of progress against agreed actions.
- Provide assurance to NHS Board Chief Executive Officers and Scottish Cancer Taskforce that any issues identified have been adequately and timeously progressed.

4.3 Local – NHS Boards

- Collect and analyse patient experience data and identify good practice and areas requiring improvement to develop an improvement plan.
- Submit patient experience reporting template in line with tumour specific QPI reporting schedule, e.g. when renal cancer QPIs are due for submission, patient experience QPIs should be applied to renal cancer service areas.
- Utilise local governance structures to review performance, develop local action plans and monitor delivery.
- Demonstrate continual improvements in quality of care through on-going review, analysis and feedback of patient experience data at service or unit level.
5. Review of QPIs

As part of the National Cancer Quality Programme a systematic national review process will be developed, whereby all patient experience QPIs published will be subject to a rolling programme of review.

Furthermore, in order to ensure that the measurement tools and reporting templates are the most appropriate and drive continuous quality improvement as intended they will be kept under review and revised as necessary, as further evidence or data becomes available.

6. Areas for Future Consideration

The Cancer Patient Experience QPI Development Group was not able to identify sufficient evidence, or determine appropriate measurability specifications, to address all areas felt to be of key importance to the patient experience.

The following areas for future consideration have been raised across the lifetime of the Cancer Patient Experience QPI Development Group:

- Coordination of care
- Continuity of care
- Primary care experience
- Carer experience.
7. References

6. Better Together Cancer Care: key Findings from the West of Scotland Cancer Patient Experience Pilot. March 2012
8. Appendices

Appendix 1 - Patient Experience –QPI Activity Reporting Template

Boards will be asked to submit an overarching reporting template every three years which references the improvement plans and demonstrates that the requirements under specifications above have been met. Reporting is to be aligned with tumour specific QPI reporting. This will mean Boards reporting up to 3 times annually for different cancer sites and that these reports will be nationally monitored as with the clinical QPIs.

<table>
<thead>
<tr>
<th>CANCER PATIENT EXPERIENCE QPI REPORTING TEMPLATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tumour type: (please detail)</strong></td>
</tr>
<tr>
<td>1. Demonstrate how each of the question sets have been applied in a variety of settings and across the clinical pathway: Describe who you engaged with, what services you included, when in the patient pathway engagement took place, where, how you engaged and why you chose these particular services/pathway points.</td>
</tr>
<tr>
<td>2. Provide an overview of key findings: Which items received positive and negative feedback, e.g. 9 out of 10 patients agreed/strongly agreed they were involved in discussions about their care. Describe any suggestions for change that patients highlighted.</td>
</tr>
<tr>
<td>3. Provide evidence of activities undertaken to improve patient experience including patients involvement in identifying and prioritising actions for improvement: Plans should be attached/embedded into this section and include areas identified for action, action agreed, due date and progress to date.</td>
</tr>
<tr>
<td>4. Demonstrate how patient experience has improved: This may involve retesting using question sets and original results as a benchmark.</td>
</tr>
</tbody>
</table>

Cancer Patient Experience Quality Performance Indicators Final Publication 1.0 (19th Dec 13)
# Appendix 2 - Cancer Patient Experience QPI – Development Group Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Cancer Network/ NHS Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vicky Crichton (CHAIR)</td>
<td>Senior Public Affairs Manager</td>
<td>Cancer Research UK</td>
</tr>
<tr>
<td>Rachel Anderson</td>
<td>Team Leader, Macmillan Community CNS</td>
<td>NOSCAN/ NHS Grampian</td>
</tr>
<tr>
<td>Sandra Bagnall</td>
<td>Patient Involvement Manager</td>
<td>SCAN/ NHS Lothian</td>
</tr>
<tr>
<td>Emma Bennett</td>
<td>Lead Breast Cancer CNS</td>
<td>SCAN/ NHS Lothian</td>
</tr>
<tr>
<td>Paul Cormie</td>
<td>Lead Cancer and Palliative Care GP</td>
<td>SCAN/ NHS Lothian</td>
</tr>
<tr>
<td>Iain Dickson</td>
<td>Patient Representative</td>
<td></td>
</tr>
<tr>
<td>Rosalie Dunn</td>
<td>Macmillan GP Palliative Care Facilitator, Palliative Care MCN Lead Clinician, Primary Care Clinical Lead</td>
<td>WoSCAN/ NHS Lanarkshire</td>
</tr>
<tr>
<td>Belinda Hacking</td>
<td>Consultant Clinical Psychologist</td>
<td>SCAN/ NHS Lothian</td>
</tr>
<tr>
<td>Michele Hilton Boon</td>
<td>Programme Manager</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Stella Macpherson</td>
<td>Patient Representative</td>
<td></td>
</tr>
<tr>
<td>Debbie Schofield</td>
<td>Project Manager</td>
<td>Public Health Directorate, NHSGGC</td>
</tr>
<tr>
<td>Kate Seymour</td>
<td>External Affairs Manager</td>
<td>Scottish Cancer Coalition/ Macmillan Cancer Support</td>
</tr>
<tr>
<td>Brian Sibbald</td>
<td>Patient Representative</td>
<td></td>
</tr>
<tr>
<td>Mairi Simpson</td>
<td>Nurse Consultant</td>
<td>WoSCAN/ NHS Lanarkshire</td>
</tr>
<tr>
<td>Jacki Smart</td>
<td>Head of Operations</td>
<td>Scottish Health Council</td>
</tr>
<tr>
<td>Niall Taylor</td>
<td>Information Specialist</td>
<td>Scottish Government Health Department</td>
</tr>
<tr>
<td>Evelyn Thomson</td>
<td>Regional Manager (Cancer)</td>
<td>WoSCAN</td>
</tr>
<tr>
<td>Alison Walker</td>
<td>Patient Representative</td>
<td></td>
</tr>
<tr>
<td>Sarah Wilson</td>
<td>CNS</td>
<td>WoSCAN/ Greater Glasgow and Clyde</td>
</tr>
<tr>
<td>Phyllis Windsor</td>
<td>Consultant Clinical Oncologist</td>
<td>NOSCAN/ NHS Tayside</td>
</tr>
</tbody>
</table>

NOSCAN - North of Scotland Cancer Network  
SCAN - South East Scotland Cancer Network  
WoSCAN - West of Scotland Cancer Network
## Appendix 3 - Membership of the Measurement Subgroup

<table>
<thead>
<tr>
<th>Name</th>
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</tr>
<tr>
<td>Kate Seymour</td>
<td>External Affairs Manager</td>
<td>Scottish Cancer Coalition/ Macmillan Cancer Support</td>
</tr>
<tr>
<td>Sarah Shepard</td>
<td>Decision Navigator Study Evaluator</td>
<td>SCAN/ NHS Lothian</td>
</tr>
<tr>
<td>Jacki Smart</td>
<td>Head of Operations</td>
<td>Scottish Health Council</td>
</tr>
<tr>
<td>Evelyn Thomson</td>
<td>Regional Manager (Cancer)</td>
<td>WoSCAN</td>
</tr>
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</table>
### Appendix 4 - Recommended Guidelines Included in Briefing Paper

<table>
<thead>
<tr>
<th>Guideline</th>
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</table>
Appendix 5 - National Cancer QPI – Scottish Health Council Feedback Report

National Cancer (Quality Performance Indicators)
Patient Experience - Patient Involvement Project
Shaping how patient experiences of cancer services are measured

1. Introduction

The Scottish Health Council was approached at the end of September 2012 by the National Cancer Patient Experience Quality Performance Indicator Development Group for advice and assistance in helping the group engage with patients across Scotland who had experienced NHS cancer services.

As a result, the Scottish Health Council agreed to:

- organise a series of focus groups across Scotland to gather patients' views
- use its local office contacts and knowledge to invite individuals to participate
- arrange suitable venues for the sessions
- assist with scribing and support facilitation and other practical arrangements on the day of the events
- evaluate the sessions from participants’ perspective and
- produce a report of feedback for the project team.

2. Process

2.1 A total of six focus groups were held in Lothian (Edinburgh), Forth Valley (Falkirk), Fife (Kirkcaldy), Greater Glasgow & Clyde (Glasgow Centre) and Lanarkshire (Hamilton). Two focus groups, scheduled for Highland (Inverness) and Grampian (Aberdeen) had to be cancelled due to limited numbers wishing to attend.

2.2 Participants were also invited to provide feedback by telephone or in writing (e-mail). We received feedback from other individuals unable to attend focus groups but wishing to share their opinions. A total of 44 people provided feedback either through the focus groups or other ways.

2.3 The project looked at three key areas of patient experience in NHS cancer services namely: (i) communication; (ii) information; and (iii) shared decision making. Each group was asked a series of questions with a priority setting exercise at the end for each of the three key topics.
3. Feedback

The priority areas agreed were:

3.1 Good communication

- Time – consideration to time allocated for appointments and letters arriving on Fridays when people cannot talk to anyone until the following Monday or later depending on public holidays
- Comprehensible language - pitched at the right level and not medical jargon.
- Designated contact for patients
- Professionals talking to each other
- Respect and being treated as an equal and with honesty
- Quick second appointment
- A patient buddying system would help
- Patient needs to have clear understanding of information and condition
- Confidence – confidence patients understand options, confidence in the consultant or GP advising them and confidence themselves that they are making the best decision

3.2 Good information

- If it is going to be a long (patient) journey, perhaps explain each step rather than bombard people with all the information at the start
- Detailed information on the specific condition to you and medications
- Pertinent, consistent information at each stage
- Meaningful information sources and signposting of who/where can provide help and support

3.3 Successful shared decision making

- Reference to ‘making communication better’ through NHS Education for Scotland
- Time to decide on what is best for you as the patient
- Given all options and opportunity to discuss with the health profession team
- Opportunity to talk with a buddy
- Value the patient experience
- Empathy between the patient and consultant
- Include carers and families in the patient journey
- It is difficult to separate information and communication since the two are inextricably linked

4. Feedback from focus groups

Collated below is feedback received from all six focus groups and other individual responses to each question. A number of the responses were similar so, for the purposes of this feedback report, they have only been noted once under each question.
The views recorded have been shared with the various participants by the Scottish Health Council to ensure accuracy.

4.1 Throughout your experience of cancer, what are the things about healthcare that matter most to you?

- Information
- Communication
- Assurances
- Percentages
- Speed – from diagnosis referral etc
- Support through GP
- Knowledge of staff
- Cleanliness of place attending
- Help to weigh up options (treatment)
- When professionals and consultants take time to explain frankly and honestly what’s happening in my body
- To be treated as an individual (not a CHI number or another patient!)
- Good information on your cancer and treatment available including options
- Same and correct information (continuity of care) – not different dependant on whom speaking too
- Understanding – to know someone is there that you can talk to
- Flexibility of teams (appointments to suit individual taking in to account travel, support etc
- GP recognition of symptoms
- Early diagnosis
- Timely – tests, results, access to treatment / equipment
- Support from professionals – consultant, cancer nurse, GP
- Confidence in the professionals – they have good knowledge and skills
- Feeling involved in my care not ‘along for the ride’
- Aftercare – can be hit or miss depending on area, ensure GP is kept up to date on treatment throughout would help ensure better aftercare for many
- How you are told you have cancer and how to tell your family – support
- GP diagnosis stage - access to referral is very important
- Medication – should be fully explained and followed up by a professional a few days in to treatment to ensure everything is okay – check symptoms etc
- More awareness of screening methodology

4.2 What are the things that people did that really made a difference?

Good

- Professional really seemed to care
- Direct phone line was wonderful
- Support from a local support group
- Person notifying you of your diagnosis of cancer – caring, gentle and good range of information given
- After surgery – inpatient nurses were great and went out of their way to
- accommodate my needs
- Information given
- Consultant had plenty of time for me and carer to digest information
- Macmillan Nurse was brilliant
- Marie Curie Nurses excellent – the ‘silent back bone’
- Specialist Nurse - key to knowledge and support is vital for patients
- Cancer buddies
- Being made to feel actively involved in your care
- Support centres – Maggie’s, Macmillan, local groups which specialise in cancer were all mentioned as ‘invaluable’

Could have been better

- Left in limbo regarding scan and results
- Information given could have been highlighted better so only reading what was appropriate for my cancer type
- Surgeon gave diagnosis and left
- Waiting – it is stressful waiting on results there should be clearly noted contact to be made in an assigned time
- Not enough Macmillan Nurses to support patients
- Medical reports not correctly completed or passed on – in one case medical notes were lost
- Response and waiting times – in some cases specialist appointments come too late to have effective treatment
- Being told diagnosis over the phone was not good – needs to be face to face so questions and concerns can be effectively discussed and answered
- GP needs to have better knowledge
- Confidence – need to have confidence in the people treating you and giving information (did not always feel that way)
- Too many different people – need to have one single point of contact
- Support only available within working hours – need to have something out with
- Other medical conditions you have should be taken into account
- Disjointed care – more than one hospital plus GP’s – left to the patient to phone round
- Listening to the patient and addressing concerns – being treated as a person
- Full information given on all treatments even if specialist thinks one is best
- Collective discussion on pros and cons of treatments
- Partnership (between patient and health professional)
- Tailored information for the patient – what the patient wants to know not a blanket for everything
- Using plain English and not medical jargon
- Time to allow diagnosis etc to sink in – follow up with patient to ensure they have understood
- GP should be kept updated on your planned care – should not be up to the patient to relay the information
- Options in where treatment is received – not every hospital has necessary facilities so can end up patient travelling long distances
- The way information is communicated is important
- Designated point of contact for patient as you can often be seen by several different departments and specialists – this helps build a trusting relationship
• A session after biopsy to provide preparatory information
• At diagnosis appointment should be highlighted to bring someone with you – you do not fully take in everything discussed
• Quick second appointment to follow up and ensure understanding and options available
• Continuity of consultant – patient can feel they are constantly re-iterating things
• Confidence in being able to make an informed decision – not feeling cornered into a certain treatment and knowing it is your choice
• Know you are being listened too and respected
• Communication should be specific to the part of journey and treatment stage you are at
• Appropriate appointment times – 10 minutes sometimes is not enough if you have concerns – you feel you are being a burden if you go over the allotted time slot
• Sensitivity in imparting information, particularly negative information
• Ensure promises made (such as the promise of a phone call) are realised
• Timelines for treatment and appointments should be realistic and noted at the very start
• Being informed of what happens after treatment and surgery – some cases reconstruction or medications
• Having information on where to find support for yourself, family or carer
• Access to treatment areas – parking at hospitals not great

4.3 What are the things that need to happen to allow for good information?

• Time – time for diagnosis to sink in, to consider options, to ask questions
• How doctors measure cancer and chance of recovery
• Patient needs to feel like a person not a number or name on a list
• Consultants should take time before appointments to read through Patients notes which ensures better and more relevant information is given at appointment
• More information should be given prior to appointments – particularly the first meeting with a consultant – not sure what to expect
• Helpful if patients advised that they can bring someone with them to appointments particularly when discussing treatments as you do not take everything in (sometimes shell shocked)
• All facts should be presented and produced in written format for the individual to take away and digest – although given verbally is fine – not everything discussed will sink in and there can be symptoms or side affects which are not mentioned by consultant
• Information needs to be timely, relevant and balanced
• Information should be easy to digest – plain English not all medical terminology
• Pictures and diagrams could be useful for individuals on certain aspects of treatment
• Truthful responses to questions and concerns
• Details given of local help and support groups that you can go too if required – local Directory
• Information regarding financial implications and the support you can get (benefits etc)
• Information provided to family, carer and friends and not just for person receiving treatment – details of for example counselling services and support groups etc
• Clear instructions on medications especially important when taking several different types – can be very confusing
• Better advice and information given on discharge
• Awareness of side effects – generally always told the short term side effects when receiving treatment but there can be long term effects as well so you know what to expect and can identify easily if something is wrong
• Better information should be given after treatment on possible reconstructive surgery if available
• Would be helpful to have a ‘good for information’ guide on websites as there is a lot of information that can be completely irrelevant (especially if regarding NHS treatment out with Scotland which is not always clearly stated) and in some cases misleading
• Confidence in the professionals treating you
• Doctors and consultants should always follow up with patients after appointments to ensure information is clear and the patient understands the options
• Adopt a ‘buddy’ system – could be helpful to have contact with someone already receiving care but further into the patient journey as well – makes more personalised
• NHS Inform – hopefully this could be a great resource and could link with support groups of certain cancer types
• Advance schedule of treatments – this enables the individual to feel more in control and can help if they need to arrange childcare etc
• Tour of wards and treatment areas prior to treatment taking place so you are more comfortable
• Choice to access case notes to help fill in any gaps of understanding
• Explanation of how specialised services are organised (nationally, locally and regionally) – not all treatments can be done at all hospitals
• Using technology better – Skype counselling could be offered to those in rural areas
• A ‘going home from hospital’ pack with links to where you can access other services like exercise/ complimentary therapies etc
4.4 What are the things that need to happen to allow for shared decision making?

- Dispersal of accurate and up to date information and assessment of chances with each treatment proposal
- Detailed information on side effects
- Confidence in the information given – confident the choice of treatment is yours and not railroaded into a decision
- Professionals need to understand the patient – everyone is different
- During appointments professional allows time for patient to ask questions – prompts on options for treatment (pros and cons) and side effects to ensure information is noted and helps the patient make an informed choice in partnership
- Need to feel you are part of the journey and not just ‘along for the ride’
- One person appointed as point of contact (even though you can see several different health professionals!) and is kept updated on your treatment etc. This develops a good relationship and helps the patient to feel involved, updated and knows where to turn if queries and minimises the stress felt overall by the patient
- The experience of the patient is taken into account, recognised and valued
- Carer (family etc) involvement is vital – professionals need to be aware that the carer may also need support
- Some consultants tape discussions – copies of the discussion could help patient feel more at ease with the information given – it is important to ensure you understand all the options available to you
- Attending a joint meeting with the consultant, oncologist, specialise nurse to ensure everyone is up to date on treatment etc
- Psycho social support for patients
- Being made aware of how other things can help – diet, exercise etc
- GP’s need to listen more to patients

4.5 Is there anything else that you feel is important about cancer healthcare that we haven’t included?

- Not enough information is provided on complimentary benefits such as counselling, coaching, hypnotherapy etc
- Prior to appointments it should be highlighted the benefits of bringing someone with you
- Some patients found it helpful to keep a diary of how they felt during treatment which they found beneficial
- Information on clinical trials and intended benefits to patients needs to be available (if relevant to individual treatment)
- Follow ups – this is important as well as what shape should it take
- Relatives, carers and friends’ support and information available for them – Consultants need to be aware of their role as well
- Younger people – may have different perspectives and issues so need to recognise this
- GP care and Consultant care – follow up period for stable cancers
- Everyone should have access to Cancer Nurse Specialists
- Helpful if patients can visit treatment areas – would help patients feel more comfortable when receiving treatment
- Highlight other issues with actual medical care such as benefits, access to child care and holiday insurance since they all have an impact
• An information pack could be given out highlighting these areas as well as cancer treatments and support groups etc
• Better GP training – identifying cancer types, acute care processes and information
• Better training for nursing staff – such as training in taking bloods from a pick line
• Consultants should be encouraged to take discussions especially first diagnosis and share this with the patient – allows the patient time for the information given to sink in
• Wasted medicines – if still sealed surely there would be a way that they can be checked and then re-issued rather than destroyed
• After care and support should be provided for friends, carers and families - they often end up suffering in silence and their opinions are not valued
• Geographic budgets and assigning of monies (particularly for rural areas)
• Macmillan Nurses – overstretched, need more investment in them

5. Evaluation of Focus group

Scottish Health Council asked all attendees of the focus groups to fill out a short evaluation. We received 19 responses and noted below is a summary of some of the responses received to the questions asked.

5.1 Overall how would you rate this event?

19 people responded in total to this question.
5.2 How would you rate this event on the following issues?

19 people responded in total to this question.

5.3 Did this event meet your expectations?

19 people responded in total to this question.
5.4 Did you feel you were given the opportunity to be actively involved in the discussions and that your opinions were valued?

19 people responded in total to this question.

5.5 What did you value most about this event?

17 people responded to this question, below is a summary of their comments.

- Listening to everyone's experiences
- Very informative
- Open, honest, frank discussion
- Everyone had the chance to be actively involved
- Opportunity to share my cancer experience in a way that I felt could be used to the benefit of others
- Feeling that work is being done, to address issues in communication and information pre and post treatment

5.6 How could this event have been improved in any way?

12 people responded to this question, below is a summary of their comments.

- More time could have been spent on issues two and three
- A larger participation in the group – a number of people failed to attend
- It might have been beneficial to say politely at the beginning of the meeting that we must not get too involved in telling our own personal cancer story
- To keep having meetings and keep people updated.
5.7 Please use the space below to let us know any other comments you may have

There were 11 responses to this question, below is a summary of their comments.

- I had an excellent time listening to everybody and learning of their experiences
- As acknowledged at the outset, cancer is a very emotional subject. I felt the meeting was managed with great patience and good humour, allowing the active participant’s time to describe their individual treatment and express their feelings while endeavouring to identify the more general points being made with regards to the three key topics…..
- Congratulations to the organisers for setting up the event, the relaxed attitude towards a difficult subject and the relative ease achieved with which the organisers got attendees to talk
- Looking forward to receipt of any action points to enhance service provision going forward.

Suzanne Mack
Administrator, Scottish Health Council Fife

18 December 2012
<table>
<thead>
<tr>
<th><strong>Appendix 6 - Glossary of Terms</strong></th>
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<tr>
<td><strong>BTCC</strong></td>
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<td><strong>NICE</strong></td>
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<td><strong>SIGN</strong></td>
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<td><strong>Agree II Criteria</strong></td>
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<td><strong>Allied Health professionals</strong></td>
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<td><strong>Carer</strong></td>
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<td><strong>Focus Group</strong></td>
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<td><strong>Intervention</strong></td>
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<td><strong>Scottish Health Council</strong></td>
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<td><strong>Side Effects</strong></td>
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