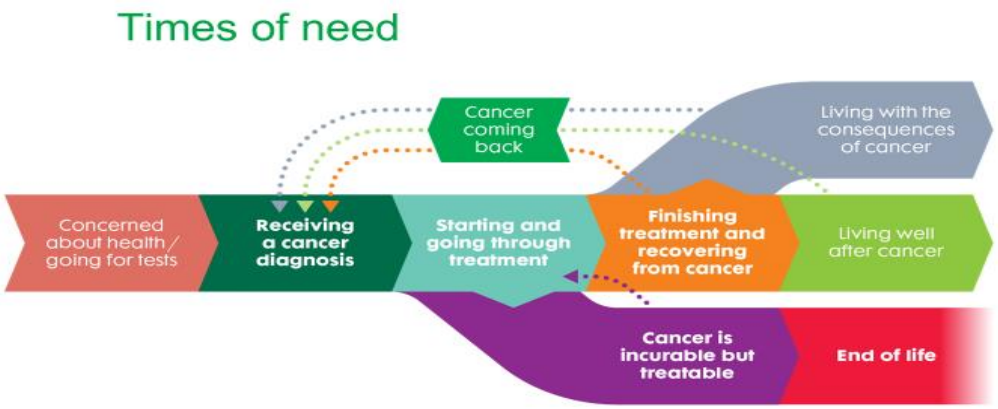
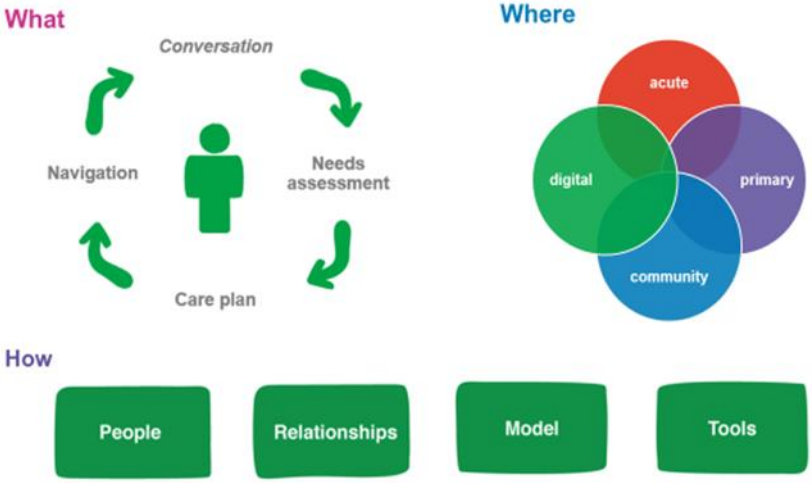
The strategic partnership between Macmillan Cancer Support and Betsi Cadwaladr University Health Board (BCUHB) is long standing and continues to develop in line with national strategy alongside local context and validated need as set out in both the Cancer Delivery and End of Life Delivery Plans. Our cancer partnership continues to grow, as does the understanding from both Macmillan Cancer Support and BCUHB regarding the strategic requirement in Wales to ensure a sustainable approach to improved quality and outcomes and best value in health and social care.

People are at the heart of all that Macmillan do and we will continue to focus our work on the times when people living with cancer need support most. From the time a person receives their cancer diagnosis, as they go through treatment and then for some onto recovery and for others onto living with cancer that is treatable but not curable, and when they transition to palliative care and enter the end of their life. These are the times when needs are severe, and where Macmillan have the capability and the potential to make the biggest difference working in partnership, putting people living with cancer at the heart of delivery.



There is a history of high quality projects being delivered with BCUHB to achieve long term sustainable improvements to pathways and systems that improve efficiency, quality, safety and experience for patients diagnosed with cancer and staff. **Person centred care** is the focus and there are key paragraphs within the **'Meeting the needs of people with cancer'** section in the Welsh Government Cancer Delivery Plan which highlight key policy priorities for Macmillan. These are access to a key worker; the importance of an electronic holistic needs assessment and offer of a care plan; provision of timely and appropriate high quality information and support via digital solutions such as treatment summaries/cancercare reviews



Case Study 1: Co production	**Achieving personalised care and support for people affected by cancer:** *People's knowledge, views and experiences were actively sought. Personal experience was central to the co production principles underpinning the* ***Transforming Cancer Services Together programme*** *with patients, carers and staff contributing generously throughout*
Background	The strategic partnership between Macmillan Cancer Support and BCUHB is long standing. Between 2012 and 2015 Macmillan and BCUHB worked together on a Person Centred Care Programme, focusing on supporting patients physical, practical, emotional, family, spiritual/religious and information needs. Further to this work, a strategic partnership visioning event was held in May 2016 where a joint vision was developed with engagement from patients and carers, aiming to ensure: ***"Individualised high quality clinical and holistic care is systematically delivered to every person diagnosed with cancer throughout their pathway, whatever their cancer type and wherever they live in North Wales".*** This workshop led to the ***Transforming Cancer Services Together Programme*** being successfully implemented between 2108 and 2020, fully funded by Macmillan. One of the Programme's biggest achievements was to engage with service users and the broader cancer community including primary care. The Programme brought together a large group of dedicated, committed and enthusiastic service users who were willing to share their time, thoughts and experiences in order to improve services going forward. Their insight into existing systems and pathways was invaluable and ensured understanding of the current baseline and coproduction of new improved service models. The Programme also facilitated input from clinical teams in the redesign of pathways, gathering clinical expertise and encouraging clinicians to think radically about service design. In a complex multi sited healthcare environment the Programme brought together clinicians from different areas to share good practice and express ideas re pathway transformation. Engagement with primary care was also key in delivering new referral models and the close working with primary care, in particular in conjunction with the Macmillan cancer lead GPs in North Wales, ensured widespread engagement with new processes.
Scope	The Programme successfully delivered agreement on a range of new pathways: • Breast self-directed aftercare (model agreed) • Prostate self-managed follow-up (model agreed) • Colorectal straight to test facilitated by FIT (model implemented) • Lung reflex CT pathway (model implemented). All these pathways ensure a more streamlined efficient clinical pathway with the patient at the heart, receiving the right test or support at the right time, first time. In this respect the Programme built on the work undertaken previously in relation to person centred care which was a key theme throughout the Programme and respected as the golden thread through Macmillan's priorities for future strategic investments within the Health Board.
Partnership opportunities	With increased awareness of the needs and wishes of people diagnosed with cancer in North Wales by engaging regularly with patient and carer groups to hear about their experiences and by seeking their involvement on new ideas such as supported self-management tools and new ways of delivering co-ordinated care and support. Early findings suggest that new roles such as pathway co-ordinators can help enhance the delivery of person centred co-ordinated and integrated care for people who are newly diagnosed, receiving treatment, needing support with self-management or dealing with longer term consequences of their treatment or cancer.

Case study 2: Electronic Holistic Needs Assessment	**Achieving personalised care and support for people affected by cancer** *Delivering change on the ground: collaboration, new models of personalised assessment and care planning inconjuntion with developing a skilled workforce to improve the cancer patient's experience and outcomes*
Background	It is recognised and accepted that patient experience is as important an indicator of quality healthcare as clinical outcomes and patient safety. Combined with peer review assessment, this enables triangulation of results keeping the patient at the heart at all times of quality improvement. More people are living longer after a cancer diagnosis. But, unfortunately, that does not mean that those people are living well. Providing coordinated, person-centred care means not only delivering the best treatment at the right time, but also ensuring the workforce has the skills, time and capacity to meet someone's holistic needs. The important role of the specialist cancer and support workforce in meeting the needs of people with cancer is recognised in the Cancer Delivery Plan for Wales 2016–2020 which highlights that 'the cancer pathway is complex and a named key worker is fundamental to help the patient navigate the pathway and ensure a smooth patient journey'. The Welsh Government's Cancer Delivery Plan also recognises the importance of seeking people's views about their treatment and care. NHS Wales through the Cancer Implementation Group and Macmillan Cancer Support co-commissioned the Picker Institute to develop, implement and analyse the second Wales Cancer Patient Experience Survey (WCPES) published 2017 which provided a robust and comprehensive analysis of people's experiences of cancer care in Wales. These survey results provide evidence that patient experience is significantly enhanced when a patient has a named key worker, usually a clinical nurse specialist, allocated to them to provide care and support through the clinical pathway via **electronic holistic needs assessment (eHNA) and care planning discussions**.
Scope	The third WCPES is scheduled for launch in Spring 2021 with results available Autumn onwards with an important focus **on personalised care and support recognising in summary that the eHNA as a web app**: • Enables the individual to complete the assessment and identify the most significant concerns, for themselves. • Allows the care planning conversation to focus on what matters most to the individual and produce a personalised care and support plan. • Allows BCUHB to gain insight into the most common and most significant concerns, to monitor existing services and identify new service development opportunities - to shape and improve care which is integral within the BCU Cancer Patient Experience Plan and also transferable to include other long term conditions. • **Patient portal** - Once the patient has finished the assessment, the patient opt-in or opt-out of signing up patient portal. • The patient portal gives the patient the ability to login and view the finished care plan promoting self management as appropriate to the individual • **Docman -** can work as a document management system surfacing patient documents as part of the patient records within the GP IT systems (EMIS, SystemOne, or Vision)
Partnership opportunities	Macmillan's strategic priority continues to support partners to develop better skill-mix within specialist teams, including adopting new types of roles where appropriate to enable CNS' and AHP's to work at the top of their license. These results from the survey will identify opportunities for further strategic partnership working between Betsi Cadwaladr University Health Board and Macmillan Cancer Support where gaps in service provision or variations in **personalised care and support** are identified.

Macmillan values the long standing productive partnership it has with BCUHB and would like to enhance this strategic relationship further and explore other innovative programmes especially with a focus on delivering change on the ground improving skill mix and introducing new types of cost-efficient roles to support new models of care within a skilled digital workforce. This acknowledges the demand for access to virtual consultations and care will continue as the effects and wider impact of the COVID pandemic are yet to be fully realised.