Macmillan Cancer Improvement Partnership (MCIP)

MCIP is a partnership of People Affected by Cancer, Macmillan Cancer Support, the 3 Clinical Commissioning Groups in Manchester, the Hospital Trusts, Manchester City Council and St Ann’s Hospice.

MCIP aims to improve the experience of Manchester residents affected by cancer and deliver a more effective and compassionate standard of care. The vision of MCIP is that Manchester people will be able to say that they had the best support and treatment from an expert team who made them feel cared for and in control. The work of the partnership focuses on improving breast and lung cancer outcomes within Manchester as the city has the highest rates of cancer in England.

The BHA for Equality

BHA is the health and social care charity which exists to challenge health inequalities and support individuals, families and communities to improve their health and wellbeing. They offer a range of unique services delivered at local, regional and national level in the areas of sexual health, cancers, hepatitis C, community health education and engaging and involving communities in health and social care decision making.

Lung Disease Early Diagnosis Project: Case Study

MCIP established a new pilot service over a 60 day period to detect lung cancer earlier in some of Manchester’s most deprived areas. Manchester has some of the highest rates of smoking in the country which is a major factor in poor lung health. The aim of the pilot was to find lung disease especially lung cancer at an earlier stage. The pilot was targeted at people who were aged 55-74, smokers or ex-smokers, had not had lung cancer and were registered with a participating GP practice in north, central or south Manchester.

This case study shows the community engagement work undertaken that resulted in the significant uptake by patients of the offer of a lung health check and for the first time in the UK, the siting of low dose CT scanners in community settings.

Our Approach

Work on the pilot was delivered in two stages. Stage one involved co-producing the approach and publicity materials with individuals who met the criteria for a lung health check. Stage two was the scoping/mapping of individuals/groups in a locality, development of a communications/engagement plan and delivery of engagement activity.

At the co-production stage a decision was made to spread the message generically across the city but with a very specific message about the criteria of the invitations for the service.

The promotional work was led by the Macmillan Communications Officer who co-designed a promotional flyer with members of the User Involvement Group and developed a communications plan. The User Involvement Lead developed an engagement plan and allocated activities to staff and People affected by cancer bearing in mind the individual strengths and knowledge of the area and the differing amounts of time allocated to the project.
STAGE ONE Co-production

Co-production is built on the principle that those who use a service are best placed to help to design it. The potential beneficiaries of the lung health check were actively involved to:

- Develop and design the patient information and promotional materials to publicise the health check
- Provide advice on the design of the patient pathway and process for offering the health check and delivery of the health checks in local areas
- Promote and raise awareness in selected GP practices of the pilot by working with the MCIP cancer champions on site and neighborhoods
- Focus groups with members of the public who fell within the criteria to voice opinions and suggestions to contribute to service and how it was developed.

This case study also works on a collaborative approach which ensured representation from all stakeholders to engage and communicate a specific message across the city and neighbourhoods. This proved valuable working with partners as it allowed a consistent and structured roll out of our message. Additionally, people affected by cancer were involved in the operational engagement group which developed and rolled out the overall message to members of the public.

STAGE TWO Scoping and Engagement Activity

This stage of the programme comprised the following:

- Determining the approach to be taken in engaging with local communities.
- Undertaking a scoping exercise in the 3 selected geographical areas to identify the best places to reach our target audience.
- Set up a multi-agency engagement team comprised of voluntary sector representatives, people affected by cancer, Manchester Public Health, CCG Engagement Team and the User Involvement Lead from MCIP.
- Agreement with selected GP practices to conduct engagement activity from their surgeries
- Development of a communications/engagement plan for each locality.

Top Tips

Engaging with the public

1. Recognise that ‘community engagement’ is a skill in itself and not just about talking to people but developing a relationship to encourage participation and challenge misunderstanding. Staff involved in this work must have the right skill-set to deliver what is required.

2. Ensure there are sufficient staff available to meet the demand required of community engagement work. For example recruiting 12 people for a focus group may seem easy but if other criteria are set such as age, smoker or non-smoker, your recruitment pool is smaller and becomes more difficult to achieve.

3. Allow sufficient time to recruit individuals and people affected by cancer to be involved in co-production and offer them a reward i.e. vouchers for contributing their time, and paying travel expenses / offering refreshments. Also offer training to develop skillset.

4. Set up an Engagement Operational Group
TIP 1

Undertake scoping in the local area and consider the following:

1. Who is your target audience?
2. Where would these people meet or congregate?
3. What local networks/media can be used to get to your target audience?
4. What other local events can you link to that are taking place?
5. What other local sources of information can be used to publicise the work?

You can also look to:

- Identify voluntary and community sector groups working locally in the area and what resources may be needed to work in partnership with them
- Identify the main community venues (mapping exercise)
- Network with staff within local groups to gain support and spread key messages.
- Visit the local area and talk to local people/business owners
- Identify key people who should be approached who know the area well whether from a statutory or Voluntary/community organisation, resident or people affected by cancer who live in the area.
- Tap into the knowledge of local residents and community groups. The inclusion of local individuals who have good links in the community can enable access to local groups.
- Equality should be incorporated into networking so all local groups are engaged with (Disabled groups, older people, BME groups, LGBT, faith groups)
- Have a regular presence in the local community
- Understand communication needs and adapt information. For example use of interpreters, develop audio recording and easy read versions.
TIP 2

Develop an engagement plan that acknowledges the value of the voluntary and community sector, local agencies and residents

- Set up regular meetings with all parties involved in the engagement plan
- Apportion tasks that match the capacity of individuals in the team
- Recognise geographical variations in a locality and tailor the engagement plan accordingly.
- Consider new approaches that can be adopted.
- Agree what is best delivered in the time available.
- Identify a co-ordinator of the engagement activity so actions are recorded and monitored.
- Agree a common means of recording engagement activity and the number of people targeted.
- Agree how to mitigate associated risks in engagement activity.
- Allow sufficient time to agree partnership with GPs and other staff and ensure Practice Managers are fully informed of the programme of activity
- Set up regular meetings with all parties involved in the engagement plan
- Agree how and what will be evaluated to demonstrate impact of engagement activity

TIP 3

Develop a communications plan

- Promote the proposed work on local community radio stations.
- Produce flyers for circulation to different community groups, local businesses, local residents and at GP surgeries.
- Arrange for partners organisation to publicise the proposed work through their networks.
- Use local news letters/bulletins.
- Be aware of your audience and different formats needed to be developed
- Don’t underestimate the importance of community conversations
STAGE THREE Evaluation

There is an independent evaluation taking place around the pilot in its entirety. This will be a qualitative piece of work.

As MCIP is a partnership programme staff resources were identified from Manchester City Council’s Public Health Team, Manchester CCG, Macmillan User Involvement Worker and VCS representation from BHA for Equality an organisation funded by the CCG to undertake outreach work across the city.

It was important to determine the best way of reaching our target audience. This was particularly difficult as the lung health check was targeted at individuals who were in an older age group (55-74), be a smoker or ex-smoker and not been diagnosed with lung cancer. Housing associations provided invaluable information in identifying sheltered housing schemes. The Age Friendly Manchester guide provided details of older people’s groups and a lot was learnt from going into an area and talking to local people.

It was particularly useful to have direct contact with potential beneficiaries of the proposed service by engaging with patients at GP surgeries. Additionally approaches were made to people in settings such as local markets, supermarkets, bookmakers, vape shops, pubs, bingo halls and other local businesses. One important lesson learnt was that assumptions should not be made about how you message will be received.

Some people will respond better to a face-to-face intervention as the following example shows:

"I dropped into a local bookmaker and ended up doing a 15 minute talk on lung health checks, followed by questions"

Mel Attack – User Involvement Worker

The involvement of local people was significant in achieving success for the lung health check pilot. In our work we linked into representatives of local community organisations who knew the areas well, people affected by cancer who lived in the area, council neighbourhood teams and local housing associations.

The lung health check pilot aimed to offer 2364 appointments for screening across Manchester. This target was exceeded resulting in a waiting list of 150 people and who have now also received a lung health check.

The uptake of the pilot service was therefore a tremendous success and the effort put into communicating and engaging with partners and members of the public were an important part of this success.
Co-production is key to improving services and working to ensure that Macmillan’s 9 outcomes, as below, are realised. There’s no such thing as a typical Cancer Voice, they come from all age groups and walks of life but they are all vital to shaping the future of services.

For further information on this case study contact Mel Atack on 0161 765 4077 or email melanie.atack@nhs.net