

# Communities of Practice – South East London Cancer Alliance

Final Report.

# Communities of Practice

**Communities of Practice (CoPs) are groups of people who share a passion or a concern for something they do and learn how to do it better as they interact regularly.**

Communities of Practice (CoPs) are groups of people who share a passion or a concern for something they do and who learn how to do it better as they interact regularly. Whether established organically or deliberately, CoPs tend to thrive on voluntarism, a passion for action and the ability to respond to local need. They are based on commitment and trust between peers.

The Health innovation Network (HIN) recognises the important role that CoPs can play in delivering patient-centred, coordinated care. We are keen to nurture new CoPs, empowering them to self-form, self-define and develop, and we are committed to supporting current and future conveners. Our vision is to drive improvements across South London and to spread the innovation, ideas and best practices arising from our CoPs.

Communities of Practice are about people connecting and working together. The principles of CoPs have been built on years of observation and research into how adults learn within a work environment. In practice, CoPs are the way in which people who care about something that matters learn from and with one another. They are groups of people with a passion for practice who share a desire for improvement, see a problem that they cannot solve alone, or have a solution that will benefit others and are willing to share this knowledge. At their core, CoPs are groups of people who share a concern or a passion for something they do – and in turn learn how to do it better through interacting regularly and on a voluntary basis.

In contrast with more traditional improvement methodologies that tend to be top-down driven and micro-metric managed, Communities of Practice are self-organising, self-managed collaborative networks. Their members have a passion for a particular area of work and are motivated to become better practitioners, committed to helping one another be more effective in what they do. Energy and sustainability can be enhanced, since people choose their area of focus and develop their own shared learning agenda and collaborative processes. CoPs create value for their members and stakeholders through sharing current practice and the development and free flow of new knowledge, practices and capabilities.

There are three main Elements to a Community of Practice:

1. Domain: The definition of the area of shared enquiry and of the key issues – *"What we care about"*
2. Practice: The body of knowledge, methods, stories, cases, tools and documents – *"What and how we do things together about it"*
3. Community: The relationship among members and the sense of belonging – *"Who cares about it"*

For further reading on HIN Communities of Practice please open the hyperlink to our HIN CoP [brochure](#).

# SELCA Communities of Practice

In January 2019, SELCA commissioned the HIN to work with them to design and deliver four CoPs across the South East London network. Over a 12-month period it was agreed that the HIN would support the development and delivery of three convenings for each community. This was preceded by an initial design group to decide on the focus of each community (domain), ensuring that these decisions were influenced by professionals across the three South East London (SEL) trusts (Guy's and St Thomas, Lewisham and Greenwich Trust, Kings College Hospital).

## Aims:

- To demonstrate that SELCA values staff and is committed to building clinical leaders of the future, and to develop and retain specialist staff groups.
- To give community members the opportunity and ability to influence changes in pathways, and input into work to improve patient care.
- Taking a whole pathway approach, we include leadership from all professions, across hierarchies, across organisational boundaries and including patients.

## Domains

From discussions within this group, the themes of Patient Involvement, Rehabilitation and Personalised Care and Operational Teams were decided upon. A few months later, a fourth Domain, Ultrasound Imaging, was added.

## Overarching themes and achievements

This report has been written to share insight and evidence about the experience of the year-long programme of work developing Communities of Practice across the South East London Cancer Alliance network (part of the Alliance's workforce development strategy). Evaluation has mainly been carried out through qualitative analysis – following the evaluation and feedback process in which Community members participated at the end of each Community of Practice meeting – gaining feedback from Community conveners and members in the form of feedback and evaluation forms, questionnaires, interviews, and capture of facilitated discussion.

Focusing on demonstrating the value gained from the development and engagement of the four Community domains (Patient Involvement, Rehabilitation and Personalised Care, Operational Teams, Ultrasound Imaging) the report amalgamates the feedback gained – highlighting the impact and change generated by the communities whilst applying it to a Value Framework, portraying interviews with conveners to create Value Stories, and identifies the value of connecting the system across SELCA. Next steps and recommendations are provided to encourage continuation and sustainability of the SELCA Communities of Practice, as well as development of new Communities across the Primary Care Network.

Overarching themes and achievements from the programme of work:

**Delivery of commission:** SELCA and the HIN have successfully worked together to deliver the agreed programme of work in keeping with SELCA's aims for its workforce development plan. Successful development of four Communities

of Practice, grounded in the principles of CoP methods and values, has provided a new skillset to those involved and empowered members to take responsibility for changes in pathways and practice, working together as a collective multi-disciplinary team to do so.

*“I have even more confidence that at this level the NHS is in good hands.”*

**Workforce development and wellbeing:** Feedback has demonstrated the value of the learning that has occurred during community meetings, with participants highlighting their change in practices both in relation to CoP principles of working, and also in having shared clinical and non-clinical practice and improvements that can be emulated across multi-professions, services, and organisations. Community members have consistently reported the value of time and space to reflect on working practice, and the opportunity to make connections and improved working relationships. This has been of great benefit to their work life, with members often coming away feeling refreshed, connected and motivated.

*“I’ve not felt this happy at work since I don’t know when!”*

**Social Learning Space:** The opportunity to learn how things are done across different organisations and professions within an informal environment has accelerated learning and adoption of practice, leading toward a more universal and joined up way of working. Communities have been viewed as a forum for change. CoP principles enabling honest, creative, and constructive conversations and workshop activities that feed back into the system and influence changes in practice.

*“Opportunity to link up, communicate and share experiences, issues and solutions with people from other trusts is invaluable – giving a helpful insight into where I work.”*

**Non-hierarchical working and empowering the patient and staff voice:** The principle of each community member having an equal voice within the group as well as equal influence on how the community’s focus develops has been reported as highly beneficial to staff and patients involved – leading to open and honest discussions, and feeling valued. The communities have helped to raise both patient and staff voices. Participants have reported their increased confidence to speak up within the group, and the value they feel in knowing that the discussions and activities are informing the core system having impact outside of the group.

*“Open participation and discussion – felt a respectful environment with all views valued and relevant, generating interesting discussions and a plan for future work.”*

**Improved working between patients and staff:** The communities have offered a rare opportunity for patients and staff to work alongside each other as equals, developing ideas and projects together, as opposed to more traditional ways of working. The patient involvement CoP has been a valuable forum to shape the way SELCA designs its Patient Involvement work.

*“Insightful and engaging with varied and thought-provoking ideas. Really took onboard patients voice/views along with staff.”*

**Connecting the system and building trust:** Enabling a whole pathway approach where a variety of organisations and professions can meet in an informal environment has developed working relationships which previously did not exist. It has been frequently reported by community members that it has been extremely beneficial to meet people from other organisations for the first time, helping to develop understanding of wider practice and share experiences to help improve cross-organisational and multi-disciplinary team working. There has been a large focus on building trust within the community which has broken down organisational and professional boundaries – enabling increased sharing of information, and supportive, collaborative work.

*"An interesting approach, which gave me new knowledge and awareness of services and practice – both from a patient and staff perspective"*

**Identifying challenges and solutions, working through wicked problems:** Community members have benefited from the responsibility of defining their own "agenda", being more motivated to achieve goals by owning what they create – this supports turning ideas into action. It has been noted that the Communities have felt the appropriate platform to untangle problems that have become "wicked" – those which have existed within the system for a long period of time with no clear solution – having the time and space to discuss these problems with people from varied backgrounds and with different perspectives has allowed for new and more universal solutions to be generated.

*"Enthusiasm of both patients and staff was great. The promotion of being agenda-less and being empowered to create your own as a disparate group of people felt valuable"*

**Changing mindsets and practice:** Working as a CoP has acted as a catalyst for change, introducing its conveners and members to new ways of thinking and working, which have already begun to influence working practices across SELCA and its partner organisations.

*"Openness and honesty from people across different backgrounds and services provided informed discussions and enabled unified planning for change and improvements across professions and organisations"*

*"Extremely beneficial – new ideas to share and improve best practice together, feels like we're moving forward"*

*"Great to see so many people passionate about improving cancer services, working together to generate new ideas and inspire change"*

*"Networking and being part of the discussion is helping to improve joined up working"*

## Connecting the system across SELCA

Communities of Practice offer an opportunity to connect the healthcare system, and to work across organisational and hierarchical boundaries. This provides a level of insight into the scope of challenges faced and best practice delivered throughout various professions and organisations, leading to a social learning environment which enables improvements to be generated through collaboration.

Consensus from the community participants has been that the CoP work has given them the opportunity to meet professionals from both within their own organisations and across South East London health care services for the first time in many cases. This leading to improved working relationships and improved understanding of shared processes, challenges, and areas for improvements – helping to improve joined up working, and ultimately the patient pathway between trusts and community services.

APPENDIX 1 charts the mixture of participants, roles and organisation types that have connected through the SELCA Community of Practice programme.

*"Networking and being part of the discussion together is helping to improve joined up working"*

“Opportunity to link up, communicate and share experiences, issues and solutions with people from other trusts is invaluable – giving a helpful insight into where I work.”

Ultrasound Imaging

“I have an improved understanding of the challenges varied services face, gaining especially useful insight to help make improvements in Patient Involvement”

Patient Involvement

“Valuable to hear from people in different roles who link to my role. I met people from different specialties who gave me tips on managing my time and workload from an understanding point of view”

Operational Teams

“Bigger picture work, out of silo of my own cancer site group. Extremely beneficial, inspires change for the better – going back to work motivated, energised.”

Rehabilitation and Personalised Care

## Achieving change

To highlight the value of identified change generated across the SELCA Communities of Practice, we have used the value framework outlined in “Designing for Change” (*Beverly and Etienne Wenger-Trayner, 2019*), consisting of the following:

1. Immediate value
2. Potential value
3. Applied value
4. Realised value
5. Strategic value
6. Enabling value
7. Transformative value

Open the hyperlink to view the definitions of these [values](#).

All areas of change have been identified through the evaluation and feedback process in which community members participated at the end of each Community of Practice meeting, combined with the value stories and feedback provided for this overall programme of work evaluation document.

### Areas of Change

#### Immediate Value:

- The building of trust across patients, professionals, and organisations within all four communities has led to improved opportunities for cross-site collaborative work and improved relationships.
- The aspect of trust developed has also provided a platform for genuine and open discussion between staff and patients, enhancing opportunities to speak, and generating greater quality of insight and ideas for improvement shared.
- Opportunity for patients to discuss delicate and personal concerns, ideas and values, which

otherwise would not be heard, to a variety of professionals.

- Professionals have been more proactive in cross-site sharing of information.
- For all staff involved and Operational Teams CoP in particular – CoPs have provided space to slow down and reflect, leading to increased wellbeing, motivation and development of staff.

#### Potential Value:

- SELCA plans to involve patients in its design of staff education programmes as a result of the insight they have provided during the CoP sessions (Patient Involvement CoP).
- CoPs have provided an informal platform for learning that compliments more traditional methods.
- Promotion of importance of rehabilitation and personalised care within a patient's cancer pathway leading to further opportunities to develop services (Rehabilitation and Personalised Care CoP).



#### Applied Value:

- The SELCA away days have been strongly influenced by Liberating Structures learnt within the CoP programme, which has led to a more democratic approach to these meetings, encouraging learning together.
- From the activities and discussions within the Patient Involvement and Rehabilitation and Personalised Care CoPs, there have been improvements made in how SELCA works to best involve patients. These improvements, having been driven by patients themselves, will influence how SELCA trusts carry out Cancer Patient Involvement work.
- As a result of the Patient Involvement CoP, SELCA has now produced a Multi-Disciplinary Meeting patient information sheet, which will be accessible to all SEL cancer patients – This having been generated by the patient voice within the group.
- Rehabilitation services have been more widely promoted and shared between professionals, with CoP participants pledging to promote services in innovative ways, and by sharing service with the Cancer Care map team for population (Rehabilitation and Personalised Care CoP).

#### Realised Value:

- Through completing an experiential learning activity, staff were able to swap job roles for the first time and gain an increased understanding of how the system works and interconnects as a whole, this linking to staff development (Operational Teams CoP).
- The patient voice has been raised within SELCA, enabling identification of patient priorities, and this feeds through to the work SELCA carries out across SEL trusts (Patient Involvement CoP).



### Strategic value:

- Opportunity to bring ideas generated within the CoPs to address needs within other meetings, projects and provision of care.
- Ideas and solutions generated in CoPs are being taken and built into business planning for what SELCA wants to work on as a system for the year ahead.
- Improved understanding and tools for complex system working.

### Enabling Value:

- CoPs have provided a mechanism to embed patient involvement in everyday work.
- CoPs have provided space to meet and build trust between organisations, professions and patients, enabling improved conversation and joined up working.

### Transformative Value:

- Staff involved in CoPs are becoming increasingly open to different ways of working.
- Staff have made changes to the way they work by introducing CoP principles and facilitation techniques, as well as Liberating Structures into meetings outside of the CoPs.
- CoP principles have influenced active and meaningful participation both within the communities and in other existing workstreams.
- Patients now sit on a larger number of SELCA meetings as a result of CoP involvement. (Patient Involvement and Rehabilitation and Personalised Care CoP)
- Improved communication across sites and professions, with visible willingness and commitment to provide support and influence change and improvements.



## How Communities of Practice can improve patient care

Conveners of Communities of Practice are the individuals that take responsibility for bringing together community members. Conveners of each of the four SELCA Community of Practice Domains were invited to identify their views on the value they have gained and witnessed through their experience of convening their CoPs. This feedback has provided us with reflective qualitative analysis on the CoP programme of work and is supported by community member comments gathered during CoP meetings over the past 12 months (see overarching themes and achievements).

*You can see a wider collection of community member comments in APPENDIX 2.*

### Patient Involvement CoP

**Interview with:** Jannike Nordlund, Convener – Patient Involvement CoP

**Role details:** SELCA Patient Involvement Lead and Cancer Improvement Manager for Systemic Anti-Cancer Therapy. Responsible for developing and implementing a strategy for patient involvement in the South East London Cancer Alliance ensuring that the patient voice is at the heart of our decision making.

#### What motivated you to start your Community?

It felt like the perfect opportunity of getting staff and patients together across South East London. To get an overarching group of patients working on common themes for patient involvement and experience was something that we wanted to do anyway, and we felt that the CoP concept fitted perfectly for this.

#### What has been your Community's biggest achievement to date?

It has led to some real and open discussions between staff and patients around how we best involve patients and what is important when doing so. It has also led to some tangible outputs in terms of new written information being produced to inform patients of what an Multi-Disciplinary Meeting is, it has also initiated conversations around patients' input into staff education.

#### What is your overarching goal for your Community of Practice?

To develop a vision for patient involvement for SELCA, to initiate projects and identify gaps in patient involvement as well as patient experience.

#### How have you applied your learning in practice so far?

I have used some of the techniques we have learnt as conveners in other meetings, the fishbowl (a facilitation tool enabling group interviewing) is my favourite. I have started to think about the value of different meetings in a new way.

#### How is your Community going to change the way the NHS/SELCA operates?

I think it will support us to embed patient involvement in our everyday work and act as a reference when needed. I also feel that the specific characteristics of CoPs can be very suitable to many other groups that we work with.

#### What change have you witnessed so far (both within and outside of the community)?

Within the group, people have adhered to the principles of a Community of Practice, and the approach is

encouraging a lot of active and meaningful participation within the events. On a wider scale, it has helped to enhance the patient voice as it has enabled us to discuss ideas, issues and priorities that would be difficult to find the space for in any other setting.

**Interview with:** Roger Lang, Convener – Patient Involvement CoP

**Role details:** Patient Representative

### **What motivated you to start your Community?**

I wasn't motivated, as when I was invited to be part of the design team I had no idea of what a Community of Practice was. I was not at all convinced that the first event would work, but I was pleasantly surprised to witness how soon and enthusiastically the participants, staff and patients, threw themselves into the tasks set and how well, honestly and articulately they communicated with each other.

### **What has been your Community's biggest achievement to date?**

We have established a high level of trust and a safe environment in which to explore and discuss fears, hopes, ideas and possible pathways in working together across South East London to improve cancer patient care.

### **What is your overarching goal for your Community of Practice?**

Personally:

- Through patient involvement to reach true patient empowerment in the NHS and SELCA.
- To create greater understanding and involvement in care, working practices and attitudes between patients and staff.
- To explore and adopt creative innovation in planning and developing cancer care.

### **How have you applied your learning in practice so far?**

I look for opportunities to communicate to staff and patients' themes and ideas we have explored in our CoP.

### **How is your Community going to change the way the NHS/SELCA operates?**

We don't know this yet, but we're on the road to finding out. Of course, political leaders may have other ideas.

### **What change have you witnessed so far (both within and outside of the community)?**

1. Trust between group members has been established.
2. Participants are open to discussing often delicate or personal concerns, ideas and values.
3. Certain patients are beginning to be involved in other meetings and working groups. For instance, another member and I have become patient representatives at the monthly SELCA Steering Group meetings.

## **Rehabilitation and Personalised Care CoP**

**Interview with:** Sam Tordesillas, Convener – Rehabilitation and Personalised Care CoP

**Role details:** SELCA Programme Manager for personalised cancer care. Overseeing a programme of work that focuses on ensuring patients have access to the services they need to help them live as well as they can with the effects of cancer.

**What motivated you to start your Community?**

My previous role was providing rehab to head and neck cancer patients across all of SEL and in that role I really saw the importance of trying to link people together, and understood the challenges acute and community services have coordinating care between each other and the effect this has on patients. I saw the CoP as an opportunity to bring people together and break down barriers and to make sure that we have the patient voice in developing solutions for complex problems.

**What has been your Community's biggest achievement to date?**

Bringing people together that would never usually have the opportunity to speak, and enable them to build up working relationships, which last outside of the community.

**What is your overarching goal for your Community of Practice?**

To utilise the CoP to promote the importance of personalised care and rehab for cancer patients and I would love for the community to self-organise and sustain with a strong patient voice throughout.

**How have you applied your learning in practice so far?**

Personally, I've used some of the CoP techniques and structures in other workshops outside of the community, which have helped people approach things in a different way.

The community has been able to take ideas and outputs from the community and build them into our business planning for what we want to work on as a system this year.

**How is your Community going to change the way the NHS/SELCA operates?**

Recognising that the NHS is a complex system with lots of interdependencies, therefore the community provides a good model for complex system working and building relationships different to the way we are traditionally used to in the NHS.

**What change have you witnessed so far (both within and outside of the community)?**

Within the community people have been progressively more open to sharing ideas and to trying a different way of working.

## Operational Teams

**Interview with:** Smitha Nathan, Convener – Operational Teams CoP

**Role details:** SELCA Senior Programme Manager (Convener – Operational Teams)

Managing the Cancer Alliance programme, which supports improvement in cancer services within South East London.

**What motivated you to start your Community?**

There were lots of meetings during the period in which the Community of Practice programme of work was being developed whereby people would suggest that it would be beneficial for operational teams to have

the opportunity to network more and improve working relationships and communication.

**What has been your Community's biggest achievement to date?**

Providing a space which people felt was needed for reflection. Developing the CoP concept further. Offering people opportunity to swap roles has been beneficial to gain understanding across different teams working within cancer.

**What is your overarching goal for your Community of Practice?**

Continue with good representation from each provider focusing on areas that ops teams would find helpful and provide a space for networking.

**How have you applied your learning in practice so far?**

Our team meetings and away days have been influenced by Liberating Structures, and the community of practice concept has influenced a more democratic approach to these meetings, encouraging learning together.

**How is your Community going to change the way the NHS/SELCA operates?**

Continue to approach some of our group meetings in the way described above, and to see if this approach may work with the Primary Care Network.

**What change have you witnessed so far (both within and outside of the community)?**

Opportunity for this to function as a complimentary method to the more traditional way of working, and to provide an informal way for more people to learn from each other.

## **Ultrasound Imaging CoP**

**Interview with:** Kim Robertson, Convener – Ultrasound Imaging CoP

**Role details:** Clinical Lead SEL Imaging Projects – developing a collaborative Imaging Approach in SEL and developing through to a formal network.

**What motivated you to start your Community?**

Variation between clinical services. Opportunity to develop professional relationships across boundaries to share experiences and discuss long-standing workforce and education issues.

**What has been your Community's biggest achievement to date?**

It's early days, however, engagement, enthusiasm and willingness to participate.

**What is your overarching goal for your Community of Practice?**

Proactive sharing of information and sense of belonging that enhances patient and staff experience.

**How have you applied your learning in practice so far?**

I have not done any formal training, however, applying the principles of the approach learned via other SELCA CoPs has allowed the voice of the US community to come through.

**How is your Community going to change the way the NHS/SELCA operates?**

Hopefully, another CoP may develop to influence how radiology services are planned and delivered.

### **What change have you witnessed so far (both within and outside of the community)?**

Enhanced communication and motivation for the willing.

**Interview with:** Sharon Watty, Convener – Ultrasound Imaging CoP

**Role details:** Sonographer Tutor or Practice Educator for Ultrasound within Radiology at Guy's and St Thomas' hospital, aiming to promote and enhance educational opportunities within ultrasound. Joint Convener with Kim Robertson for Ultrasound Imaging CoP.

### **What motivated you to start your Community?**

Since being in my role as stated above, it became more and more apparent there was such variation and duplication in the delivery of ultrasound training within the trust and the wider ultrasound community. Not only that, there are pending government-led changes, which will have huge implications to the role of an ultrasound practitioner and their education. There are few roles like mine nationally and whenever speaking with those from a range of trusts in various forums there was an almost desperation for people to get together and discuss education from a clinical perspective. The opportunity to start a Community of Practice was 'music to my ears'!

### **What has been your Community's biggest achievement to date?**

In some ways simply starting the Community has been an achievement! Given there is no formal agenda and everyone has an incredibly busy schedule – the fact there was interest and enthusiasm to attend across a variety of trusts has been a big achievement. It is early days for our community but so far everyone is willing to participate with possible further communities and Slack groups being created, suggesting the value of a CoP and getting together has been recognised.

### **What is your overarching goal for your Community of Practice?**

There is a lot of stigma and assumptions that place barriers between departments – I am so pleased those barriers were lowered, if not removed, allowing everyone to feel able to contribute and learn. I would like there to be continued openness where everyone feels they have a place to contribute and be able to be creative in their thoughts, in a place that offers support and solutions – the aim being the benefit of the Ultrasound Imaging CoP will be well established and has the ability to make changes/actions.

### **How have you applied your learning in practice so far?**

There is value in knowing your thoughts are not isolated and many of us are in the same situation, regardless of hospital location and experience. This has enabled me to consider what other changes I can make that will have a greater positive impact on ultrasound education. I have used some of the methods used in CoP in different settings/meetings and acknowledge how productive it would be if more meetings took on this type of forum. I share discussions and feedback of the CoP to wider members of my local team, who perhaps would also benefit from understanding the complexities of Ultrasound Imaging.

### **How is your Community going to change the way the NHS/SELCA operates?**

The community is likely to expand over time and may well split into more than one community as Ultrasound Imaging has its own complexities, which many do not understand. Hopefully, as a collective voice, I think there is power in being able to share *this* voice of the Community to the wider NHS, and be

able to be part of the bigger conversation and national changes which are going ahead in both education and ultrasound accreditation. Also an opportunity for shared and collective understanding of how to negotiate a variety of operational issues to fulfil NHS directives. The ultimate aim being by improving ultrasound education, fully understanding the role of the ultrasound practitioner and implementing local change, we can improve the ultrasound delivery to patients. It is early days but this may include shared teaching facility across SE London. Changing approaches to workflow and the role of ultrasound practitioners – learning from those who already have made such changes. Delivering better communication across shared GP network, improving the referrals and understanding of ultrasound reports.

### **What change have you witnessed so far (both within and outside of the community)?**

A commitment and a willingness to share. At first I think there was some hesitancy. There is also a consensus that we have some power between us to action change(s). There have been Slack groups created and interest to stay in touch and share ideas.

## **Next Steps and Recommendations**

This report has sought to demonstrate the value and impact of the Community of Practice approach applied across SELCA as part of its workforce development strategy. We have reflected upon feedback, learning and change generated as a result of Community of Practice participation that we have collected over the course of the entire programme – including surveys throughout and interviews after the programme conclusion.

It appears evident that the value of Community of Practice approach is multi-factorial and has influenced positive changes in practice, workforce development and wellbeing, and joined up working across organisations, professions, and between patients and staff.

The feedback from participants has been extremely positive, with many finding this a refreshing and rewarding approach to collaborative working and making improvements.

The HIN and SELCA have agreed on the following steps to continue development of Communities of Practice across their Network:

- The SELCA Communities will carry forward the priorities, practices and improvement ideas identified over the course of the CoP programme – continuing to meet on a quarterly basis and to use the Community as a forum and social learning space to develop practice, relationships and workstreams, with actions to be developed outside of the Community with its members and those whom the Community identify as best placed to support.
- Feedback on how the work done within the Community meetings has influenced practice and projects has been noted as important to the Community, to ensure that they see how conversations have been turned into action and the value of the Community and its influence is visible. The Communities will continue to receive feedback on all work and to demonstrate their influence as a collective voice. They will also pressure test the practices and projects generated by the group ensuring they are developed and implemented with the community's evolving viewpoint and influence.
- Conveners and community members should continue to invite new members to the community organically,

identifying personnel who may share their passion and interest for the domain as the Community develops – this may be appropriate to themes discussed by the Community at varied meetings.

- Conveners should also offer other Community members the chance to co-convene in order to develop more people with CoP leadership skills and ensure sustainability of the Community if current conveners were to become unavailable.
- Convener development – The HIN will continue to support the Community conveners, offering quarterly CoP leadership training days. The conveners will also be encouraged and supported to work across domains ensuring they are able to learn from each other.
- Linking with Primary Care Network – SELCA will be commissioning the HIN to develop six further Communities across its Primary Care Network under the umbrella of improving Early Diagnosis of Cancers across South East London. We will ensure to identify and deliver opportunities for the existing Communities to work together in order to help improve connections, working relationships and patient care. The identified primary care conveners will attend the same quarterly CoP leadership training days to ensure conveners across primary and secondary care are connected and have space to share their ideas for collaborative working across the Communities and wider projects of work.

## HIN SELCA Communities of Practice Project team:

Patient Safety Team Associate Clinical Director: Cleo Butterworth



Cleo is currently the Associate Clinical Director for Patient Safety at the Health Innovation Network (AHSN, South London). She is focusing on establishing a shared vision and strategy with patients and other key stakeholders across health and social care to promote collaborative and partnership working across traditional boundaries. Cleo has been leading her own Community of Practice since 2016 and is currently supporting a number of Communities of Practice at the Health Innovation Network to develop and grow.

Patient Safety Team Project Manager: Ashley Bowcock



Ashley is currently a Project Manager for the Patient Safety Team at the Health Innovation Network. His main focus since joining the team has been the development of The SELCA Communities of Practice. Having previous experience working to develop cancer services, he has a keen interest in ensuring the CoPs act as a forum to influence positive improvements in cancer care.

## Thanks and Acknowledgements

Thank you to all of the conveners and community members for their time, energy and commitment to develop the SELCA Communities of Practice, and for doing this on top of their regular duties within their respected roles – The dedication to adopting the CoP approach has been fantastic, and the openness to sharing knowledge and experience has added great value throughout this process, ensuring we were all able to learn and improve together.

## Conveners

**Patient Involvement:** Jannike Nordlund: SELCA Patient and Public Involvement Lead, Lindsay Farthing: King's College Hospital Patient Involvement Lead, Roger Lang: Patient Representative

**Rehabilitation and Personalised Care:** Sam Tordesillas: Programme Manager for Personalised Cancer Care SELCA, Nicola Peat: Clinical Specialist Oncology Physiotherapist and GSTT Oncology Physiotherapy Service lead, Jenny Morgan: Project Manager SELCA, Stephanie Hall: Project Manager, Macmillan

**Operational Teams:** Smitha Nathan: Programme Manager SELCA, Caroline Bowring: Head of Transformation for Cancer Services Guy's and St Thomas' NHS Foundation Trust

**Ultrasound Imaging:** Kim Robertson –Clinical Lead SEL Imaging Projects SELCA/NHSI, Sharon Watty - Sonographer Tutor or Practice Educator for Ultrasound within Radiology GSTT, Sharon Dam – Superintendent Ultrasonographer GSTT

## Appendix 1

### A mixture of participants and roles:

Patient Involvement	Rehabilitation and Personalised Care	Operational Teams	Ultrasound Imaging
Session 1: 38 participants in attendance	Session 1: 36 participants in attendance	Session 1: 14 Participants in attendance	Session 1: 15 Participants in attendance
Session 2: 32 Participants in attendance	Session 2: 34 participants in attendance	Session 2: 10 Participants in attendance	Session 2: 13 Participants in attendance
Session 3: 30 Participants in attendance	Session 3: 24 participants in attendance	Session 3: 10 Participants in attendance	Session 3: Postponed due to Covid-19
Support adviser Lead - Queer Cancer Support Group Patient representatives ASD Outreach Worker Macmillan Programme Manager Cancer Improvement Manger GSTT Volunteer Director of Nursing Team Lead Clinical Nurse Specialist Information Nurse Project Support Officer Head of Procurement Head of Nursing - Cancer Lead Psychologist Cancer Radiotherapy Quality Manager Support Group Member Specialist Physiotherapist Programme Manager Cancer Improvement Manager for Personalised Care Head of Informatics Clinical Lead SEL Imaging Projects Quality Assurance and Data Coordinator	Clinical Lead Speech and Language Therapist Living With and Beyond Cancer Project Co-ordinator Cancer Support Worker Clinical Lead for Cancer & EOLC Dietitian Lead Speech & Language Therapist Lewisham Hospital Specialist advisor treatment and recovery Rehabilitation and Wellbeing Lead/Consultant Rehabilitation Clinical Lead Associate Care Lead Consultant Clinical Psychologist Information Nurse Clinical Lead Dietitian Lead Psychologist Clinical Psychologist Head of Nursing Cancer Macmillan Patient Navigator Macmillan Recovery Package Project Manager	Programme Manager Information and Performance Analyst Service Manager – Emergency Department Assistant Service Manager, General Surgery Cancer Services Manager Service Manager for Urology CT Superintendent Cancer Performance and Data manager Oncology Deputy Service Manager Assistant Patient Pathway Manager Cancer Improvement Manager Superintendent Radiographer	Sonographer/senior project and quality officer Imaging Service Manager Advanced Practitioner Radiographer Senior Lecturer/Programme Director Sonographer Specialist Paediatric Sonographer Superintendent Sonographer Clinical specialist ultrasound. Chief Radiographer Practice education coordinator Locum GP Tutor Sonographer Lead Sonographer Sonographer / lecturer

Patient Involvement Lead General Practitioners Senior specialist oncology Physiotherapist Macmillan Patient Navigator Project Manager CNS Secondary Breast Cancer Clinical psychologist BMT Coordinator Clinical Nurse Specialist	Occupational Therapist Highly Specialist Physiotherapist Practitioner Senior Specialist Physiotherapist Project Manager Cancer Improvement Manager Team Lead Occupational Therapist Treatment Review Radiographer Consultant Clinical Neuropsychologist		
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## A mixture of organisations and type:

<b>Patient Involvement</b>	<b>Rehabilitation and Personalised Care</b>	<b>Operational Teams</b>	<b>Ultrasound Imaging</b>
Kings College Hospital Guy's and St Thomas' NHS Foundation Trust Lambeth GP Greenwich Council Princess Royal University Hospital Dimpleby Cancer Care Lewisham and Greenwich NHS trust Queen Elizabeth Hospital SEL Accountable Cancer Network SEL Cancer Alliance NHS England Hammersmith & Fulham GP Federation Barts Health NHS trust	MacMillan Information centre @ Kings College Hospital Kings College Hospital Macmillan Princess Royal University Hospital Kings NHS Foundation Trust Lewisham and Greenwich NHS trust Guy's and St Thomas' NHS Foundation Trust SEL Cancer Alliance University Hospital Lewisham GSTT/Community Head and Neck Team GSTT Neuro Rehabilitation Service	SEL Accountable Cancer Network King's College Hospital Guy's and St Thomas' NHS Foundation Trust Princess Royal University Hospital South East London Cancer Alliance	Lewisham and Greenwich NHS Trust Guy's & St Thomas' NHS Foundation Trust King's College London GSTT Evelina London Children's Hospital King's College Hospital Ultrasound Department St George's University Hospital NHS Foundation Trust Hammersmith & Fulham GP Federation Princess Royal University Hospital King's College Hospital NHS Foundation Trust

# Community Member Comments

“Good to see change in the air”

“Very insightful and engaging”

“Very well moderated”

“Took onboard patients voice/views along with staff”

“Great to feel we’re being listened to!”

“Very inspirational topics covered”

“Varied and thought-provoking ideas”

“Good icebreakers that build trust and feel fun”

“Great sharing experience and group work sessions”

“I’ve not felt this happy at work since I don’t know when!”

“Empowered me more to improve patient experience”

“Great to see so many people passionate about improving the cancer services”

“Quality slides, presentations, opportunity to hear from a range of participants. Really enjoyed working with the group on my table. Fish bowl very interesting”

“Found out about new ideas to share best practice moving forward.”

“Well-organised. Interesting content. Inspiring for future work/ideas. Enthusiasm of both patients and staff. The promotion of being agenda-less and being empowered to create your own”

“The diversity of those who attended, was valuable consequently giving a varied assessment of what they expect the patient involvement to achieve”

“It was fun and enjoyable with an obvious clear objective. Time participation from all was enthusiastic and positive.”

“Helped me think of ways we can help improve community practice locally”

“Bigger picture work, out of silo of my own cancer site group”

“Well done on a successful 1<sup>st</sup> meeting which I found to be informative and a good basis for continuing on a positive”

“Networking and being part of the discussion together is helping to improve joined up working”

“Interesting way of working. Great breadth of engagement”

“I have even more confidence that at this level the NHS is in good hands.”

“As a patient very satisfying and constructive”

“Extremely beneficial, inspires change for the better – going back to work motivated, energised”

“I have an improved understanding of the challenges the services face and especially useful insight into the patient experience”