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Working together to improve cancer care across the North East and North Cumbria

NHS

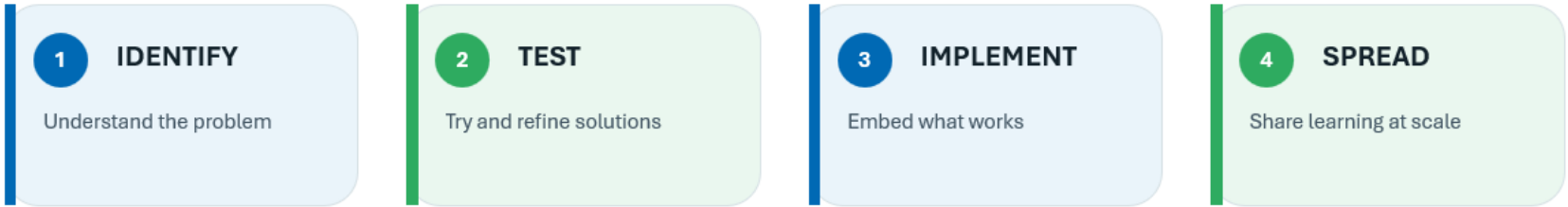
From Improvement to Impact: transformation through Cancer Improvement Collaboratives

Clare Doney, NCA Clinical Lead for Living With & Beyond Cancer and Lead Cancer Nurse for CDDFT

What is the CIC?

A structured route from a shared challenge to sustained improvement

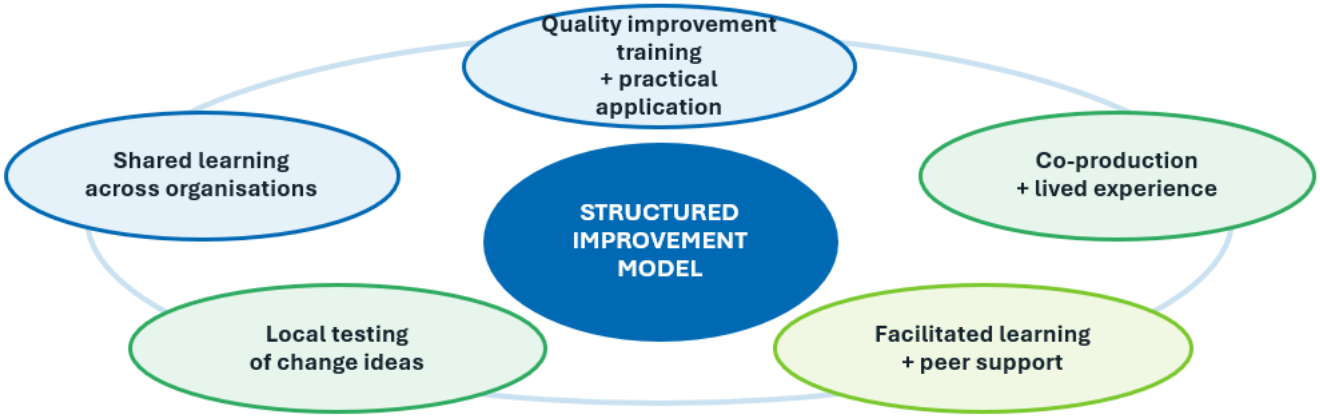
The Cancer Experience of Care Improvement Collaborative (CIC) brings together cancer healthcare professionals and people with lived experience from different organisations to improve services.



More than training: practical improvement, applied to real services.

A collaborative model for turning ideas into change

A nationally supported improvement programme, launched in 2019, bringing together multidisciplinary cancer teams around defined improvement priorities = consistency and transformation



Teams were supported to understand variation, use patient insight alongside data and embed successful changes into routine practice.

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Stakeholders and engagement

Four conditions that helped projects gain traction

1 Start with lived experience

Co-production made solutions more relevant, meaningful and patient-centred.

2 Engage executive sponsors

Senior sponsorship improved visibility, organisational support and sustainability.

3 Create trusted partnerships

Cross-service, VCSE and community relationships were vital, especially for addressing inequalities.

4 Design around participants

A hybrid model improved accessibility, maintained engagement and reduced delivery costs.

Leadership + shared purpose

A structured improvement programme

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Engagement across the North East and North Cumbria

Cohort & Theme	Years	Participating organisations / services
Cohort 1 – All Cancers	2019–2020	County Durham & Darlington NHS Foundation Trust
Cohort 3 – Ethnically Diverse Communities	2021–2022	North Cumbria Integrated Care NHS Trust Northumbria Healthcare NHS Foundation Trust
Cohort 5 – Pre-existing Conditions (Mental Health, Learning Disabilities, Autism and Dementia)	2023–2024	North East and North Cumbria Learning Disability Team and the Northern Cancer Alliance
Cohort 7 – No specific theme	2025–2026	Northumbria, Newcastle and County Durham & Darlington NHS Foundation Trusts – *Prehabilitation* South Tyneside & Sunderland NHS Foundation Trust – *Rehabilitation* Northumbria Healthcare NHS Foundation Trust – *Acute Oncology* NENC Teenage & Young Adults Service – *Health Inequalities*

From activity to measurable impact

What changed for people, teams and the wider system

FOR PATIENTS & COMMUNITIES

- Greater focus on what matters to people
- Changes shaped by lived experience
- Stronger links with communities

FOR TEAMS & SERVICES

- Greater confidence using QI methods
- Protected space to test and learn
- Stronger multidisciplinary working
- Better use of insight and data

FOR THE WIDER SYSTEM

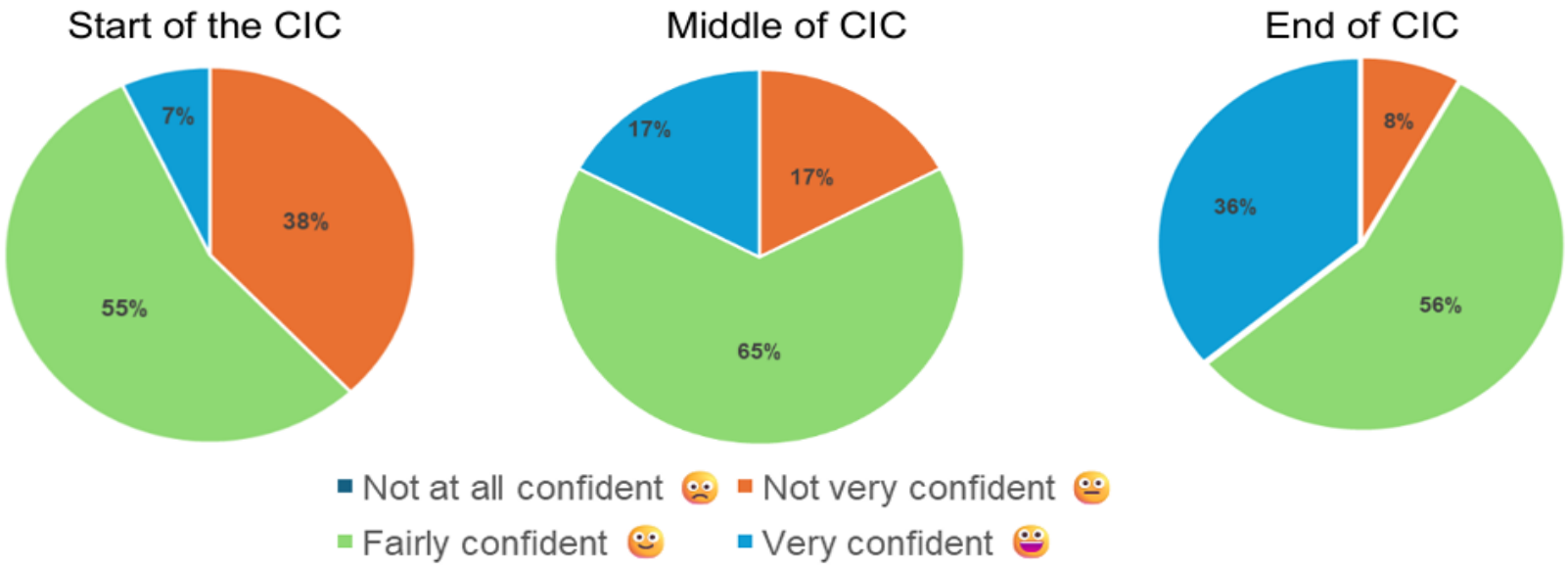
- Less duplication through shared learning
- Better alignment with strategic priorities
- More opportunities to spread what works
- A culture of continuous improvement

CIC 7: strengthening VCSE partnerships and engagement

Aim: *to increase universal prehab advice across the NENC region, by partnering with two VCSE organisations by May 2026.*

We wanted to improve confidence and knowledge in delivering prehab advice from **43%** *to* **60%**.

Measuring impact



Case study

From patient feedback to sustained change

County Durham and Darlington NHS Foundation Trust

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The starting point: CDDFT

NCPES Q22/29

"Were you offered information about how to get financial help or any benefits you might be entitled to?"

CDDFT result 2018

51%

Reported range

52–69%

National average

60%

CDDFT successfully secured a place on the programme.

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The CIC experience at CDDFT

1. Intensive programme – focused delivery over 12 weeks
2. National + local learning – face-to-face sessions in London and local steering group meetings
3. Committed steering group – patient representatives, primary care, executive leadership and dad/digital support
4. National team visit – review of progress and emerging results
5. Final presentation – sharing good practice and learning

What went well at CDDFT

The programme strengthened relationships, learning and sustainability

Shared learning

Vicarious learning from the collaborative group.

Wider engagement

Better links with the Trust patient experience team and strong volunteer–clinical team engagement.

Macmillan involvement

Information centres were involved throughout and used more widely for non-clinical support.

Sustainable measurement

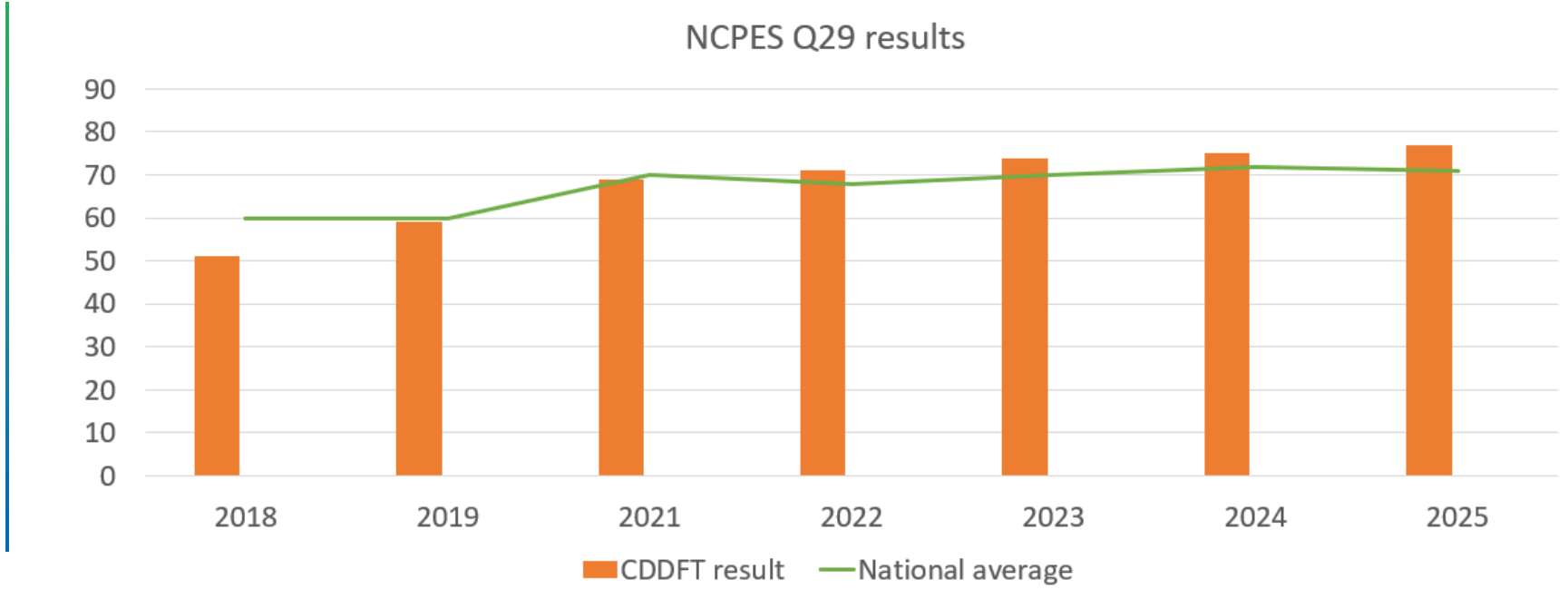
A repeatable “5 for 5” patient experience model was rolled out.

Different perspectives

Teams developed a stronger understanding of how patients and professionals perceive care and information differently.

Stronger relationships supported a more sustainable approach to improving patient experience.

Progress from CIC to the present



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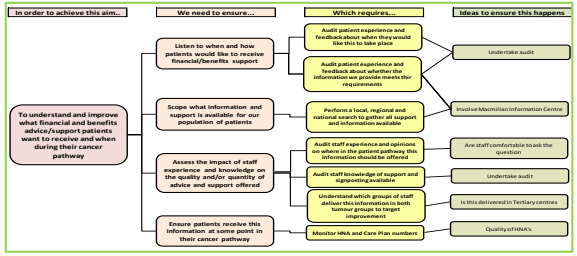
Cancer Improvement Collaborative



90 day rapid improvement cycle

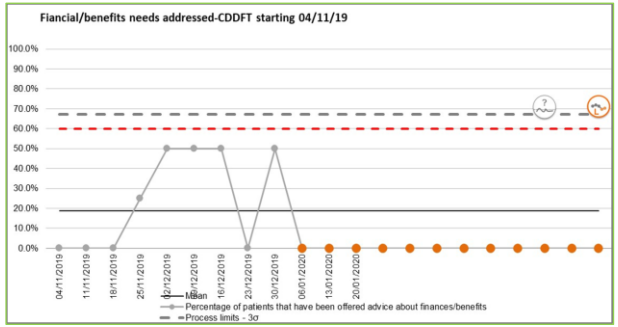
The aim of this programme is to:

- Improve patient experience
- Increase Quality Improvement skills
- Share learning and best practice
- Share improvement projects

. The IHI Breakthrough Series Collaborative model provides a framework to enable rapid testing of changes to learn, adapt and plan for scale up and spread of the work.

Tests of Change so far:

- Patient surveys ongoing from referral to post-treatment review.
- Awareness regarding the offer of financial/benefits advice communicated to a wide range of staff groups involved with Cancer patients
- Awareness poster produced
- Staff surveys undertaken weekly to raise awareness and assess knowledge
- Holistic Needs Assessments monitored



What have we learnt?

- Staff can have a preconceived bias about who requires advice/support and when they think patients should receive this
- We need to understand the patient journey from the first point of referral and the financial impact this may have
- There are variances between tumour groups as to when information is given
- There are variances between clinicians and tumour groups about how financial needs are addressed within a Holistic Needs Assessment (HNA)

The tests we are planning next:

- Dependant on the findings, focus groups may also be undertaken
- Scope of advice, information and support that is available and the accessibility and awareness of this by staff
- Usefulness of information/support for patients who require financial/benefits advice
- Ascertain when patients would like to receive this information so service improvements are targeted appropriately
- Roll out a programme of patient experience engagement across all tumour groups and staff to include targeted aspects of the NCPES

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What we learned and shared

1 Collaboration

Involve the right stakeholders from the start.

2 Measurement

Establish a baseline and demonstrate impact.

3 Lived experience

Welcome the healthy challenge. Do not assume.

4 Celebrate + share

Use awards and wider networks to spread learning.

5 Sustainability

Plan how changes will be embedded from the outset.

Five lessons to carry into future improvement work

Additional outcomes

CDDFT 5 for 5 surveys - Patient experience :: County Durham and Darlington NHS Foundation Trust

Finalists in the 2020 Patient Experience Network National Awards (PENNA) for the introduction of 5 for 5 as a direct result of the CiC

Team cohesion and relationships – sustainable approach to improving patient experience

Opportunity for NCA

1 STRUCTURE WORKS

A shared QI approach improves engagement and embeds learning.

2 LOCAL APPETITE

Teams across NENC are keen to develop a local collaborative.

3 ALLIANCE SUPPORT

The NCA wants to enable innovation and improvement.

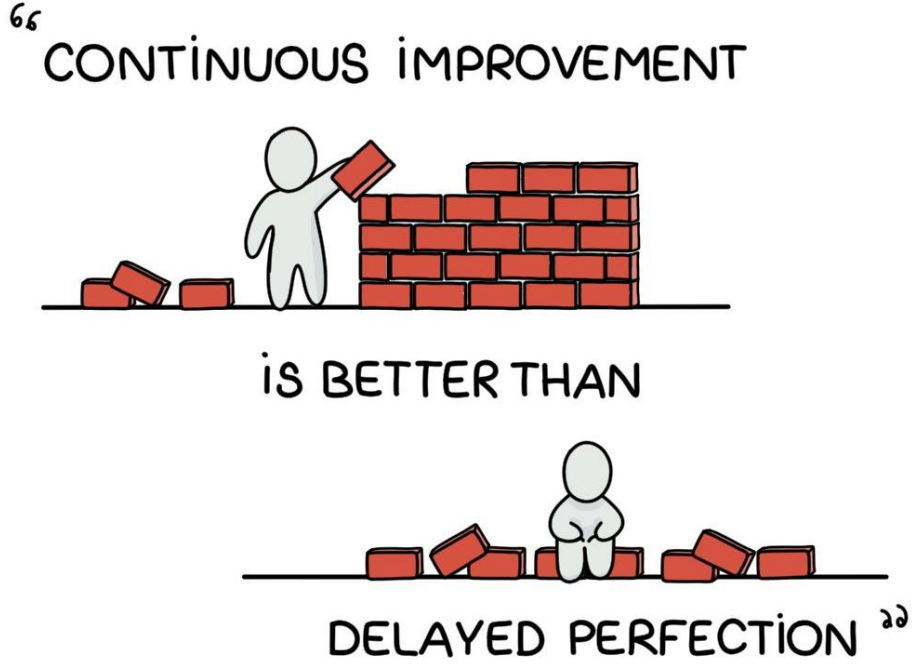
4 COLLECTIVE MOMENTUM

Partners share an appetite to build a local programme.

The opportunity: move from individual projects to a repeatable regional model.

Improvement infrastructure

Five commitments for a future NCA approach

1. Co-produce improvement – make lived experience central from problem definition through evaluation
2. Build QI capability through delivery – connect training to live priorities, coaching, testing and data
3. Provide proportionate support – use clear selection criteria, SMART aims, action learning and sponsorships
4. Create a learning + spread mechanism – help teams share, reuse and adapt successful approaches
5. Prioritise inclusion + sustainability – build inequalities, accessibility, community partnerships, workforce and business-as-usual routes

From improvement to impact