

Peninsula Cancer Alliance Site Specific Group (SSG) User Involvement Brief

Background Information

In July 2015, the Independent Cancer Taskforce¹ set out their ambitious strategy to radically improve the services, care and outcomes for people affected by cancer; fewer people getting cancer, more people surviving cancer, more people having a positive experience of their treatment and care, whoever they are and wherever they live, and to support more people to live well after their treatment has finished².

The Independent Cancer Taskforce report¹ set out 96 recommendations to help transform the care provided by the NHS. One of those recommendations was the formation of Cancer Alliances, as a way of bringing together local clinical and managerial leaders from care providers and commissioners across the whole cancer pathway, to drive forward the changes needed to progress existing cancer services over the coming years.

The Peninsula Cancer Alliance (PCA) is one of 16 Cancer Alliances across England; an Alliance is simply a way of organising local stakeholders (such as commissioners-the people who purchase services- and providers-such as hospitals) to lead improvements in cancer outcomes for their population.

“No decision about me, without me”

A key aim recognised in the Government’s paper *“Improving Outcomes: A Strategy for Cancer (2011)”*, was *‘...to put the patient or service user at the heart of the public services – transforming the relationship between citizen and service through the principle of no decision about me without me’*.

It is recognised that patients need to be at the very heart of local cancer systems and that Cancer Alliances offer a vehicle for this this happen³. Ensuring that there is meaningful engagement with service users will enable Alliances to prioritise local care, gather insight and assure quality.

¹ Report of the Independent Cancer Taskforce (2015) *“Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020”*

² NHS England-Five Year Forward View (2016) *“Delivering World-Class Cancer Outcomes: Guidance for Cancer Alliances and the National Cancer Vanguard”*

³ We Are Macmillan Cancer Support (2015): *“Cancer Alliances: A First Crucial Step”*



Site Specific Groups (SSGs)

Within the PCA are Site Specific Groups (SSGs); these are a key part of understanding how effective local cancer services are, what changes need to be made to improve services and how that can be achieved, as well as providing an opportunity for clinicians to share best practice.

Each SSG meets twice a year, drawing together leading clinical experts and multidisciplinary team members for specific cancer tumour sites. There are 13 SSGs across the Peninsula, representing the following tumour sites;

- Brain and Central Nervous System
- Breast
- Cancer Unknown Primary
- Colorectal
- Endocrine and Thyroid
- Gynaecology
- Haematology
- Head and Neck
- Sarcoma
- Skin
- Thoracic (Lung)
- Upper Gastrointestinal
- Urology

Within the PCA, SSG meetings represent cancer services provided by the following Hospital Trusts:

- Northern Devon Healthcare NHS Trust
- Plymouth Hospitals NHS Trust
- Royal Cornwall Hospitals NHS Trust
- Royal Devon & Exeter NHS Foundation Trust
- Torbay and South Devon Healthcare NHS Foundation Trust

For some sites, this also includes;

- Taunton & Somerset NHS Foundation Trust
- Yeovil District Hospital NHS Foundation Trust

User Representative Criteria

The PCA would like to have 1-2 user representatives at each SSG meeting. Ideally, the representative will meet the following criteria;

- At least one user representative should have had recent⁴ direct or indirect (in the form of a carer or supported by a site specific population, e.g. support groups) knowledge of treatment provided by a current health care team from one of the Trusts associated with the Peninsula Cancer Alliance (as listed above) for at least one of the specific cancer types that the SSG meeting will be discussing (i.e. breast/colorectal).
- The other user representatives should ideally have past direct or indirect knowledge of treatment for cancer, experience in patient and public involvement within the NHS and a willingness to act as a mentor for other user representatives.
- The time to commit potentially two working days per year to attend the SSG meetings, plus a minimum of another two days to discuss outcomes from the group with other users / support groups, and potentially another day as a user representative at a Quality Surveillance meeting.
- The confidence to ask for information to be translated into lay terms within the SSG meeting environment if required.
- A passion to improve the patient experience by sharing opinions formed by their own experiences and others from within their local community.
- A willingness to commit time on a voluntary basis.

⁴ *Recent is defined as within the last 5 years



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- A willingness to travel to the SSG meetings held within the South West region (Devon/Cornwall). All reasonable travel expenses incurred from attending the SSG meetings will be reimbursed by the PCA and refreshments provided at the meeting.

NB: For every SSG, an NHS employed SSG member will be nominated as having specific responsibility for providing user representatives with support.

Contact Information

If you are interested in becoming a user representative at one of our SSG meetings, please contact:

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PCA [website](#)